



I. IDENTIFICATION

- 732-888-7550/chris

Sign

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 120		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	10		
10. Subtotal			
11. Cert. of Occupancy			
12. Other	30		
13. TOTAL	\$ 160		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

12 000

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates		Re- viewer
					Approval	Rejection	
Amey			8/19/02	FH			
Gue	8/13/02		8/13/02	D			

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ 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:

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

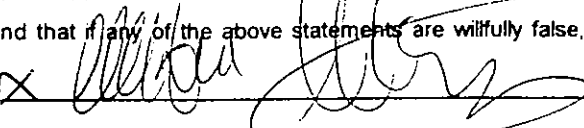
I further certify that I will perform the following work:

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 X 

Date 7/15/12

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.

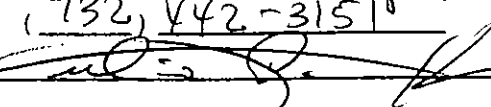
☒ Check if contractor.

Agent Name Julio E Hernandez

Address 393 Front St.

Perth Amboy, NJ 08861

Telephone (732) 442-3151

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 _____

Other _____

Building _____
 Electrical _____
 Plumbing _____
 Fire Protection _____
 Mechanical _____

Energy _____
 Barrier Free _____
 Flood Hazard _____
 As Built Elevation Cert. _____
 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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/22/2002
Date Issued 8/21/02
Control # 023-78
Permit # 02 3178

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

Block 612 Lot 8 Qual
Work Site Location 51 CHAMBERSBRIDGE RD

SIGN

Owner in Fee CHRISTIAN HOME FURNITURE
Address SAME

BRICK, NJ

Tele. (732) 888-7550

Contractor LINCOLN SIGNS, INC

Address 393 FRONT ST

PERTH AMBOY, NJ 08861-

Tele. (732) 442-3151 Fax ()

Lic. No. of Bldrs. Reg. No.

Federal Emp. No. 22-3176857

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.

☒ All 8/19/02 EJA

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Eject ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ COO ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 12,000

3. Total (1+2) \$ 12,000

Industrialized Building:

☐ State Approved

☐ HUD

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

INTERAIL ILLUMINATED CHANNEL LETTERS MOUNTED ON RACEWAY ON TWO SIDES OF BUILDING FOR CHRISTIAN HOME FURNITURE

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☒ Sign 120 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Demolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

**TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS**

**UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION**

Date Received 07/22/2002
Date Issued 1/31/03
Control # 623-78
Permit # 102174

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

Block 612 Lot 8 Sublot
Work Site Location 51 CHAMBERS BRIDGE RD
SIGN

Owner in Fee CHRISTIAN HOME FURNITURE

Address SAME

BRICK, NJ

Tele. (732) 888-7350

Contractor LINCOLN SIGNS INC

Address 393 FRONT ST

PERTH AMBOY, NJ 08861-

Tele. (732) 442-3151 Fax ()

Lic. No. of Bldgs. Reg. No.

Federal Emp. No. 22-3176957

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

INTERNAL ILLUMINATED CHANNEL LETTERS MOUNTED ON RACEWAY ON TWO SIDES OF BUILDING FOR CHRISTIAN HOME FURNITURE

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Rev.

☒ All 8/19/02 FR

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure Failure Approval Initial

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☒ Sign 120 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

Other

☐ Demolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 12,000

3. Total (1+2) \$ 12,000

Industrialized Building:

☐ State Approved

☐ HUD

Administrative Surcharge \$ 0

Minimum Fee \$ 0

TOTAL FEE \$ 120

DCA Training Fee \$ 10

TOWNSHIP OF BRICK

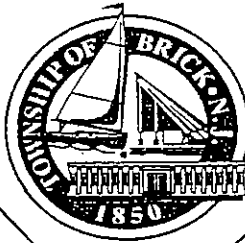
OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:

Steven N. Cucci — President
Stephen C. Acropolis
Kimberley S. Casten
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin
Frederick J. Underwood, Sr.



