BLOCK 672 LOT 8 QUALIFICATION CODE C8'18 ADDRESS (SITE) 51 CHAMBERS BRIDGE PERMIT NO. 01-1928

CONSTRUCTION PERMIT APPLICATION SEAMANS (SIGNS)

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

I. IDENTIFICATION

1. Proposed Work Site at: 51 CHAMBERS BRIDGE RD.
2. Name of Owner in Fee: SCOTT HELLER Tel. (201) 945-9555
   Address 525 RIVER RD. EDGEWATER NJ 07020
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: ART effects INC. Tel. (800) 466-4278
   Address PO BOX 804 BLOOMFIELD CT 06002
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 06-1114103 FAX: (860) 242-2898
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work LAWRIN ROSEN
   Tel. (800) 466-4278 FAX (860) 242-2898

Left Message

MAIL IN 5/3/01

5/30/01

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 240		
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	13		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	30		
13.	TOTAL	$ 283		

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	1	
2.	Height of Structure	21'-8" ft.	
3.	Area — Largest Floor	25,569 sq. ft.	
4.	New Building Area	25,569 sq. ft.	
5.	Volume of New Structure	553,795 cu. ft.	
6.	Construction Classification	2-C	
7.	Total Land Area Disturbed	360,000 sq. ft.	
8.	Flood Hazard Zone	NO	
9.	Base Flood Elevation	NA ft.	
10.	Wetlands yes / no	NO	
11.	Max. Live Load	150	
12.	Max. Occupancy Load	300	

41.00

CONSTRUCTION OFFICIAL NO FEE REQUIRED

DATE

APPROVED BY

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☒ Minor Work (SIGNS)	16,110.				5-29-01	FM	7/10/01		OK
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		Ewe	5/18/01		5/18/01	JK			
	TOTAL COSTS									

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: RETAIL
2. Use Group: FURNITURE STORE
3. Change in Use Group, Indicate Former:

LDS BR 10505238

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 ARTeffects, INC.

Address PO Box 804 Bloomfield ct 06002

Telephone (401) 466-4278

Signature Lucy DeLuca

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.									
☐									
☐									

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.				

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/05/2001
Control #
Permit # 01-1928

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 672 Lot 8 Qual

Work Site Location 51 CHAMBERSBRIDGE RD-SEAHAWK SIGN
Owner in Fee HELLER, SCOTT
Address 525 RIVER RD
EDGEWATER, NJ 07020-
Telephone (201)945-7555

Contractor ART EFFECTS INC
Address P O BOX 806
BLOOMFIELD, CT 06002-
Telephone (800)466-9279
Lic. No. or Bldrs. Reg. No.
Federal Ecp. No. 06-1114103

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL 3 SIGNS FOR SEAHAWK FURNITURE
65.10 SQ FT; 143.49 SQ FT; 32 SQ FT

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 $ 16,110

Construction Official 06/05/2001
Date

U.C.C. F130 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	240
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	13
Cert. of Occupancy	0
Other ZPEP	30
Total	~~283~~ 283
Check No.	6032/622
Cash	
Collected By	HJR

06/05/01 10:58AM 000000M4321
XX02 SERV.002

#1928	
BUILDING	$240.00
DCA	$13.00
ZPA	$15.00
EPA	$15.00
CHECK	$283.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/03/2001
Date Issued 6/5/01
Control # C8-78
Permit # 01-1928

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

Block 672 Lot 8 Qual
Work Site Location 51 CHAMBERSBRIDGE RD-SEAMANS SIGN
Owner in Fee HELLER, SCOTT
Address 525 RIVER RD
EDGEWATER, NJ 07020-
Tele.(201)945-9555
Contractor ART EFFECTS INC
Address P O BOX 804
BLOOMFIELD, CT 06002-
Tele.(800)466-4278 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 06-1114103

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-29-01	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 7-6-01
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			7-6-01	FM
BarrierFree				

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 $ 16,110
3. Total (1+2)$ 16,110

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

INSTALL 3 SIGNS FOR SEAMANS FURNITURE
65.10 SQ FT; 143.49 SQ FT; 32 SQ FT

Must Have U.L. Label

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[X] Sign 240 Sq. Ft.	240
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 240
DCA Training Fee	$ 13

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: May 17, 2001 **No.** 1.0752

Block: 672 **Lot:** 8 **Zone:** B-3, Highway Development

Property Address: 51 Chambers Bridge Road, Brick Center Plaza

Applicant: Tracy Davis; Arteffects, Inc.

