BLOCK 1170 LOT 10.01 QUALIFICATION CODE _____ ADDRESS (SITE) 1696 Rt 88 West Brick, NJ PERMIT NO. 12-2833

CONSTRUCTION PERMIT APPLICATION

C12-003542

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 1696 Rt 88 West Brick, NJ
2. Name of Owner in Fee: Rotolo + Howard Realty
   Tel. ( ) _____ e-mail _____
   Address 2401 Rt 35 (street) Manasquan (municipality), NJ (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Blue Rock Tel. (609) 747-7758
   Address 1712 Hancock Ln e-mail www.brck.com
   Burlington, NJ 08016
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer R.C. Associates Contact _____
   Address 2517 Rt 35 Building D Suite 10 Manasquan NJ e-mail rcassociates@verizon.net
   Tel. (732) 528-0141 FAX: (732) 528-1060
6. Responsible Person in Charge once Work has Begun Blue Rock
   Tel. (609) 747-7758 FAX: (609) 747-7768

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75-		75-
2. Electrical		50	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	3-	3-	5-
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 78-	53	80-

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☒ Building →	$2006	CL	9/13/12		9/27/12	CA	12/18/12	MS	
☐ Electrical					10-11-12	JS	SIGN ONLY		
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng	Exempt		9/20/12	ECC	12/18/12		ECC
TOTAL COST									

+B

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/04/2014
Control Number C-12-003542
Permit Number 12-2833
Permit Issue Date 10/04/2012
Certificate Number 12-2833

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1696 ROUTE 88 Brick Township, NJ Block: 1170 Lot: 10.01 Qual:

Owner in Fee: ROTOLO & HOWARD REALTY ASSO LLC

Owner Address: 2401 RTE 35 MANASQUAN NJ 08736

Telephone:

Contractor Blue Rock Construction

Address 1712 Hancock Lane Burlington NJ 08016

Telephone: (609) 747-7758 Fax: (609) 747-7768

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 03/04/2014 U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10-4-12
Control #
Date Issued
Permit # 12-2833

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1170 Lot 10.01 Qualification Code
Work Site Location 1696 Rt 88 West Brick, NJ

Owner in Fee: Rotolo + Howard Realty
Tel. (732) 223 7471 e-mail
Address 2401 Rt 35 Manasquan, NJ
(street, municipality, zip code)

Contractor: Blue Rock Construction Inc Tel. (609) 747-7758
Address 712 Hancock Ln. e-mail www.blrck.com
Burlington, NJ 08016

Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Sign here:
Print name here: Christopher R Gates

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install new 5'x10 sign per previous review plans

CONFIDENTIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans required
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [X] ~~Interior~~ 9/27/12 ~~KH~~

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 02/26/14
Approved by: KH

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing	10/4/12 KH		11-27-12 KH	
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			2/25/14	JPL
Barrier-Free				

* See Attached

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [X] ~~Sign~~ 50 Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 2000

U.C.C. F110
(rev. 11/09)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/20/12

Date Issued / Permit # 12-2833+B

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL U[illegible]TY DIG NO: 1-800-272-1000.

Block 1170-10.01 Lot _____ Qualification Code _____

Work Site Location 1696 RT 88 W BRICK NJ

Owner in Fee: ROTOLO & HOWARD REALTY

Tel. (609) 747 7757 e-mail _____

Address _____ street _____ municipality _____ zip code

Contractor: SIGN DEPOT Tel. (_____) _____

Address 39 CHAMBER BRIDGE RD e-mail PAUL@SIGNDEPOT.NET

LAKE WOOD NJ

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: Paul Lucky

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CHANGE SIGN TYPE FROM WOOD TO LIGHT BOX DIMENTIONS ARE THE SAME 5' X 10'

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[X] All 12-18-12 MW

[ ] Footings/Foundations

[ ] Structural/Framework

[ ] Exterior

[ ] Interior

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 12/18/12

Approved by: JA

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 02/26/14

Approved by: MW

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			2/25/14	TPL
Barrier-Free				

TYPE OF WORK:

[ ] New Building

[ ] Addition

[ ] Rehabilitation

[ ] Roofing

[ ] Siding

[ ] Fence _____ Height (exceeds 6')

[ ] Sign _____ Sq. Ft.

[ ] Pool

[ ] Retaining Wall _____ Sq. Ft.

[ ] Asbestos Abatement Subchapter 8

[ ] Lead Haz. Abatement NJAC 5:17

[ ] Radon Remediation

[ ] Other _____

[ ] Demolition

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 2900.00

1 White = Inspector Copy 2 Canary = Office Copy

3 Pink = Office Copy 4 Gold = Applicant Copy

U.C.C. F110 (rev. 11/09)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update

Date Received 11/13/12
Control #
Date Issued
Permit # 12-2833+A

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1170 Lot 10.01 Qualification Code

Work Site Location 1696 Rt. 88
Brick, NJ 08724

Owner in Fee: Rotolo & Howard Real Estate Associates, LLC

Tel. (732) 223-7877 e-mail

Address 1696 Rt. 88 (street) Brick (municipality) 08724 (zip code)

Contractor: Schooley Electric, Inc. Tel. (856) 424-7900

Address PO Box 3125, Cherry Hill e-mail

Contractor License No. 4769 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-2009900 FAX: (856) 424-0272

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-11-12
Approved by: JJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12-7-12
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/25/14	PSE
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Joseph C. Schooley

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
(1) Install electric for new outside sign.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
2		Switches (1 switch/1 Timer)	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1	4	KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F120 (rev. 11/09)

Sign only
10-11-12 JJ

Update

RECEIVING CLERK CR
DATE REC'D 12-10-12

ZONING PERMIT APPLICATION

PERMIT # ZP-1201054
DATE ISSUED 12/20/12

BLOCK: 1170 LOT: 10.01 QUALIFIER: — SITE ADDRESS: 1696 Route 88

IDENTIFICATION:

1. NAME OF OWNER IN FEE: ROTOLO & HOWARD REALTY
COMPLETE ADDRESS: 2401 RT 35
MANASQUAN, NJ
PHONE # 609-741-7757 EMAIL:

2. NAME OF APPLICANT: SIGN DEPOT
APPLICANT ADDRESS: 39 CHAMBERS BRIDGE RD
LAKE WOOD NJ 08701
PHONE # 732 920 1414 EMAIL: PAUL@SIGNDEPOT NJ. COM

3. RESPONSIBLE PERSON FOR WORK: PAUL ANTHONY
PHONE# Same FAX#

4. SIGNATURE OF APPLICANT: Paul Anthony

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 30.00
OTHER: $
TOTAL: $

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: ✓
EXISTING USE: Doctor's office
PROPOSED USE: Doctor's office

BOARD APPROVAL: X PB ___ ZB
RESOLUTION#: R-39-09
APPROVAL DATE: 6-24-2009

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: ___ *ADDITION ___ *ALTERATION ___ *PORCH ___ *DECK ___

POOL: ABOVE GROUND ___ IN GROUND ___ FENCE: HEIGHT ___ TYPE ___ MATERIAL ___

HEIGHT: ___ (*IF APPLICABLE)

OTHER ___

DESCRIPTION: 10'X3' LIGHT BOX SIGN

ZONING REVIEW:
DATE REVIEWED: 12-12-12 DATE DENIED: ___ DATE APPROVED: 12-12-12 INTLS: SGT

(SEE BACK PAGE)