Department of Administration & Finance
Office of Land Use Management

Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
<http://www.twp.brick.nj.us>

RESUBMIT

DATE

8/6/02

Chris Cortez

Date:

7-31-2

Christian Home Furniture

Block:

672

51 Chambers Bridge Rd

Lot:

8

Brick, NJ 08723

51 Chambers Bridge Rd.

Your application for a zoning permit is incomplete. In order to review your application we need the following:

Two (2) accurate plot plans, drawn either by a surveyor or an engineer, as per Section 190-31 of the Township Code. 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. No reduced, enlarged, taped or facsimile copies can be accepted.

A zoning permit application form completely filled out by the applicant. No facsimile copies can be accepted.

X Your application for a zoning permit is denied for the following reasons:

3 copies of sign drawings with all
sign dimensions must be submitted.

cc: Mayor Joseph Scarpelli
Scott MacFadden, Business Administrator
Michael Fowler, Municipal Planner
Kate MacDonald, Assistant Zoning Officer
Daniel Newman, Jr., Construction Official

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 51 Chambers Bridge Road
 Block: 672 Lot: 8
 Owner's Name: Christian Home Furniture
 Owner's Mailing Address: 51 Chambers Bridge Road
Bricktown, NJ
 Phone: (732) 888-1530

BUILDING

Contractor: Lincoln Signs Inc.
 Address: 393 Front St.
Perth Amboy, NJ 08861
 Phone#: (732) 442-3151
 Lis #: _____
 Federal Emp # or SSN 22-317-6857

Technical Data

Description of Work:

INTERNAL ILLUMINATED
CHANNEL LETTERS
MOUNTED ON RACEWAY
(SEE ATTACHED SKETCH)
ON TWO SIDES OF B/Dg.

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☒ Sign 120 sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
 No of Stories: 1
 Height of Structure: 26'
 Area of the largest floor: _____
 Area of New Structure: _____
 Volume of New Structure: _____
 Total Land Disturbed: _____

Cost of Alteration: \$ _____

Cost of New Building: \$ _____

Total Cost of New Building Work: \$ 5,000 -
2,000
sign cost

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: [Signature]
 Please Print Name Julio E Hernandez

ELECTRICAL

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

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 (Receptacles, Switches, Lights, Motor 1HP) _____
 Spa/Hot Tub/Storable Pool _____
 Electric Range _____ KV
 Oven/Surface Unit _____ KW
 Electric Water Heater _____ KV
 Electric Dryer _____ KV
 Dishwasher _____ KV
 Garbage Disposal _____ H
 A/C Unit - Central Air _____ KV
 Space Heater/Air Handler _____ K
 Baseboard Heating _____ KV
 Motors 1+ HP _____
 Transformer/Generator _____ KV
 Light Stander _____ AMI
 Service _____ AMI
 Subpanel _____ AM
 Motor Control Center _____ AM
 Sign/Outline Light _____ KV
 Furnace _____
 Steam Boiler _____
 Other: _____

Estimated Cost of Electrical 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

Counter Form
PLEASE PRINT

PLUMBING

FIRE

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet) _____	
Urinals/Bidets _____	
Bath Tub (w/or w/out shower head) _____	
Lavatory (BR Sink) _____	
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 _____	
Air Conditioner (Condensate Drain) _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Pool Heater _____	
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

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:

Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
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: _____

TOWNSHIP OF BRICK ZONING PERMIT

Approved: August 9, 2002

No. 2.1347

Block: 672 Lot: 8

Zone: B-3, Highway Development

Property Address: 51 Chambers Bridge Road; Seaman's Plaza

Applicant: Chris Cortez; Christian Home Furniture

Property Owner: SHL Brick, LLC

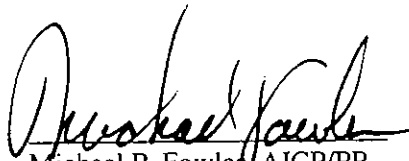
Existing Use: Christian's furniture store.

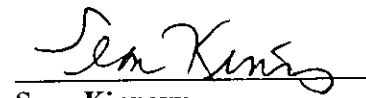
Proposed Use: Same.

