C672-12

BLOCK 672 LOT 12 ADDRESS (SITE) 705 RT. 70 PERMIT NO. 98-00076

RECEIVED
CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION
0 5 1998
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE

20K

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

I. IDENTIFICATION

1. Proposed Work-site at: T.G.I. FRIDAYS 705 RT. 70 BRICK, NJ.
2. Name of Owner DAN O'ONOFRIO Tel. (732) 349-2710
   Address RT 37 + 166 (street) DOVER MAIL (municipality) TOMS RIVER, NJ (zip code) 08753
3. Ownership Public ____ Private X
4. Principal Contractor: DVS INDUSTRIES, INC. Tel. (609) 386-0100
   Address 112 CONNECTICUT DRIVE BURLINGTON, NJ 08016
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. 23-2285540 Social Security No. ____
5. Architect or Engineer DESIGN KOLLABORATIVE Tel. (954) 941-3329
   Address 1071 E. ATLANTIC BLVD. POMPANO BEACH, FL. 33060
6. Responsible Person in Charge of Work ERIC W. BURSKY Tel. (609) 386-0100

Right

II. PROPOSED WORK

		Est. Cost
1.	X Minor work (single trade)	18,000 00
2.	☐ Small Job ($5,000 and no prior approvals)	
3.	☐ New Building	
4.	☐ Addition	
5.	☐ Alteration	
6.	☐ Fire Protection	
7.	☐ Plumbing	
8.	☐ Electrical	
9.	☐ Elevator Devices	
10.	☐ Asbestos Abatement	
11.	☐ Demolition	
	TOTAL COSTS	$18,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			1-9-98	FM			
CWF	1/6/97		1/6/97				

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

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 277.		
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	14.		
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other ZP+EP	$15		
13.	TOTAL	$ 306.		

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

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: Restaurant
3. Change in Use Group, Indicate Former:

AHBT PRELIMINARY APPROV.

E - COMMERCIAL

LDS BR 10207570

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 New Jersey 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.

(K) Check if contractor.

Agent Name DUS INDUSTRIES, INC.

Address 112 CONNECTICUT DRIVE
BURLINGTON, NJ 08016

Telephone (609) 386-0100

Signature _____ Date 12.29.97

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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.				

Check & paid

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/13/98
Control #
Permit # 98-0076

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 672 Lot 12

Work Site Location 705 HWY 70
SIGN
Owner in Fee D'ONOFRIO, DAN
Address RT 37 & 166 DOVER MALL
TOMS RIVER, NJ 08753-
Telephone (732)349-2710

Contractor DVS INDUSTRIES
Address 112 CONN DR
BURLINGTON, NJ 08016-
Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date / /
Federal Emp. No. 23-2285540
or Social Security No.

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
SIGN

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 $ 18,000

J. Iannazzo/cs
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	277
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	14
Cert. of Occ.	0
~~Other~~ 2 PK 306 wy	15
Total	~~291~~
Check No.	0202483
Cash	
Collected By:	CS

Issued + paid

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/13/98
Control #
Permit # 98-0076

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 672 Lot 12

Work Site Location 705 HWY 70
SIGN
Owner in Fee D'ONOFRIO, DAN
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TOMS RIVER, NJ 08753-
Telephone (732)349-2710

Contractor DVS INDUSTRIES
Address 112 CONN DR
BURLINGTON, NJ 08016-
Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date / /
Federal Emp. No. 23-2285540
or Social Security No.

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
SIGN

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 $ 18,000

J. Scriano/ CO
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	277
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	14
Cert. of Occ.	0
Other 277	15
Total ~~291~~ 306	~~291~~
Check No.	0202483
Cash	
Collected By:	CS

[redacted]

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 672 Lot 12
Work Site Location T.G.I. FRIDAYS RESTAURANT
705 ROUTE 70, BRICK, NJ
Owner in Fee DAN D'ONOFRIO
Address RT 37 + 166 DOVER MALL
TOMS RIVER, NJ 08753
Tele. (732) 349-2710
Contractor BABBITT MECHANICAL & ELECTRICAL SERVICES
Address 1406 STAKES ROAD
MEDFORD, NJ 08055
Tele. (609) 835-2272 / (609) 265-1858
Lic. No. 10665A
Federal Emp. No. 223415611 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

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.

Steve Riley
Signature—Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
3	20 AMP	Signs	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
	___	Other	

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

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 White = Applicant Copy

PRO 220B

SOUTHAMPTON TOWNSHIP
(609) 859-2786

BUILDING SUBCODE TECHNICAL SECTION

Date Received 98-0076
Date Issued
Control #
Permit # 1-13-98

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

Block 672 Lot 12
Work Site Location T.G.I. FRIDAY'S RESTAURANT
705 ROUTE 70 BRICK, NJ.
Owner in Fee DAN D'ONOFRIO
Address RT 37 + 166 OUTER MALL
TOMS RIVER, NJ 08753
Tele. (732) 349-2710
Contractor DUS INDUSTRIES, INC.
Address 112 CONNECTICUT DRIVE
BURLINGTON, NJ 08016
Tele. (609) 386-0100
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2285540 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.				Dates (Month/Day)			
[X] All	1-9-98	FM	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

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 $ 18,000.00
3. Total (1+2) $ 18,000.00

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
MFR/INSTALLATION OF—
- 1 SET CHANNEL LETTERS (5'-6" "F") 220 #
- 1 SET CHANNEL LETTERS (1'-5" "F") 11.25 #
- 1 SET CHANNEL LETTERS (2'-9" "F") 45.375 #
- REFACE OF EXISTING PYLON SIGN FACES (6'-0" x 12'-0") 72 #
- APPROX 140' OF BORDER NEON.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (6' or over)
[X] Sign SEE ABOVE. Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $

PRO 210B

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

SOUTHAMPTON TOWNSHIP

(609) 859-2786

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Received 98-0076

Date Issued

Control #

Permit # 1-13-98

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

Block 672 Lot 12

Work Site Location T.G.I. FRIDAY'S RESTAURANT
705 ROUTE 70, BRICK, NJ.

Owner in Fee DAN D'ONOFRIO

Address RT 37 + 166 DOVER MALL
TOMS RIVER, NJ 08753

Tele. (732) 349-2710

Contractor DJS INDUSTRIES, INC.

