BRICK HOSPITAL MEDICAL ARTS BLDG.

BLOCK 1170 LOT 14.02 QUALIFICATION CODE C10.14 ADDRESS (SITE) 1640 RT. 88 PERMIT NO. 02-0260

YATES SIGN CO., INC.
556 Industrial Way West
Eatontown, NJ 07724

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION BRICK HOSPITAL MEDICAL ARTS BLDG.

1. Propsed Work Site at: 1640 RT. 88
2. Name of Owner in Fee: BRICK HOSPITAL MEDICAL ARTS BLDG ASSOC. LLC Tel. (908) 925-1123
   Address 1436 E. ELIZABETH AVE (street) LINDEN (municipality) NJ 07036 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: YATES SIGN CO., INC. Tel. (732) 578-1818
   Address 556 Industrial Way West • Eatontown, NJ 07724
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 210718184 FAX: ( )
5. Architect or Engineer ____ Tel. ( )
   Address ____
6. Responsible Person in Charge of Work MICHAEL FINNEGAN
   Tel. (732) 578-1818 FAX (732) 578-1808

SIGN

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 111		
2.	Electrical	35		
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	6		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	30		
13.	TOTAL	$ 182.-		

VI. BUILDING/SITE CHARACTERISTICS

COMMERCIAL

			(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.	Construction Classification		
7.	Total Land Area Disturbed	sq. ft.	
8.	Flood Hazard Zone		
9.	Base Flood Elevation	ft.	
10.	Wetlands yes / no		
11.	Max. Live Load		
12.	Max. Occupancy Load		

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Resubmission Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☑ Alteration	6500.-				1-23-02	VP			
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ ~~Electrical~~					1/30/02				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		Ew	1/22/02		1/22/02				
TOTAL COSTS	6500.-								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction
After Construction
Net Gain or Loss

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former

IMPORTANT TRAINING FEE COLLECTED A.B.O. 3818

LDS BR 10301807

U.C.C. F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓ Check if contractor.

Agent Name WATER Sign Co, Inc

Address 556 INDUSTRIAL WAY WEST
EATONTOWN NJ 07724

Telephone (732) 578-1818

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.H.B.T. EXEMPT

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		**Name of Code & Edition**		
Building		Energy	Other	
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

Yates Signs
556 Industrial Way West
Eatontown, NJ 07724
(732) 578-1818 • Fax (732) 578-1808

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 1170 Lot 14.02
Work Site Location BRICK HOSPITAL MEDICAL ARTS BLDG. 1640 RT. 88
Owner in Fee BRICK HOSPITAL MEDICAL ARTS BLDG. ASSOC. LLC
Address 1436 E. ELIZABETH AVE LINDEN NJ 07036
Tel. (908) 925-1143

Contractor YATES SIGN CO., INC.
Address 556 Industrial Way West Eatontown, NJ 07724
Tel. (732) 578-1818
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No. 210718184

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [X] OTHER SIGN $

DESCRIPTION OF WORK:
INSTALL (1) 5'X10' D/F ILLUM. FREESTANDING SIGN X10' HIGH
INSTALL (2) SETS 16" BRICK HOSPITAL MEDICAL ARTS BUILDING 2" DEEP NON-ILLUM. PLASTIC LTS. (1) SET ON EAST ELEV. & (1) SET ON WEST ELEV.

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 6500.00

PAYMENTS (Office Use Only)
Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

Construction Official

Date

U.C.C. F170
(rev. 3/96)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR GOLD - APPLICANT

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-170D

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/06/2002
Control 0
Permit 0 02-0260

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1170 Lot 14.02 Qual

Work Site Location 1690 ROUTE 88
BRICK

Owner in Fee BRICK HOSPITAL MEDICAL ARTS
Address 1326 E ELIZABETH AVE
LINDEN, NJ 07036-
Telephone (908)925-1133

Contractor YATES SIGN CO INC
Address 556 INDUSTRIAL WAY W
EATONTOWN, NJ 07724-
Telephone
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0515184

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
INSTALL 1-D/IV ILLUM FREESTANDING SIGN 10' HIGH; INSTALL 2 SETS 16" BRICK HOSPITAL MEDICAL ARTS BLDG 2" DEEP 10+-ILLUM PLASTIC LTR

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 7,400

Construction Official 02/06/2002

Date

U.C.C. F170 rev. 2 Fs

FEE/DUTS (Office Use Only)	
Building	111
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	6
Cert. of Occupancy	0
Other	
Total	152
Check No.	38235
Cash	
Collected By	EPA