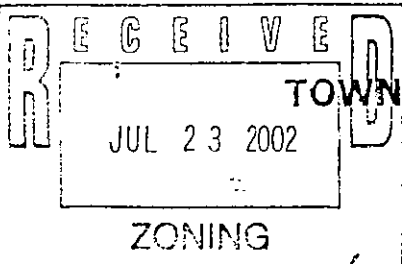
Proposed Construction: Replace wall signs and pylon signs: Front wall, 5' x 25'; side wall, 40' x 22"; "Christian's Fine Home Furnishings".

Conditions: The total sign area cannot exceed 15% of the total façade area.

**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

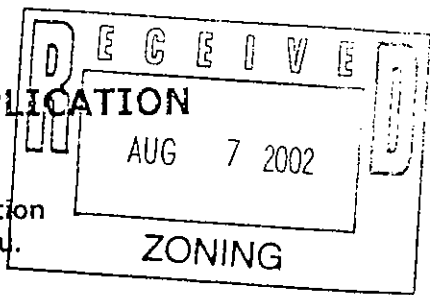

Sean Kinnevy
Zoning Officer



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 672 Lot 8 Qualifier _____

PROPERTY ADDRESS 51 Chambers Bridge Road

PERSONAL NAME OF APPLICANT Chris Cortez

~~B~~ BUSINESS NAME OF APPLICANT Christian Home Furniture

→ PROPERTY OWNER SHL Brick, LLC

PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
→ ☒ Commercial (please describe) Furniture Sales

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
→ ☒ Commercial (please describe) Furniture Sales - Furniture

PROPOSED CONSTRUCTION (check all that apply)

- ☐ 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) SIGN

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.

COMMERCIAL

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 Chris Cortez Date 7/10/02

Reviewed by Zoning Office JE Date 7/31/02 Approved JE Denied JE

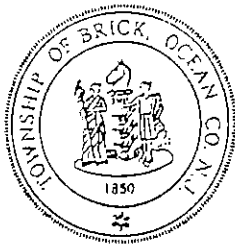
✓

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Joseph C. Scarpelli, Mayor

Township Council:

Helen Fayad - President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.



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: July 10, 2002

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE:

Block:

672

Lot:

8

Property Address:

I. Christian Cortez of 1374 Route 36, Hazlet, N.J.
(name) (address) 07730

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 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: 8/15/02

Signed:

Rejected: _____

Signed: _____

Comments: _____

22"

20"

22"

12'-3"

20"

22"

**CHRISTIAN'S**

22"

1'-8"

2'-2"

1'-8"

3'-2"

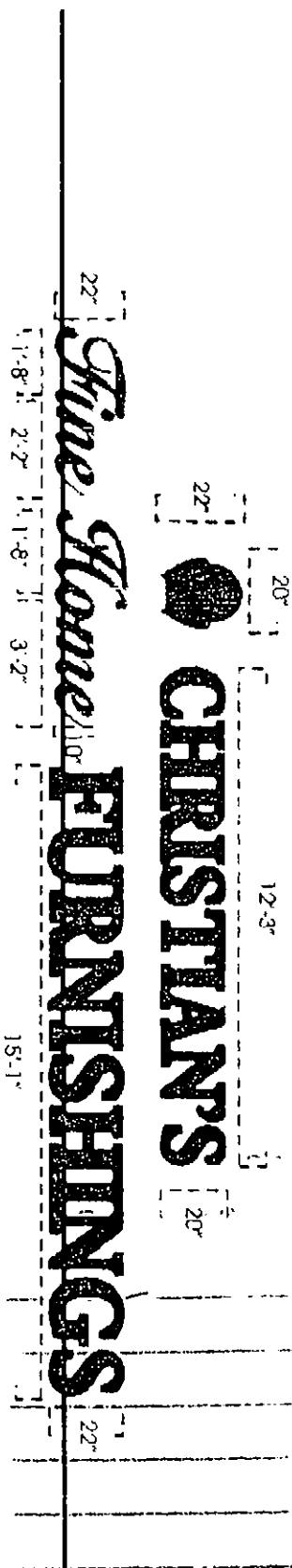
10"

15'-1"