Property Owner: Scott Heller

Existing Use: Seaman's Furniture store

Proposed Use: Same.

Proposed Construction: Three signs: (1) West wall sign, 143.49 square feet; (2) South wall sign, 65.1 square feet; (3) Pylon sign, 32 square feet.

Condition: Major site plan approved by the Planning Board.

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
MAY 8 2001
ZONING

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

Block 672 Lot 8 Qualifer

PROPERTY ADDRESS 51 Chambers Bridge Road

PERSONAL NAME OF APPLICANT TRACY DAVIS

BUSINESS NAME OF APPLICANT ART effects, Inc.

PROPERTY OWNER Scott Heller

PRESENT USE OF PROPERTY (check all that apply)
- ☐ Vacant Lot
- ☐ Single-family dwelling
- ☐ Multi-family dwelling
- ☑ Commercial (please describe) Retail

PROPOSED USE OF PROPERTY (check all that apply)
- ☐ Vacant Lot
- ☐ Single-family dwelling
- ☐ Multi-dwelling
- ☑ Commercial (please decribe) Retail

PROPOSED CONSTRUCTION (check all that apply)
- ☐ New Building (please describe)
- ☐ Addition
- ☒ Alteration — SIGNS (3)
- ☐ Porch or deck (state heights)
- ☐ Shed (state height)
- ☐ Fence (state type & height)
- ☐ Swimming Pool
  - ☐ In-ground
  - ☐ Above ground
- ☐ Other (please describe)

COMMERCIAL

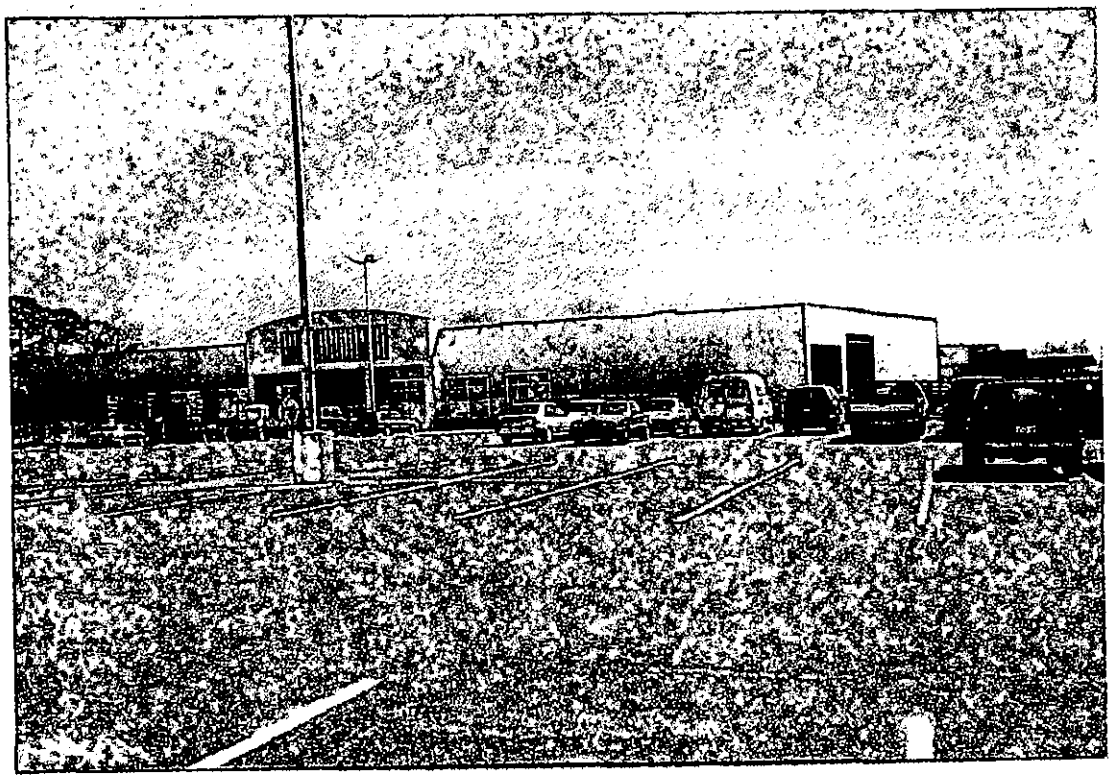
CHECKLIST
- ☐ All information completed above
- ☐ Two (2) copies of a plot plan containing:
- ☐ All existing and proposed structures
- ☐ All dimensions of the lot and structures
- ☐ All setbacks from the structures to the property lines
- ☐ All adjacent streets and waterways
- ☐ If applicable, include 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. PB-2311 8/99 BRICK LLC