Address 112 CONNECTICUT DRIVE
BURLINGTON, NJ 08016

Tele. (609) 386-0100

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 23-2285540 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[X] All	1-9-98	FM	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

Dates (Month/Day)

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 $ 18,000.00
3. Total (1+2) $ 18,000.00

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

MFR/INSTALLATION OF—
- 1 SET CHANNEL LETTERS (5'-6" "F") 220 #
- 1 SET CHANNEL LETTERS (1'-5" "F") 11.25 #
- 1 SET CHANNEL LETTERS (2'-9" "F") 45.375 #
- REFACE OF EXISTING PYLON SIGN FACES (6'-0" x 12'-0") 72 #
- APPROX 140' OF BORDER NEON.

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (6' or over)
- [X] Sign SEE ABOVE. Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other
- [ ] Other

[ ] Demolition

(Office Use Only)

FEE

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

Paid [ ] Check #

Collected by:

PRO 210B

U.C.C. Form F-110B

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: January 9, 1998 1998 - 0015

Block 672 Lot 12 Zone B-3, H.D.

Property Address: 705 Route 70

Owner: Dan D'Onofrio (Phone): (732) 349-2710

Applicant: Eric Burisky (Phone): (609) 386-0100

Existing Use: T.G.I. Friday's restaurant.

Proposed Use: T.G.I. Friday's restaurant.

Proposed Construction (if any): Replace wall signs and pylon signs;"T.G.I. Friday's".
(1) 220 square feet channel letters,
(2) 11.25 square feet channel letters,
(3) 45.375 square feet channel letters,
(4) double-face pylon, 72 square feet.

Conditions: Signs to be same size and location as previous "Wall Street" signs.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which 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)

Property Address: T. G. I. FRIDAY'S 705 ROUTE 70, BRICK, NJ

Block: 672 **Lot:** 12

Name of Property Owner: MR. DAN D'ONOFRIO (LANDLORD)

Name of person making application: ERIC W. BURISKY

Company Name: DUS INDUSTRIES, INC. (SIGN CONTRACTOR)

Mailing Address: 112 CONNECTICUT DRIVE, BURLINGTON, NJ 08016

Telephone Number: 609-386-0100

Present or Most recent use property (Check One):

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

X Commercial (please describe) RESTAURANT

____ Other (please describe) _____

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

X Commercial (please describe) T. G. I. FRIDAY'S RESTAURANT

____ Other (please describe) _____

Proposed construction (include height and other dimensions of proposed structure or addition; if proposed fence, include type as well as height): INSTALLATION OF PROPOSED SIGN PACKAGE. INCLUDING - (3) - SETS CHANNEL LETTERS AND REFACE OF EXISTING PYLON SIGN.

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 Eric W. Burisky **Date** 1.5.98

Received by: Zoning Officer Date 1/9/98

Approved for zoning pending original application.
SK 1/6/98

TOWNSHIP OF BRICK

ZONING PERMIT APPLICATION
(Please type or print NEATLY)

Property Address: T.G.I. FRIDAY'S 705 ROUTE 70, BRICK, NJ

Block: 672 **Lot:** 12

Name of Property Owner: MR. DAN D'ONOFRIO (LANDLORD)

Name of person making application: ERIC W. BURISKY

Company Name: DVS INDUSTRIES, INC. (SIGN CONTRACTOR)

Mailing Address: 112 CONNECTICUT DRIVE. BURLINGTON, NJ 08016

Telephone Number: 609-386-0100

Present or Most recent use property (Check One):

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

X Commercial (please describe) RESTAURANT

____ Other (please describe) _____

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

X Commercial (please describe) T.G.I. FRIDAY'S RESTAURANT

____ Other (please describe) _____

Proposed construction (include height and other dimensions of proposed structure or addition; if proposed fence, include type as well as height): INSTALLATION OF PROPOSED SIGN PACKAGE, INCLUDING - (3) - SETS CHANNEL LETTERS AND REFACE OF EXISTING PYLON SIGN.

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.

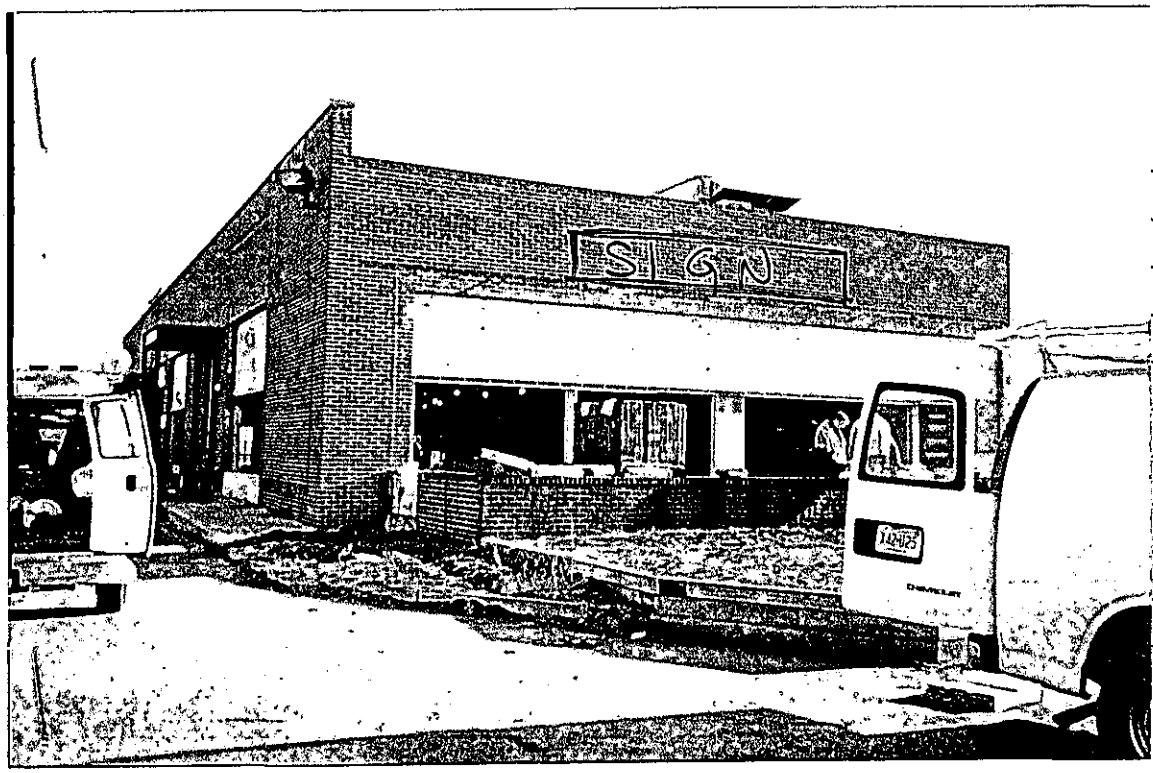
Signature of Applicant Eric W. Burisky **Date** 1.5.98