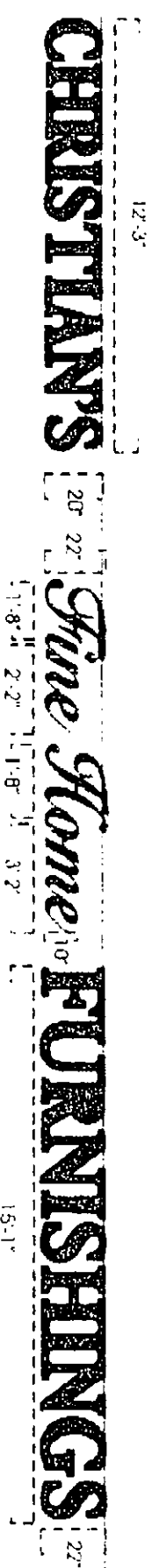
22"

*Time Home***FURNISHINGS**

FRONT



SIDE



BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning	Wall sign	8/9/2	MC
Plumbing			
Building			
Fire			
Energy			
Electrical			

FRONT

20"

22"



CHRISTIAN'S

20"

22"

Fine Home

10"

FURNISHINGS

22"

1'-8"

2'-2"

1'-8"

3'-2"

15'-1"

SIDE

12'-3"

CHRISTIAN'S

20"

22"

Fine Home

10"

FURNISHINGS

22"

1'-8"

2'-2"