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 Tracy Davis Date May 1 01

Reviewed by Zoning Office SK Date 5/17/1 (X) Approved ( ) Denied

Land Use/ Bldg Dept FAX:732-262-6534 MAY 30 2001 14:39 P.02



191'-1"
197'-9"
145'-2"
77'-8"
NORTH

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1112 LOT 8 SITE ADDRESS [illegible]
TYPE OF SITE Residential /(Commercial) NAME OF BUSINESS [illegible]
APPLICANT [illegible] PHONE NUMBER 856-424-4278
APPLICANT ADDRESS PO Box 464 CITY & STATE [illegible]

INCLUSIONARY DEVELOPMENT

Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01%

◊ The estimated equalized assessed value of the proposed construction is

$ 0

Frederick R. Millman, CTA, Tax Assessor — Date 5/29/01

◊ The final equalized assessed value of the construction at the above referenced site is:

$ _____

Frederick R. Millman, CTA, Tax Assessor — Date

Preliminary Fee Required _____ Date _____
Preliminary Paid _____ Check # _____
Receipt # _____

Final Total Fee Required _____
Preliminary Paid _____ Date _____
Final Paid _____ Check# _____
Balance Due _____ Receipt # _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

5/30/01 - Taped.

NO FEE REQUIRED — Office of Affordable Housing

APPROVED BY [signature] DATE 5/29/01

ARTeffects
www.artfxsigns.com
Phone - (860)302-9837
Toll Free - (800)966-4378
Fax - (860)302-2894
E-Mail - artfxmail@aol.com

Project: FRONT (WEST) ELEVATION CHANNEL LETTERS

Job #

Date: 3/16/01

Scale

Location: BRICK, NJ

Drawn by: TURBY

143.49 SQ FT

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Drawing Number: B

6

10'-0"

ARTeffects
www.artfxsigns.com
Phone - (860)242-0031
Toll Free - (800)656-4278
Fax - (860)242-2898
E-Mail - artfxmail@snet.com