Complete Incomplete

DVS INDUSTRIES
ELECTRICAL ADVERTISING DIVISION
112 Connecticut Drive
Burlington, NJ 08016
(609) 386-0100
FAX (609) 386-1108

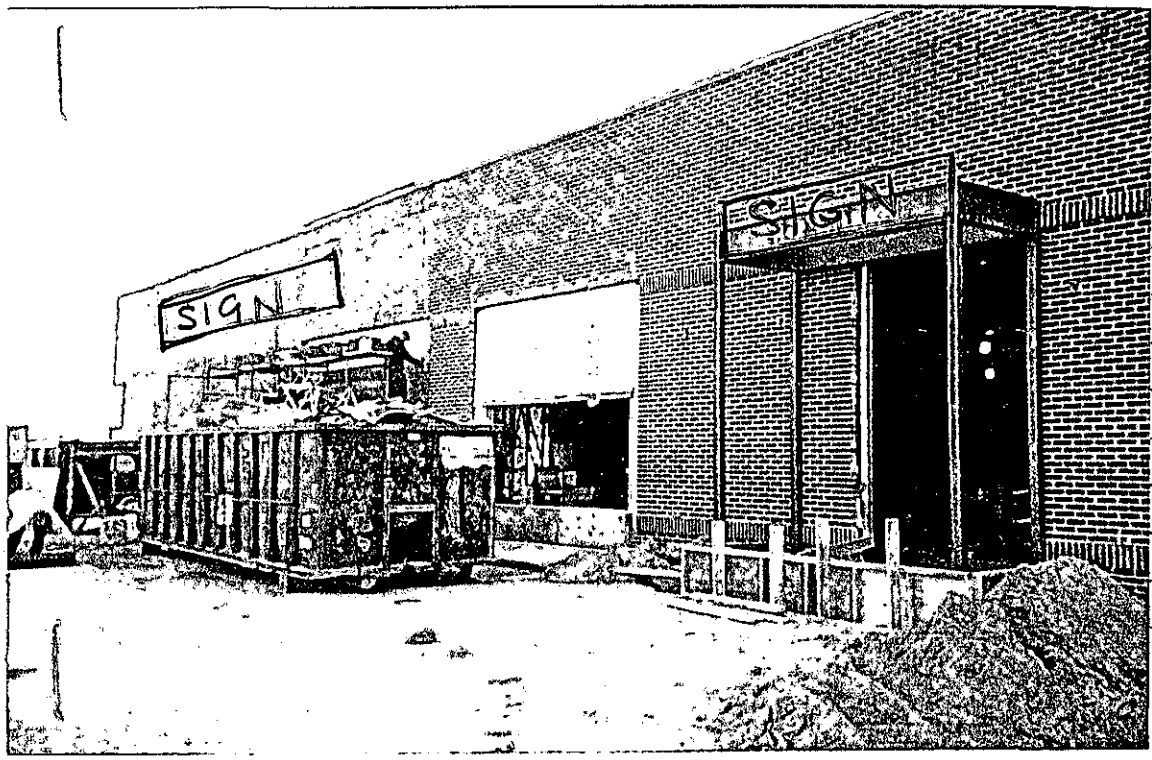
Photo Card

Customer: T. G. I. FRIDAYS
Street Address: 705 ROUTE 70
City / State: BRICK, NJ.



PATIO SIDE ELEVATION

SIGN AS SHOWN



FRONT ELEVATION

SIGNS AS SHOWN

DVS INDUSTRIES
ELECTRICAL ADVERTISING DIVISION
112 Connecticut Drive
Burlington, NJ 08016
(609) 386-0100
FAX (609) 386-1108

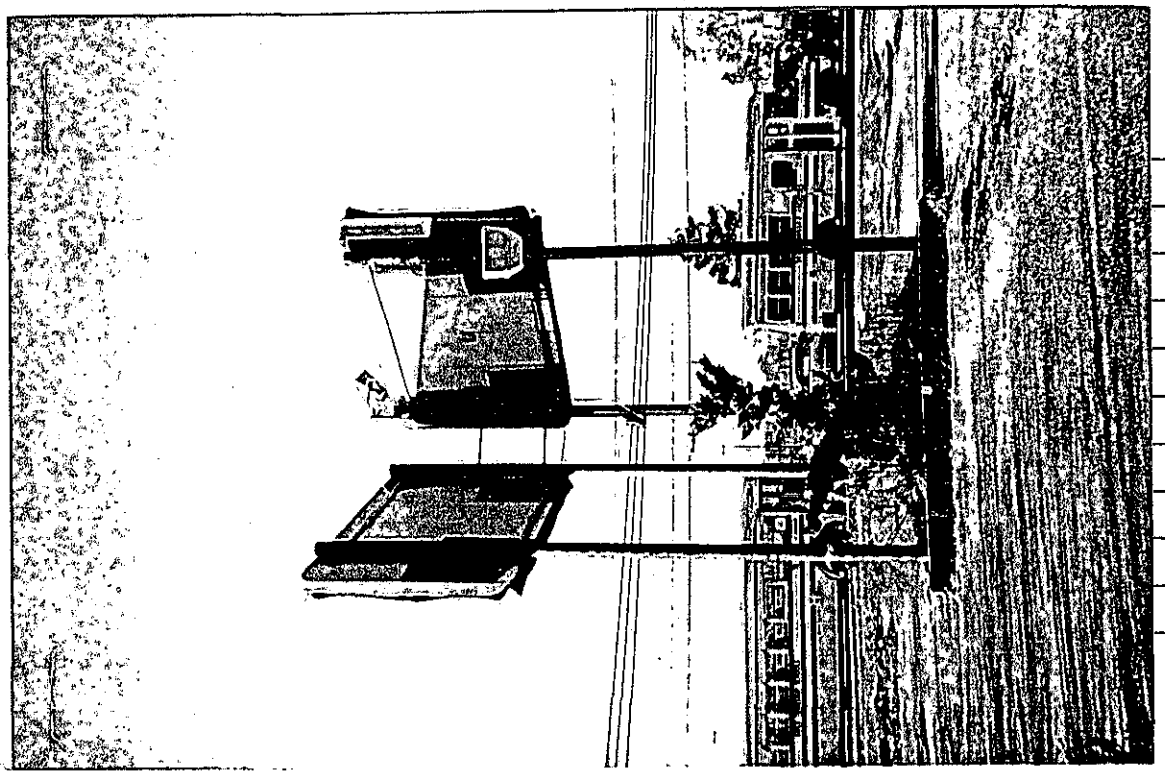
Photo Card

Customer: T.G.I. FRIDAYS
Street Address: 705 ROUTE 70
City / State: BRICK, NJ.