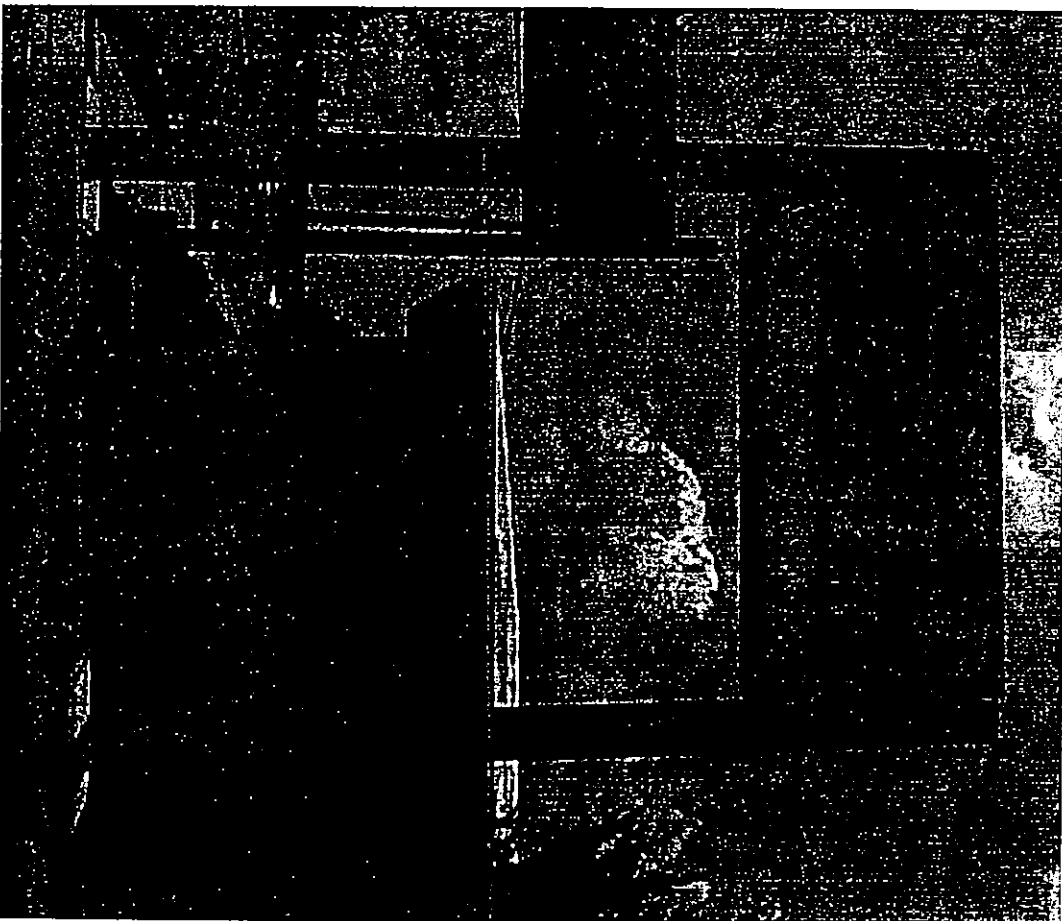
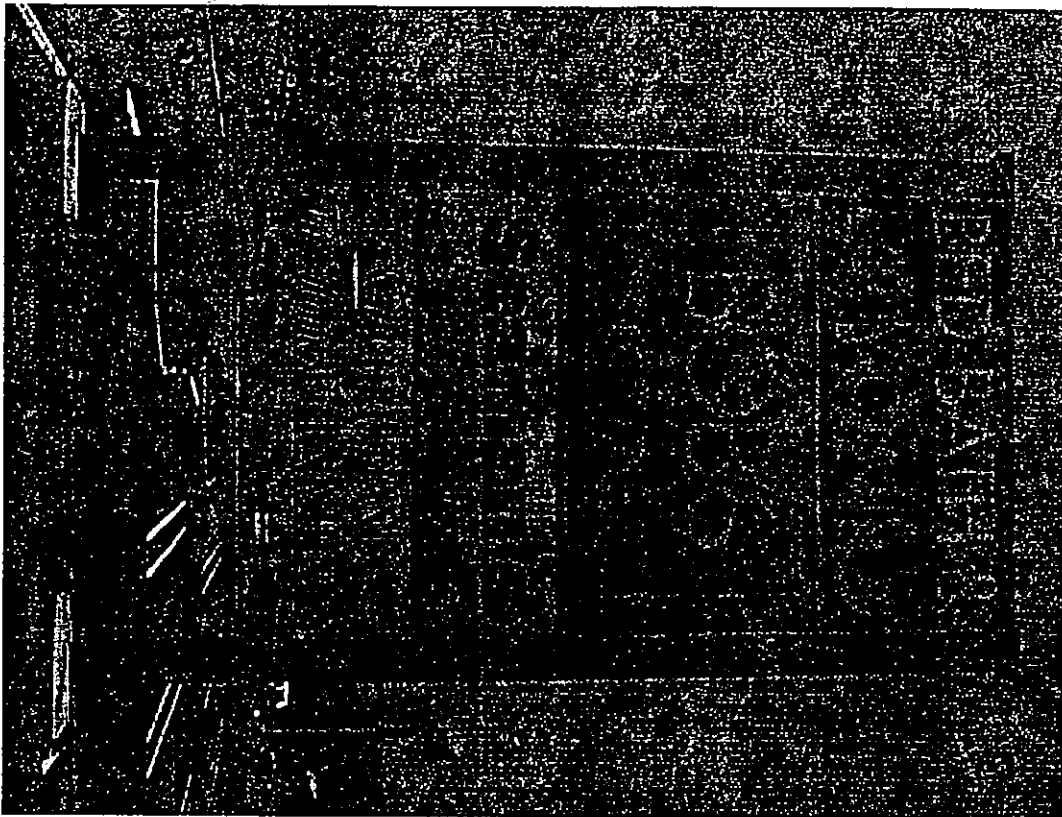
1'-8"

3'-2"

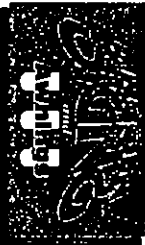
15'-1"

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning	wall sign	8/9/2	Ne
Plumbing			
Building			
Fire			
Energy			
Electrical			