Project: PYLON

Job #

Date

Scale

Location: BRICK, NJ

Drawn by: TURBY

Revised

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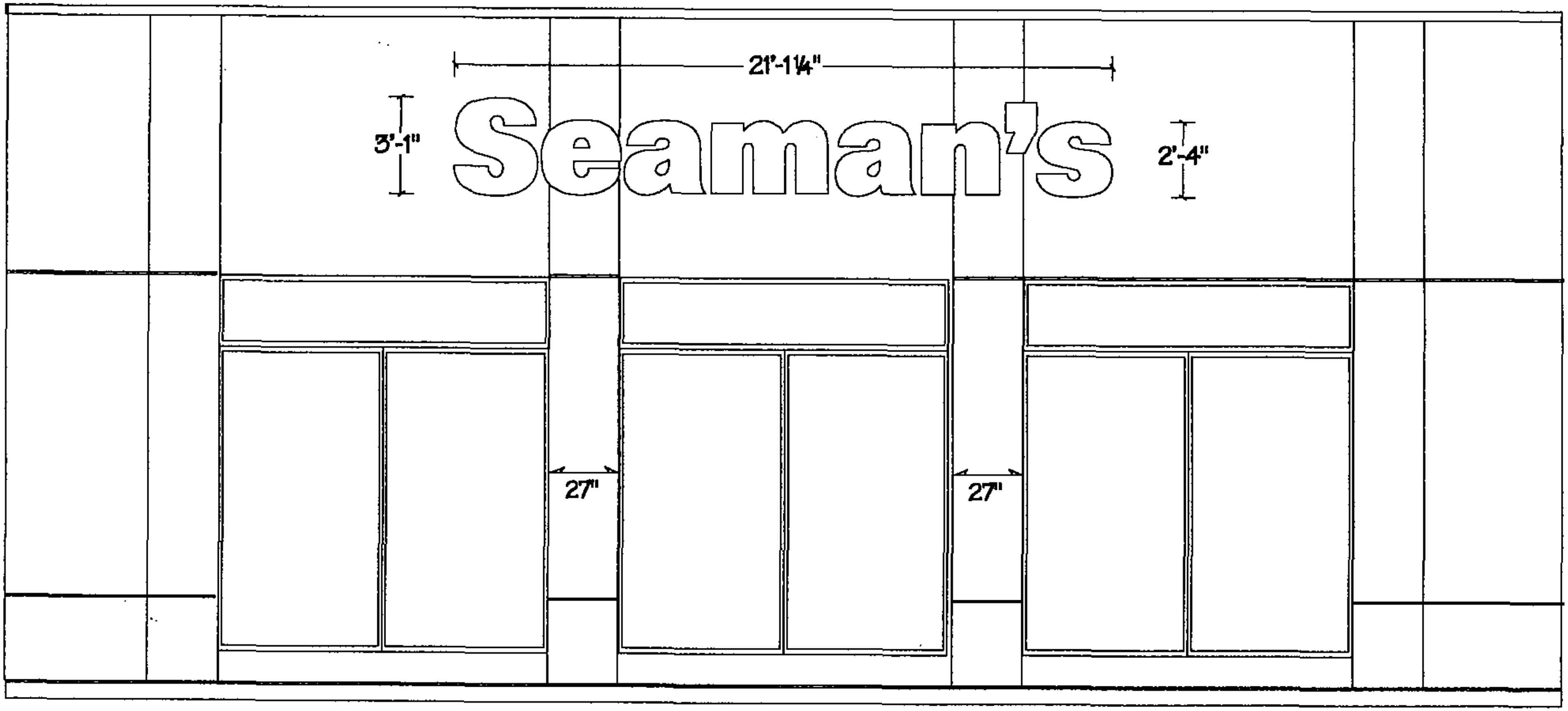
Drawing Number



ARTeffects
www.artfxsigns.com

Phone - (860)242-6651
Toll Free - (800)466-4378
Fax - (860)242-2898
E-Mail - artfxmail@aol.com

Project: WEST (SIDE) ELEVATION CHANNEL LETTERS	Job #	Location BRICK, NJ	Drawing Number: A
	Date 3/20/01	Drawn by TURBY	
	Scale	65.10 SQ FT	

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ARTEFFECTS, INC.