FRONT

EXISTING PYLON SIGN.

REFACE ONLY



BACK

DVS INDUSTRIES

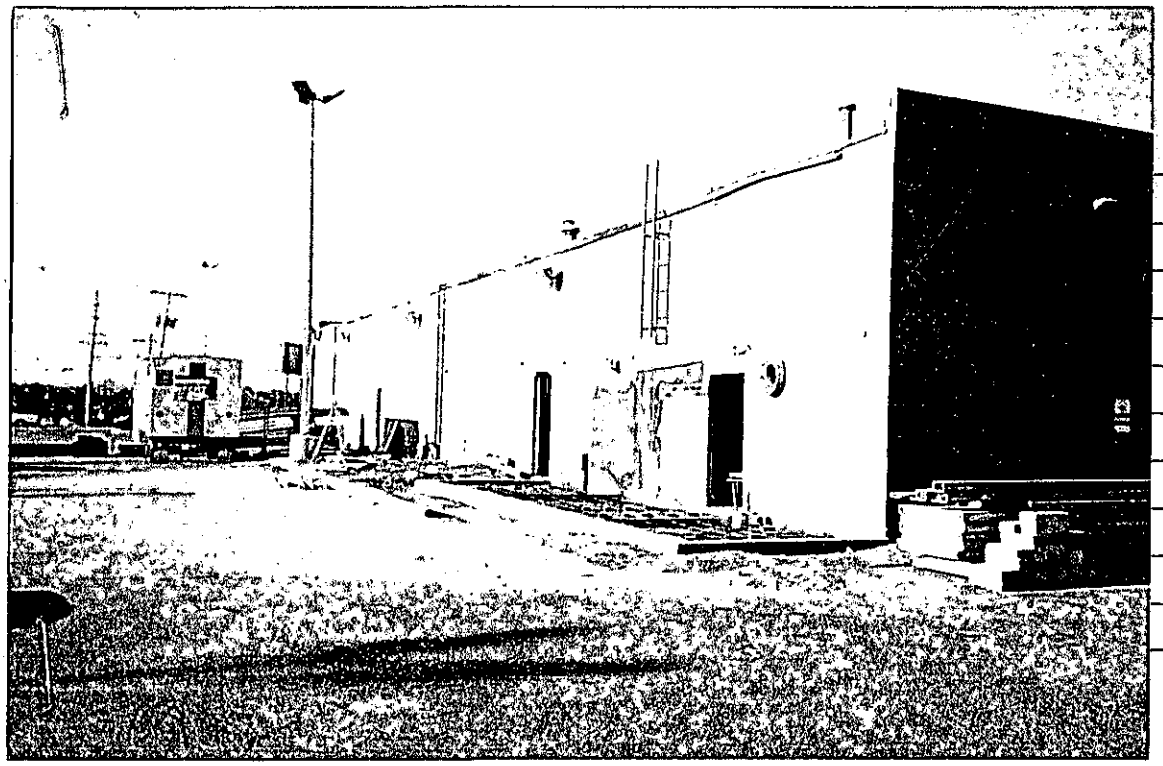
ELECTRICAL ADVERTISING DIVISION
112 Connecticut Drive
Burlington, NJ 08016
(609) 386-0100
FAX (609) 386-1108

Photo Card

Customer: T.G.I. FRIDAYS

Street Address: 705 ROUTE 70

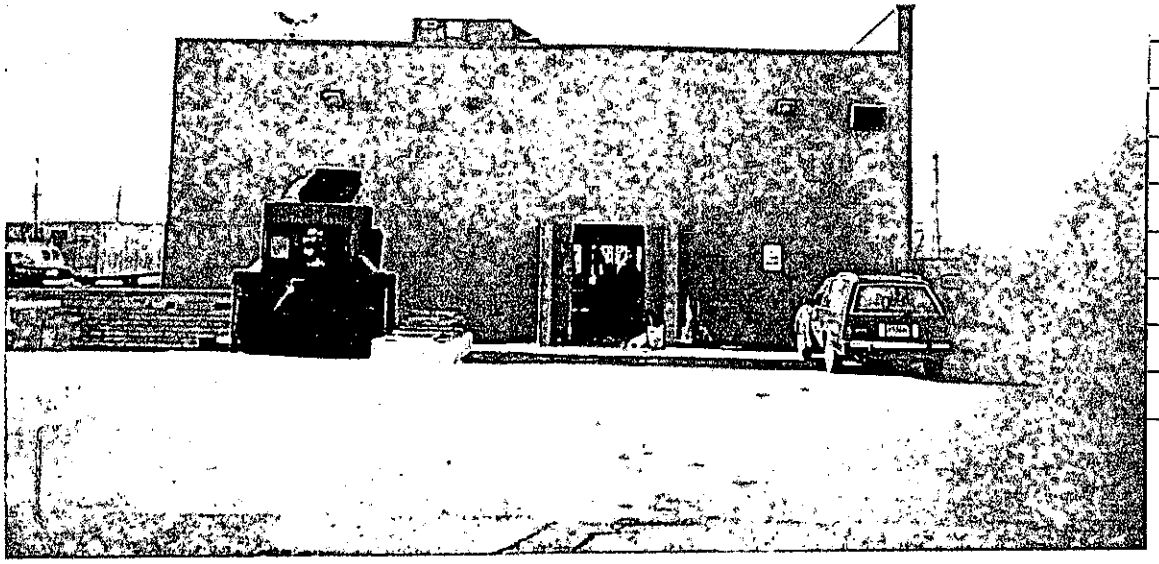
City / State: BRICK, NJ.



BACK ELEVATION

NO SIGN

SIDE ELEVATION



NO SIGN

State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS
124 HALSEY STREET, 6TH FLOOR, NEWARK NJ

CHRISTINE TODD WHITMAN
Governor

PETER VERNIERO
Attorney General
MARK S. HERR
Director

Mailing Address:
P.O. Box 45006
Newark NJ 07101
(201) 504-6410

December 1, 1997

TO WHOM IT MAY CONCERN

Our records indicate that **Steven R. Riley**
License and Business Permit No. **10665A** has applied to the Board for a seal press which has not yet been issued to him by the vendor.

Please accept this letter as an interim device pending the furnishing of a seal to **Babbitt Mechanical and Electrical Services**
1406 Stakes Road
Medford, NJ 08055

This letter should be rendered invalid 140 days after the date of its issuance.

BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

Christine T. DeGregorio, Executive Director

CTDeG:lm

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
FAX (732) 262-8954 or (732) 920-1456
http://www.twp.brick.nj.us

January 6, 1998

DUS Industries
112 Connecticut Drive
Burlington, NJ 08016

RE: Mandatory Development Fee
Block 672 Lot 12; TGI Fridays signs; 705 Route 70

To Whom it May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on January 5, 1998, for the above block and lot at $12,000.00, resulting in an estimated fee of $120.00.

Therefore, it is required that one half of the estimated fee ($60.00) be submitted in the form of a check payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. The balance is to be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe

Carol A. Wolfe
Affordable Housing Administrator

CAW/da

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 672 LOT 12 SITE ADDRESS [illegible]
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # NAME OF BUSINESS [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 %

Estimated Assessment $ [illegible] Date [illegible]

Estimated Required Fee $ [illegible]

Required Deposit on Estimate $ [illegible] Date [illegible]

Check # [illegible] Receipt # [illegible]

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

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.

_____

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(908) 262-1042
Fax (908) 262-8954
http://gbshost.com/brick

FAX CORRESPONDENCE

(908) 262-8954

DATE: 1-5-98

To Fax Number: 609-386-1108 Pages to Follow: 2

Attention: Eric

From: Lisa Rose

Message: Please fax completed as soon as you can.

Thanks

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 1-5-98

JURISDICTION Budding
(City, County, Township, etc.)

BUILDING LOCATION RT 70 & Chambersbridge
(Street address)

BUILDING DESCRIPTION Scgy

REVIEWED BY FM

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.

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	Not Logged in	
(2)	No Zoning OK	

06/93

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
Fax (732) 262-8954
http://www.gbshost.com/brick

January 6, 1998

Eric Burisky
DUS Industries, Inc.
112 Connecticut Drive Burlington, N.J. 08016

RE: Block 672, Lot
705 Route 70- T.G.I. Friday's
Zoning Permit Application

Dear Mr. Burisky:

Your Zoning Permit Application for signs on the referenced property is incomplete because you submitted a partial facsimile copy of an application. Facsimile signatures and application forms cannot be accepted for proper zoning compliance.

Enclosed is a Zoning Permit Application form. Please complete, sign and submit the same document to this office. Your Zoning Permit Application will be reviewed the same day we receive this form.

Please feel free to contact this office for any additional information or clarification.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

SK/kb
cc: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/Pp-Office of Land Use Management
Joseph Curiazza, Construction Official
Lisa Rose Tavalaiccio, Division of Inspections

original

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

DATE JANUARY 5, 1998

Municipal Engineer
401 Chambers Bridge Road
Brick, New Jersey 08723

RE: Block 672 **Lot** 12

Dear Sir:

I, ERIC W. BURISKY (Name) of DUS INDUSTRIES, INC. 112 CONNECTICUT DRIVE BURLINGTON, NJ 08016 (Address) (SIGN CONTRACTOR)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) Is / (Is not) located in a flood zone.

ORIGINAL BUILDING PERMIT WAS SUBMITTED W/PLOT PLAN. DUS INDUSTRIES IS SUBMITTING APPLICATION FOR SIGN PERMIT ONLY.

Respectfully yours,

E. W. B
Applicant's Signature

609-386-0100
Phone #

1. **Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.**

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

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved **Date** _____ **BY** _____

Rejected **Date** _____ **BY** _____

REMARKS: _____

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1036
Fax: (732) 262-8954
http://www.gbshost.com/brick

DATE JANUARY 5, 1998

Municipal Engineer
401 Chambers Bridge Road
Brick, New Jersey 08723

RE: Block 672 **Lot** 12

Dear Sir:

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ORIGINAL BUILDING PERMIT WAS SUBMITTED W/PLOT PLAN. DUS INDUSTRIES IS SUBMITTING APPLICATION FOR SIGN PERMIT ONLY.

Respectfully yours,

E. W. B. 609.386.0100

Applicant's Signature **Phone #**

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NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved **Date** _____ **BY** _____

Rejected **Date** _____ **BY** _____

REMARKS: _____

FACSIMILE TRANSMITTAL

DELAWARE VALLEY STEEL CORP.
112 Commerce Drive Moorestown, NJ 08057
(609) 386-0100 FAX (609) 386-1108
DVS INDUSTRIES

Sender: Eric W. Burisky

Phone: 609-386-0100

Fax: 609-386-1108

TO: MS. LISA ROSE **OF:** TOWNSHIP OF BRICK

MESSAGE: RE: T.G.I. FRIDAY'S

LISA -

PLEASE CALL ME UPON RECEIPT.

1.800.776.7446 X 242.

THANK YOU VERY MUCH.

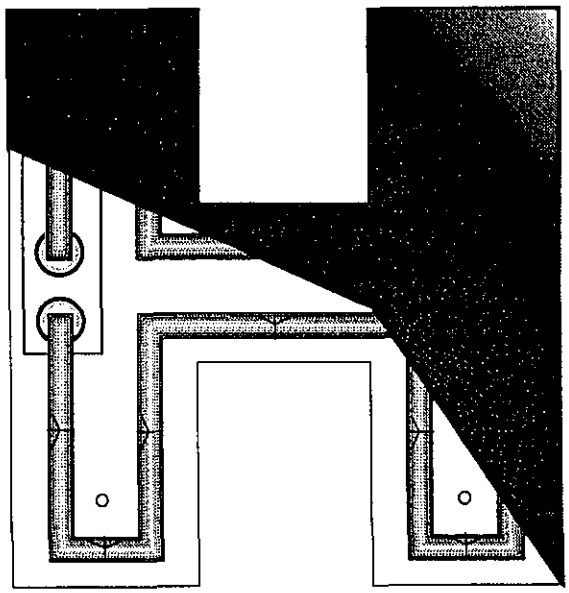
ERIC.