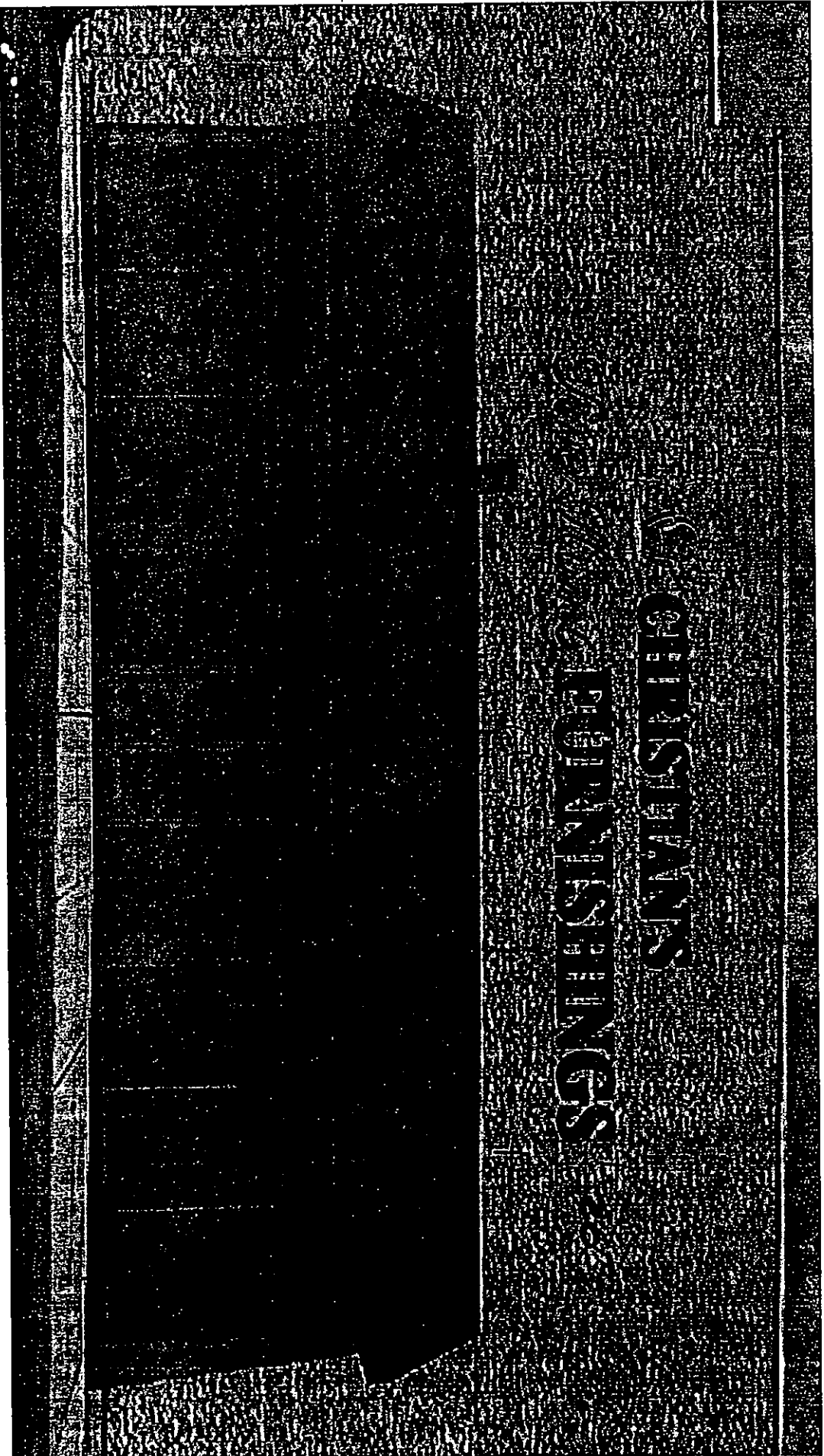


732-442-3151



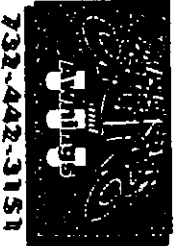
PROJECT ADDRESS	PROJECT PHONE	APPROVAL SIG
SALES REPRESENTATIVE	DESIGN BY: <i>Julio E. Hernandez</i>	DATE <i>7/17/02</i>