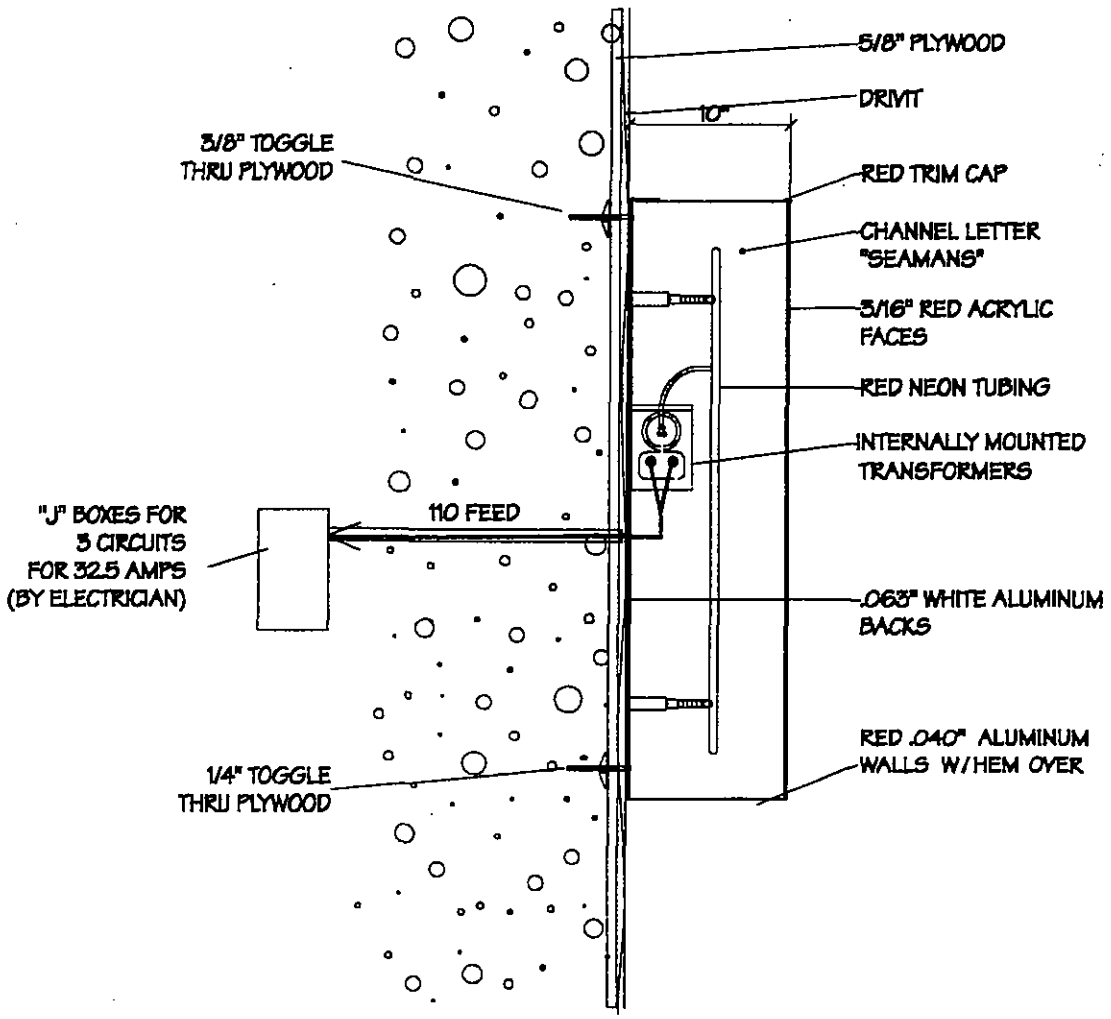
Remit Cost Seamans Brick-NJ 41.00 Balancedue

06228

ARTEFFECTS, INC.

5/1/01	6032	TOWNSHIP OF BRICK	
		SEAMANS	242.00
			$242.00

06032



SEAMAN'S BRICK

SIDE SECTION

U.L. APPROVED

ARTeffects
www.artxsigns.com

Project: WEST (SIDE) ELEVATION CHANNEL LETTERS	Job #	Location: BRICK, NJ		
	Date: 5/20/01	Drawn by: TURBY		
	Scale	65.10 SQ FT		

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Drawing Number

6

FRONT (WEST) ELEVATION
SPLIT FACE CONCRETE BLOCK
ALUM. AND TEMPERED GLASS STOREFRONT
ALUM. COPING
HORIZONTAL AND VERTICAL REVEALS, (TYPICAL) CONTINUOUS ALL SIDES
SPLIT FACE CONCRETE BLOCK
ALUM. AND TEMPERED GLASS STOREFRONT
PARAPET BEYOND
27'-0"
21'-8"

SIGNAGE SCHEDU

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 51 CHAMBERS BRIDGE RD.
Block: 672 Lot: 8
Owner's Name: SCOTT HELLER
Owner's Mailing Address: 525 RIVER RD. EDGEWATER NJ 07020
Phone: (201) 945-9555

BUILDING

Contractor: Arteffects, Inc.
Address: Po Box 804
Bloomfield CT 06002
Phone#: 800-466-4278
Lis #
Federal Emp # or SSN 06-1114103

Technical Data

Description of Work: INSTALL SIGNS
SEE ATTACHED

3 SIGNS 65.10 SQFT
143.49 " "
32. " "

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
___Demolition
X Sign 240 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: $ 16,110.00