02/06/02 11:16AM 00000049394
XX07 SERV.007

W020260	
BUILDING	$111.00
ELECTRIC	$35.00
DCA	$6.00
ZPA	$15.00
EPA	$15.00
CHECK	$182.00

YATES SIGN CO., INC.
556 Industrial Way West
Eatontown, NJ 07724
(732) 578-1818 • FAX (732) 578-1808

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2/6/02
Date Issued
Control #
Permit # 02-0260

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

Block 1170 Lot 14.02
Work Site Location BRICK HOSPITAL MEDICAL ARTS BLDG. 1640 RT. 88
Owner in Fee BRICK HOSPITAL MEDICAL ARTS BLDG ASSOC. LLC
Address 1436 E. ELIZABETH AVE
LINDEN NJ 07036
Tele. (908) 925-1123
Contractor YATES SIGN CO., INC.
Address 556 Industrial Way West
Eatontown, NJ 07724
Tele. (732) 578-1818 Fax (732) 578-1808
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 210718184

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL (1) 5'X10' D/F ILLUM. FREESTANDING SIGN X 10' HIGH
INSTALL (2) SETS 16" BRICK HOSPITAL MEDICAL ARTS BUILDING 2" DEEP NON-ILLUM. PLASTIC LTS. (1) SET ON EAST ELEV. & (1) SET ON WEST ELEV.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	1-23-02	PM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing	eff. one sign		2/7/2002	AM
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

COMMERCIAL FINAL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[X] Sign 111.18 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 6500.-
3. Total (1+ 2) $ 6500.-

YATES SIGN CO., INC.
556 Industrial Way West
Eatontown, NJ 07724
(732) 578-1818 • FAX (732) 578-1808

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2/6/02
Date Issued
Control #
Permit # 02-0260

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

Block 1170 Lot 14.02
Work Site Location BRICK HOSPITAL MEDICAL ARTS BLDG
1140 RT 88
Owner in Fee BRICK HOSPITAL MEDICAL ARTS BLDG ASSOC. LLC
Address 1436 E. ELIZABETH AVE
LINDEN NJ 07036
Tele. (908) 925-1123
Contractor YATES SIGN CO., INC.
Address 556 Industrial Way West
Eatontown, NJ 07724
Tele. (732) 578-1818 Fax (732) 578-1808
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 210718184

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL (1) 5'X10' D/F ILLUM. FREESTANDING SIGN X 10' HIGH
INSTALL (2) SETS 16" BRICK HOSPITAL MEDICAL ARTS BUILDING 2" DEEP NON-ILLUM. PLASTIC LTS. (1) SET ON EAST ELEV.
& (1) SET ON WEST ELEV.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	1-23-02	FO
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class 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.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ 6500.00
3. Total (1+ 2) $ 6500.00

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[X] Sign 111.18 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

FEE (Office Use Only)

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/24/2002
Date Issued 2/6/02
Control # ~~C10-14~~
Permit # 02 0260

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

Block 1170 Lot 14.02 Qual
Work Site Location 1640 ROUTE 88
SIGN
Owner in Fee BRICK HOSPITAL MEDICAL ARTS
Address 1436 E ELIZABETH AVE
LINDEN, NJ 07036-
Tele.(732)920-6611 Fax ( )
Contractor LUBECK CO SOUTH INC
Address 235 DRUM POINT RD
BRICK, NJ 08723-
Tele.(732)920-6611
Lic. No. or Bldrs. Reg. No. 8414
Federal Emp. No. 22-2209329

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 650

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[-] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 1/30/02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

SHOW LISTING AND DISCONNECT

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool Permit	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
1	2	KW Elect Sign/Outline Light	9
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge	$	0
Minimum Fee	$	26
TOTAL FEE	$	35
DCA Training Fee	$	1

Paid [ ] Check #
Collected by:

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/24/2002
Date Issued 2/6/02
Control # C10-14
Permit # 2210

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

Block 1170 Lot 14.02 Qual
Work Site Location 1640 ROUTE 88
SIGN
Owner in Fee BRICK HOSPITAL MEDICAL ARTS
Address 1436 E ELIZABETH AVE
LINDEN, NJ 07036-
Tele.(732)920-6611 Fax ( )
Contractor LUBECK CO SOUTH INC
Address 235 DEAN POINT RD
BRICK, NJ 08723-
Tele.(732)920-6611
Lic. No. or Bldrs. Reg. No. 8414
Federal Emp. No. 22-2209329