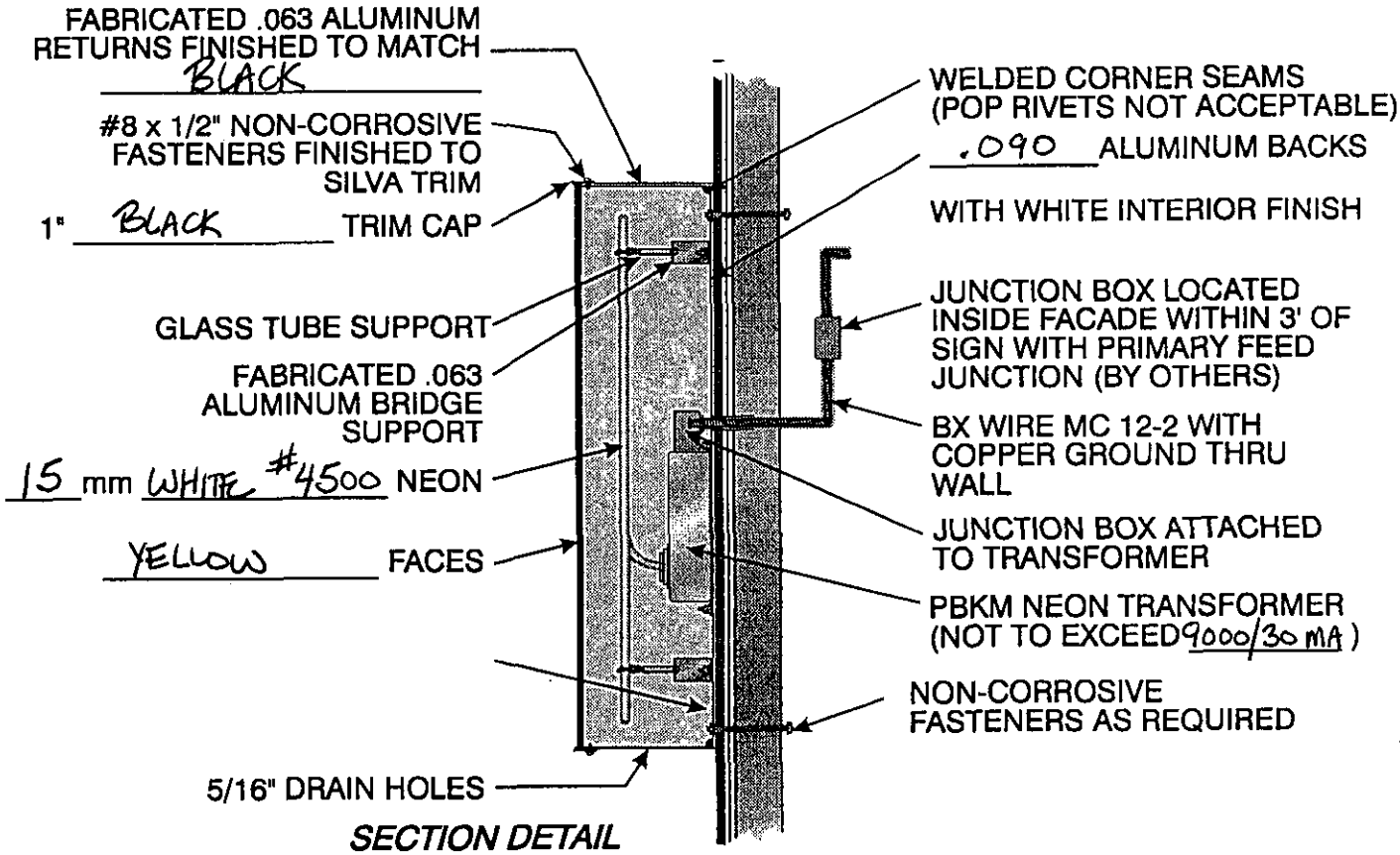
Date: 1.5.98 Time: 1:15 P.M. Fax Number: 732.262.8954

Number of pages (Including this page) 3.