APPROVED
PROJECT TO
Music Project
Approval



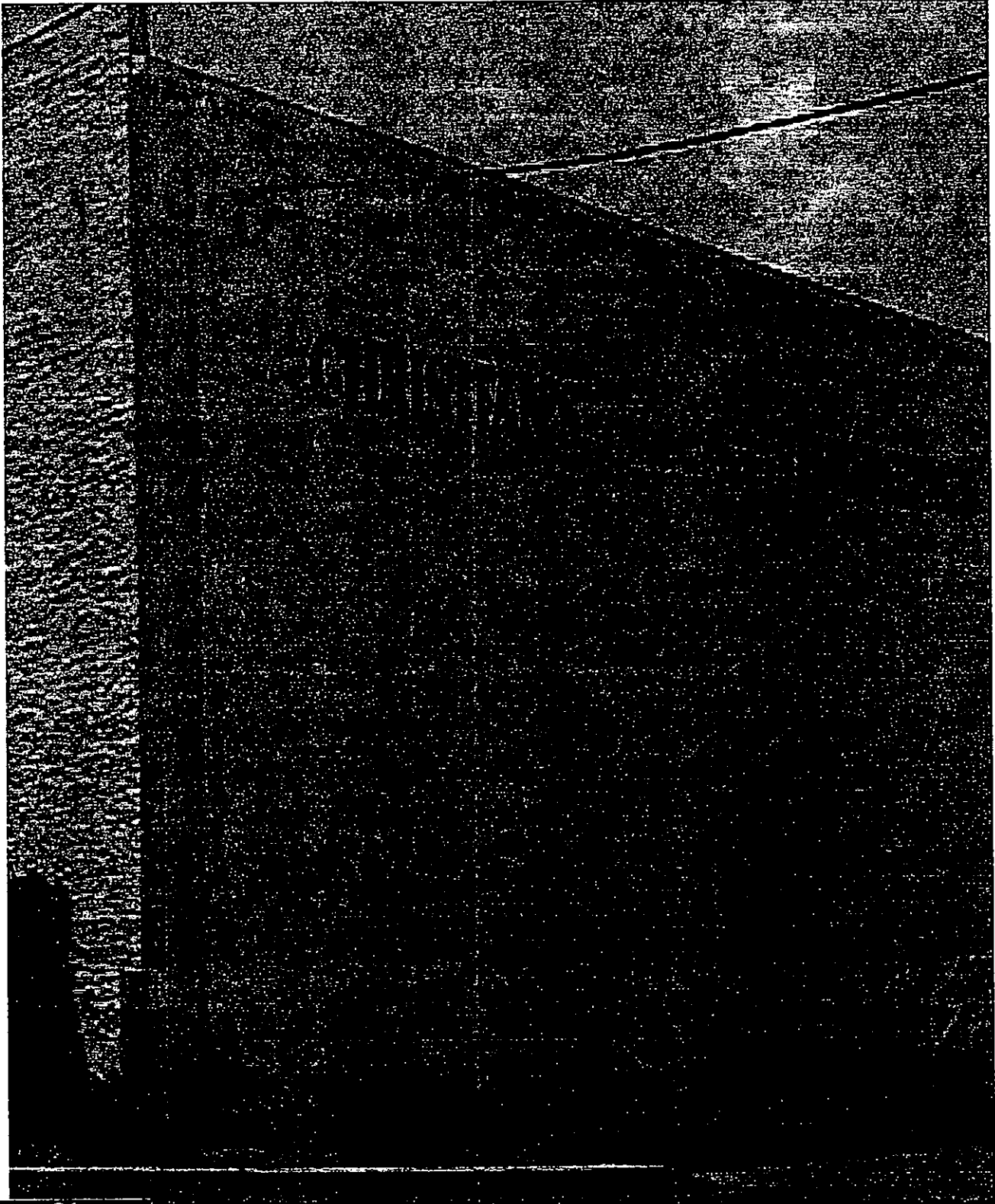
GEORGE J. DOWNINGS

PROJECT ADDRESS	PROJECT PHONE	APPROVAL SIG.
SALES REPRESENTATIVE	DESIGN BY: <i>Guthrie E. Hernandez</i>	DATE



732-442-3151

2/17/02
SUBJECT TO
MONITORING
NTP



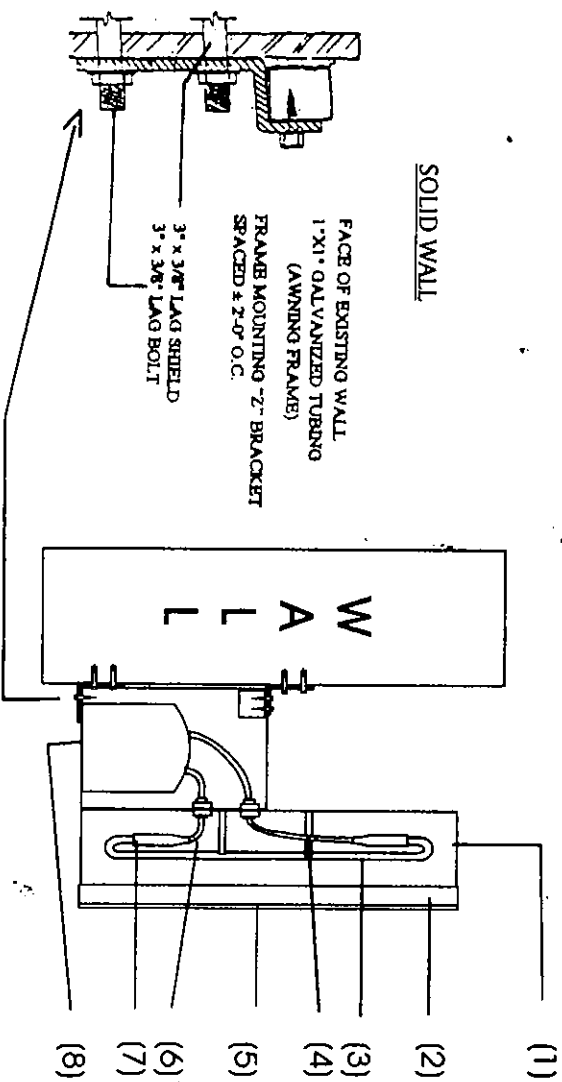
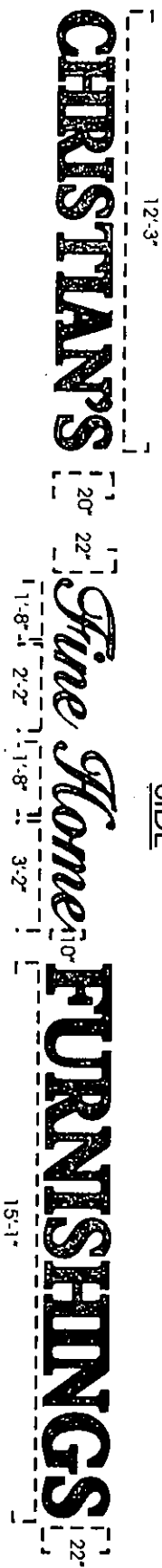
PROJECT ADDRESS	PROJECT PHONE	APPROVAL SIG.
SALES REPRESENTATIVE	DESIGN BY: <i>Julio E. Hernandez</i>	DATE

RACEWAY MOUNTED INTERNALLY ILLUMINATED CHANNEL LETTERS

FRONT

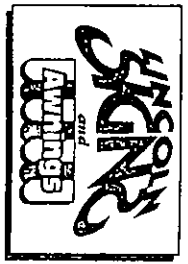


SIDE



- (1) 4" Deep Aluminum Return .040 Thick
Black or Dk. bronze Color Outside Inside White
- (2) 1" Molding
- (3) 15 mm Double-Row Neon Tubing Color: White
- (4) Neon Tube Supports
- (5) 3/16" Thick Acrylic Face Color (Green and Red)
- (6) GTO Wire encased in greenfield
- (7) Rubber Electrode Boot
- (8) 60 ma Neon Transformers in Painted Aluminum Housing,
(Match Existing Wall)

Primary electric connected to feed provided by others.



PROJECT ADDRESS	PROJECT PHONE	APPROVAL SIG.
SALES REPRESENTATIVE	DESIGN BY: <i>Julio E. Hernandez</i>	DATE

DATE 8-16-02

Valuation: _____

Plan Review # _____

Fee: _____

Date: 6-14-02

JURISDICTION

BUILDING LOCATION 51 Chambers Bridge
(City, County, Township, etc.)
(Street address)

BUILDING DESCRIPTION

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

[illegible]

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