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U *Proposed* U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 650

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 1/30/02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

SHOW LISTING AND DISCLAIMER

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit with UW Lights	0
0		Storable Pools & Spas	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/4 HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
1	2	KW Elect Sign/Outline Light	2
		Other	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 26
Collected by:	TOTAL FEE	$ 15
	DCA Training Fee	$ 1

U.C.C. P120 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: January 16, 2002 **No.** 2.0030

Block: 1170 **Lot:** 14.02 **Zone:** H-S, Hospital Support

Property Address: 1640 Route 88

Applicant: Michael Finnegan; Yates Sign Company, Inc.

Property Owner: Brick Hospital Medical Arts Building Associates, LLC

Existing Use: Medical office building.

Proposed Use: Same.

Proposed Construction: Identification ground sign, 5' x 10', 50 square feet, 10 feet high.
Wall sign, 16" x 23', "Brick Hospital Medical Arts Building.

Conditions: The ground sign must be set back at least 10 feet from the property lines.
The total wall sign area may not exceed 15% of the total façade area.
The street address number must be displayed on the ground sign.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect.
This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
JAN 14 2002
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

Block 1170 Lot 14.02 Qualifier _____

PROPERTY ADDRESS BRICK HOSPITAL MEDICAL ARTS BUILDING 1640 FT. 88

PERSONAL NAME OF APPLICANT MICHAEL FINNEGAN

BUSINESS NAME OF APPLICANT YATES SIGN CO, INC.

PROPERTY OWNER BRICK HOSPITAL MEDICAL ARTS BUILDING ASSOC. LLC

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) 2 STORY MEDICAL ARTS BUILDING

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) INSTALL ① 5'X10' D/F ILLUM. FREESTANDING SIGN X 10' HIGH. INSTALL ② SETS 16" BRICK HOSPITAL MEDICAL ARTS BUILDING

PROPOSED CONSTRUCTION (check all that apply) 2" DEEP NON-ILLUM. PLASTIC LTS. X 23' (1) SET ON EAST ELEV. & (1) SET ON WEST ELEV.

☐ New Building (please describe) _____
☐ Addition
☒ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of applicant _____ Date 1/11/02

Reviewed by Zoning Office _____ Date 1/16/2 ☒ Approved ( ) Denied

RECEIVED
JAN 10 2002
ZONING

TOWNSHIP OF BRICK

ZONING PERMIT APPLICATION
(Please type or print NEATLY)

COMMERCIAL

Property Address: BRICK HOSPITAL MEDICAL ARTS BLDG. 1640 RT. 88

Block: 1170 **Lot:** 14.02

Name of Property Owner: BRICK HOSPITAL MEDICAL ARTS BLDG ASSOC. LLC

Name of person making application: YATES SIGN CO INC. MICHAEL FINNEGAN

Company Name: YATES SIGN CO, INC.

Mailing Address: 536 INDUSTRIAL WAY WEST EATONTOWN NJ 07724

Telephone Number: 732-578-1818

Present or Most recent use property (Check One):

____ **Vacant Lot** ____ **Single Family Dwelling** ____ **Residential Condominium Unit or Apt.**

____ **Commercial (please describe)** _____

✓ **Other (please describe)** 2 STORY MEDICAL ARTS BLDG

Proposed Use: ____ **Single-Family Dwelling** ____ **Residential Condo or Apt.**

____ **Commercial (please describe)** _____

____ **Other (please describe)** _____

Proposed construction (include height and other dimensions of proposed structure or addition; if proposed fence, include type as well as height): INSTALL (1) 5'X10' D/F ILLUM. FREESTANDING SIGN X 10' HIGH. INSTALL (2) SETS 16" BRICK HOSPITAL MEDICAL ARTS BUILDING 2" DEEP NON-ILLUM. PLASTIC LTRS. X 23' (1) SET ON EAST ELEV. & (1) SET ON WEST ELEV.

Please submit with application two (2) accurate plot plans either drawn by a surveyor or engineer, or hand-drawn on an 8 1/2" by 11" sheet of paper by the owner of applicant, neatly and to scale. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways.

If approval was granted by the Zoning Board of Adjustment or Planning Board, include a copy of the Resolution.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other municipal approvals and ordinances, and all county, state and federal regulations.

This application will not be accepted unless it is COMPLETELY filled out.