Cost of New Building: —

Total Cost of Building Work: —

Signature: X

Please Print Name TRACY DAVIS

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

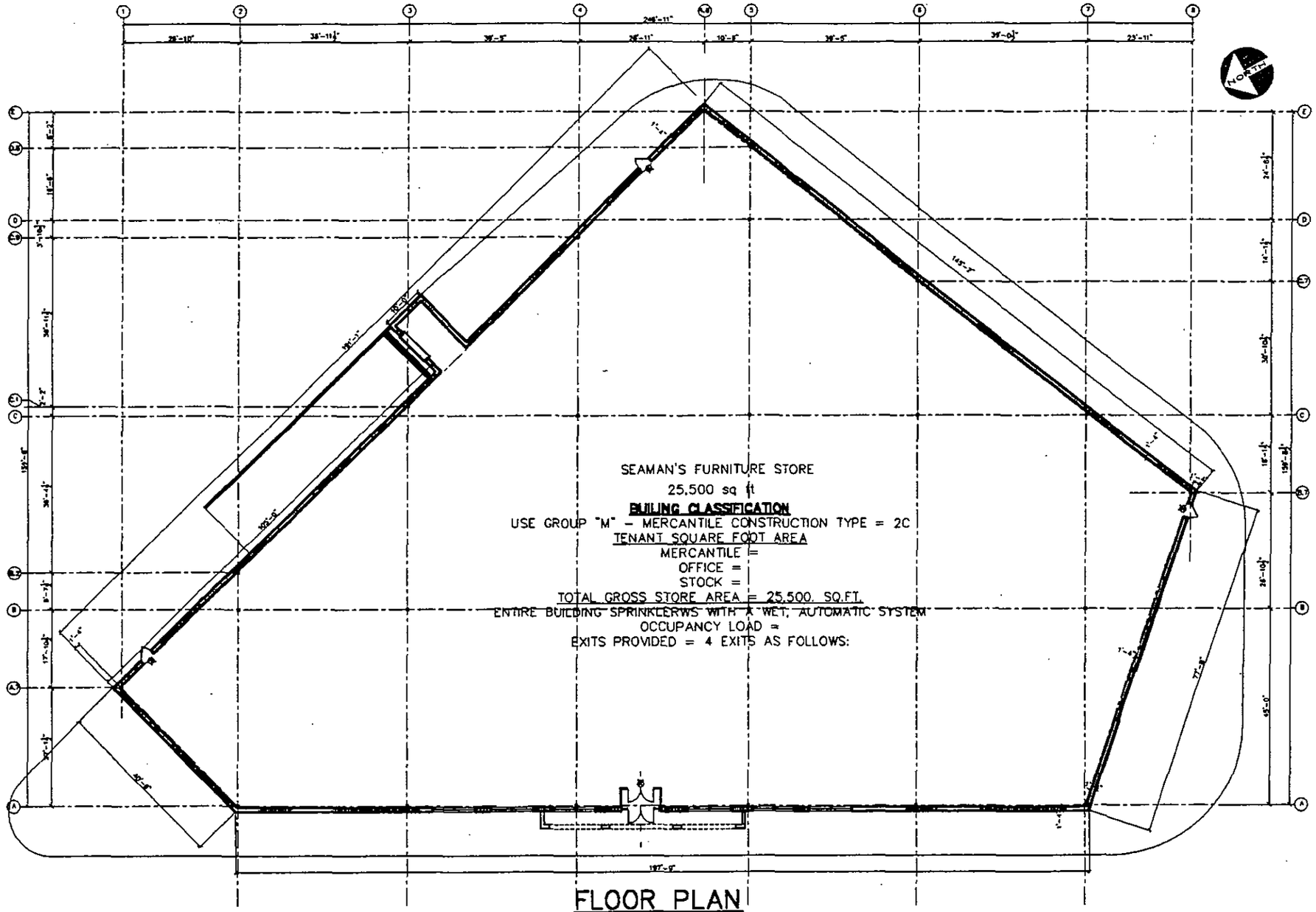
Pool
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit –Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Light Stander AMP
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work:

Signature: X Tracy Davis

Please Print Name

CONTRACTOR'S SEAL



FLOOR PLAN

SCALE: 1/8" = 1'-0"