SELF CONTAINED CHANNEL LETTER DETAIL TO BE FILLED OUT COMPLETELY

PLEASE ATTACH WITH DRAWING REQUEST



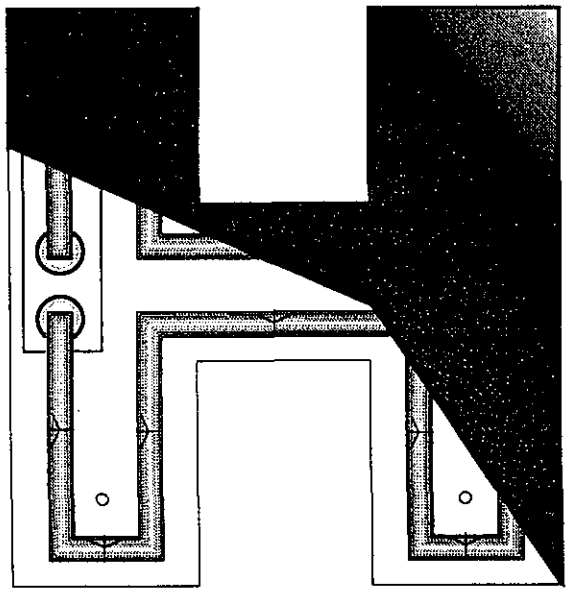


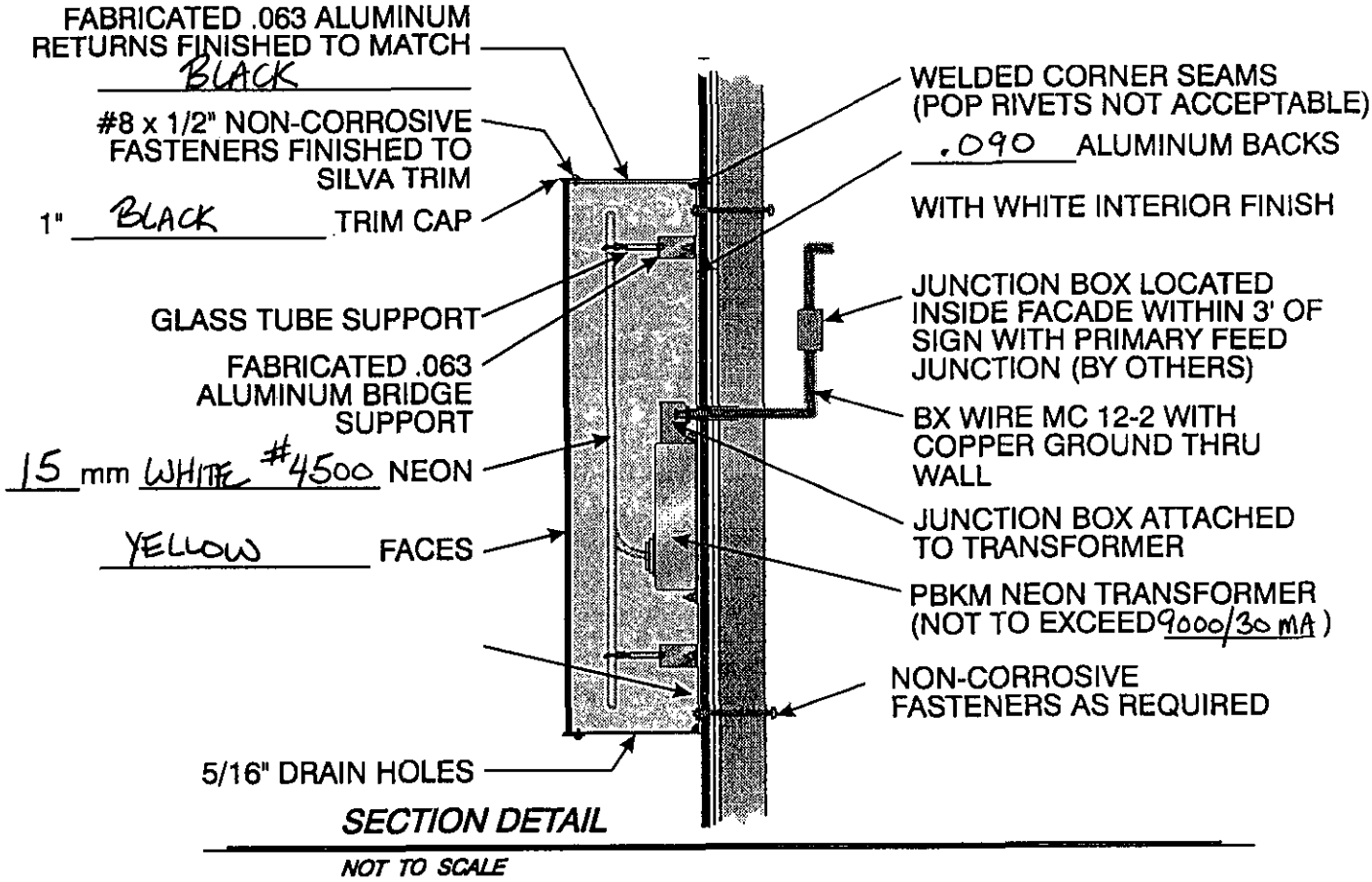
SECTION DETAIL

NOT TO SCALE

SELF CONTAINED CHANNEL LETTER DETAIL TO BE FILLED OUT COMPLETELY

PLEASE ATTACH WITH DRAWING REQUEST



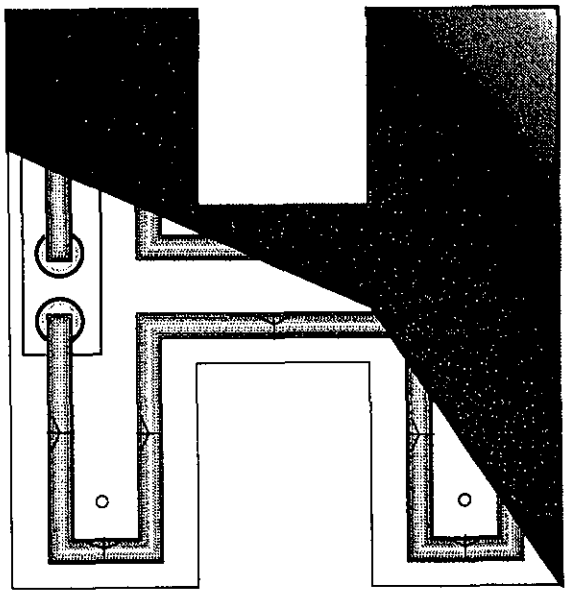


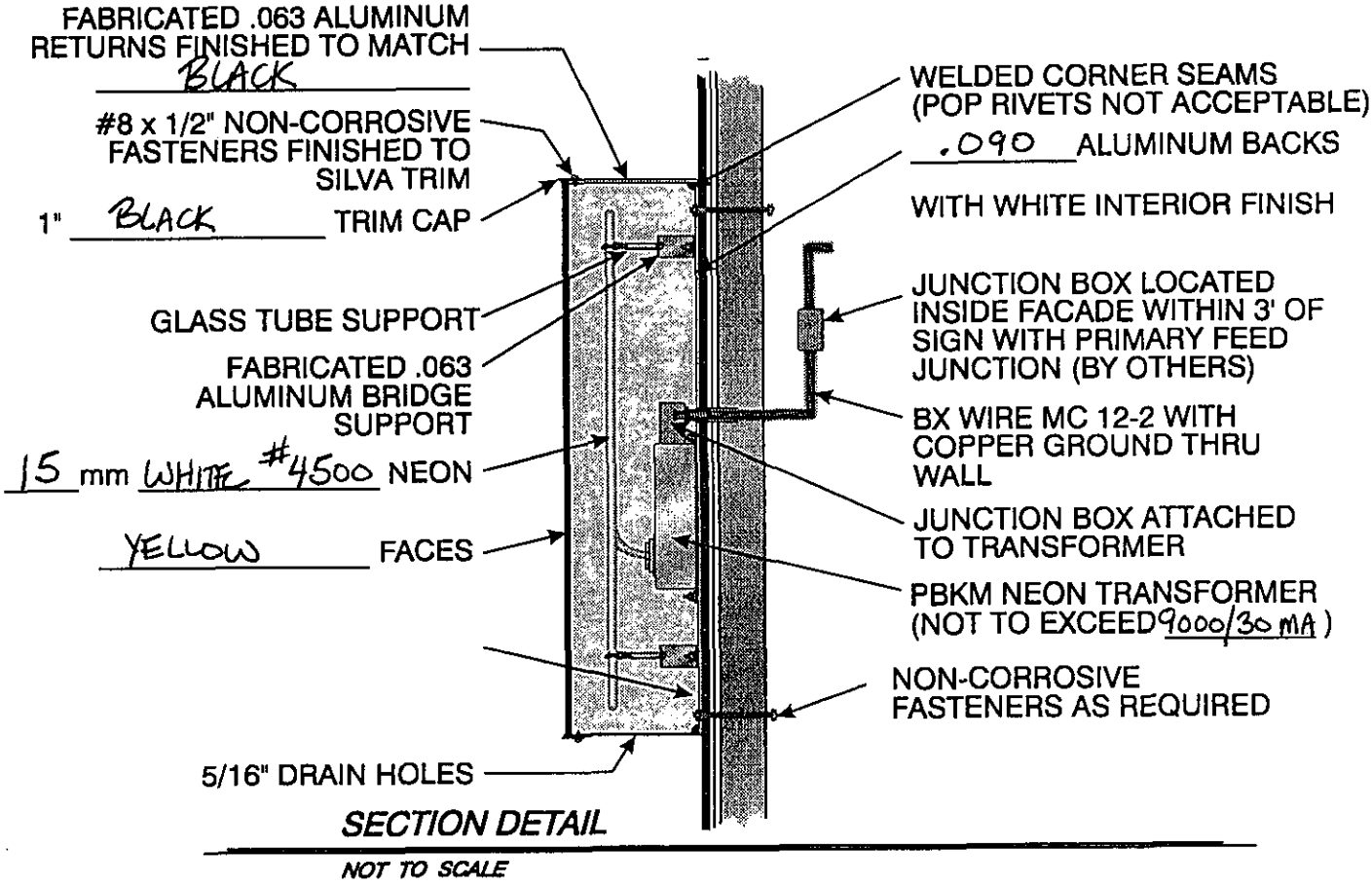
SECTION DETAIL

NOT TO SCALE

SELF CONTAINED CHANNEL LETTER DETAIL TO BE FILLED OUT COMPLETELY

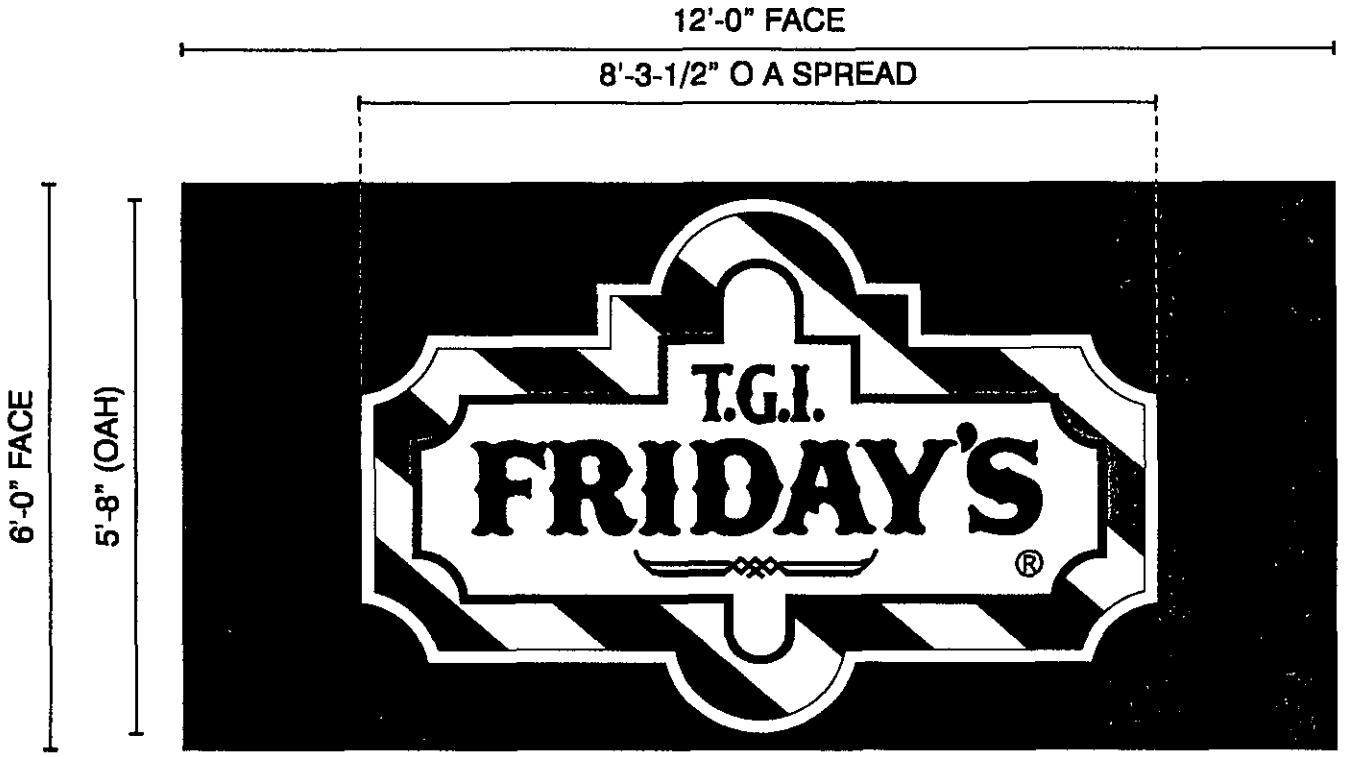
PLEASE ATTACH WITH DRAWING REQUEST





SECTION DETAIL

NOT TO SCALE



NOTES PYLON FACES

112 Connecticut Drive, Burlington, NJ 08016
Phone: 800-776-SIGN (7446) or 609 386-0100
Fax: 609 386-1108
Web Site: www.dvesign.com

Drawing No. 97-1432 KS

Scale : 1/2" = 1'-0" Date: 12/8/97

Designed Specifically for the Approval of:

TGI FRIDAYS
BRICK, NJ

Approved by:

Date:

NOTE: THIS IS A PRELIMINARY DRAWING. ALL COLORS AND DIMENSIONS MUST BE FIELD VERIFIED PRIOR TO THE CONSTRUCTION OF ALL PROPOSED SIGNS.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE January 9, 1998
Sean Kinney - replace sign

DVS INDUSTRIES, INC.