Signature of Applicant _____ **Date** 1/3/02

Received by Zoning Officer: **Date** _____ ~~Complete~~ 1-10-2 **Incomplete** ✓

Yates Sign Co.

FACSIMILE TRANSMITTAL

PHONE #: 732-578-1818 / FACSIMILE #: 732-578-1808

DATE: 1/15/01

TOTAL PAGES: _____ INCLUDING COVER

TO: Sean Kinnevey

CO.: Brick Twp.

FAX: _____

FROM: _____

RECEIVED
JAN 16 REC'D
ENGINEERING

MESSAGE: Brick Hospital Medical Arts Bldg.
1610 Rt 88

Enclosed please find two(2) revised site plans showing new location of the freestanding sign.

Thank you

Underwriters Laboratories, Inc.

556 INDUSTRIAL WAY W. EATONTOWN, NJ 07724

TOWNSHIP OF BRICK
DIVISION OF INSPECTIONS

Date Received _____
Date Issued _____
Control # _____
Permit # _____

BRICK HOSPITAL MEDICAL ARTS BLDG.
SITE LOCATION 1640 RT 88 BLOCK 1170 LOT 14.02
OWNER BRICK HOSPITAL MEDICAL ARTS BLDG. ASSOC. LLC
ADDRESS 1436 E. ELIZABETH AVE. TELEPHONE # 908-925-1123
LINDEN NJ 07036

CONTRACTOR YATES SIGN CO. INC.
ADDRESS 556 INDUSTRIAL WAY WEST TELEPHONE # 732-578-1818
EATONTOWN NJ 07724

LICENSE # or BLDRS. REG. # _____ FEDERAL EMP. # or SOCIAL SECURITY # 21-0718184

CERTIFICATE IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.

Signature _____

BUILDING SUBCODE:

BUILDING CHARACTERISTICS

Use Group Present ~~S~~ Proposed _____
Constr. Group Present ~~X~~ Proposed _____
No. os Stories 2
Height of Structure 28 ft.
Area - Largest Floor _____ sq. ft.
New Bldg. Area / All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Total Land Area Disturbed _____ sq. ft.

EAST ELEV. 157' LONG
WEST " 157' LONG

EST. COST OF BLDG. WORK

1. New Bldg. $ _____
2. Alteration $ 6500.—
3. Total (1+2) $ 6500.—

DESCRIPTION OF WORK

INSTALL ① 5'X10' D/F ILLUM. FREESTANDING SIGN X 10' HIGH
INSTALL ① SET 16" BRICK HOSPITAL MEDICAL ARTS BUILDING 2" DEEP NON-ILLUM PLASTIC LTS. EAST ELEV.
" ① " " " " " " " " " " " " " " " " " " WEST ELEV.

TYPE OF WORK:

[ ] New Building
[✓] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (6' or over)
  [✓] Sign 111.18 Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other _____
  [ ] Other _____
[ ] Demolition

COST: (Office Use Only)

$ _____

SUBCODE OFFICIAL [ ] APPROVE [ ] DISAPPROVE DATE _____

[ ] CO [ ] CCO [ ] CA

COMMENT _____

SUBCODE OFFICIAL'S SIGNATURE _____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering

Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: _____

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 1170 Lot: 14.02

Property Address: 1640 Rt 88

I, _____ of _____
(name) (address)

COMMERCIAL

Request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, part B.

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

OFFICE USE

Approved: 1/22/02 Signed: _____

Rejected: _____ Signed: _____

Comments: _____

Control #C10-14

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 1640 RT. 88

Block: 1170 Lot: 14

Owner's Name: Brick Hospital Medical Arts Bldg Associates LLC

Owner's Mailing Address: 1436 E. Elizabeth Ave
Linden NJ 07036

Phone: (908) 925-1123

BUILDING

Contractor: M. Gordon Construction

Address: 1436 E. Elizabeth Ave
Linden N.J.

Phone#: 908-925-1123

Lis #

Federal Emp # or SSN 22-154-2256

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____

No of Stories:

Height of Structure:

Area of the largest floor:

Area of New Building:

Volume of Structure:

Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

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

Signature:

Please Print Name

ELECTRICAL Sign

Contractor: Lubeck electric South

Address: 235 Jeumont
Brick NJ 08723

Phone#: 732-920-6661

Lis #: 8414

Federal Emp # or SSN 22-2209-329

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light 20A 277V	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 650.00

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

Signature:

Please Print Name Lubeck, William R

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____

Print Name:_____