BURLINGTON, NJ 08016

0202483

BRICK TOWNSHIP

INVOICE NUMBER	DATE	AMOUNT	DISCOUNT	NET AMOUNT
T.G.I. FRIDAYS	1/9/98	$306.00		
SIGN PERMIT FEE				

DATE
1/9/98

CHECK NUMBER
0202483

FOR SECURITY PURPOSES, THE BORDER OF THIS DOCUMENT CONTAINS MICROPRINTING

0202476

DVS INDUSTRIES, INC.
OPERATING ACCOUNT
112 CONNECTICUT DRIVE
BURLINGTON, NJ 08016

COMMERCE BANK/SHORE, N.A.
MOUNT LAUREL, NEW JERSEY
55-132/312

SIXTY DOLLARS**********

PAY TO THE ORDER OF	DATE	AMOUNT
TOWNSHIP OF BRICK NJ	1/8/98	$60.00

Sharon Kennedy

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈0202476⑈ ⑆031201328⑆ 9 0094??⑈

Michael A. Thulen

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 1-9-98

Business/Development: TGI Fridays

Owner/Applicant: DVS Industries Inc

Property Address: 705 RT 70

Block: 672 Lot: 12

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 0202476
Estimated Fee $12000

Deposit Amount $60.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number: _____
Final Fee: $_____
Less Deposit: $_____

Final Payment $_____

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCOUNT # 4880071456

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

1-9-98
Date