



BOB'S STORE'S

Bed-BATH & BEYOND
2NA

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

I. IDENTIFICATION

1. Proposed Work Site at: Chambers Bridge Rd + Rt 70 Bucktown NY

2. Name of Owner in Fee: Stamond Heller Tel. (201) 945-9553

Address 525 River Road Edgewater NY

street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Bergan Sign Co. Tel. (973) 742-7755

Address 161 E. Railway Ave

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Employee No. 22-3358637 FAX: (973) 742-0598

5. Architect or Engineer _____ Tel. (_____) _____

Address _____

6. Responsible Person in Charge of Work Domenic

Tel. (973) 742-7755 FAX (973) 742-0598 (C)

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 240		
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	2		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ 277.50		

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 _____
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

Signs

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

Est. Cost

OPTIONAL (for office use only)[illegible]

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 | 5. ☐ Cross-Connections/Backflow Preventers |
| 2. ☐ High Pressure Boilers | 6. ☐ Hazardous Uses/Places of Assembly |
| 3. ☐ Pressure Vessels | 7. ☐ Sprinklers |
| 4. ☐ Refrigeration Systems | 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: SIGNS Retail
2. Use Group: B
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)

• 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

Dominic R. Lopez

Date

4-13-99

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

Benson Sign Co.

Address

161 E Railway Ave
Paterson NJ 07503

Telephone

(973) 242-7755

Signature

Dominic R. Lopez

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)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

0004
2310*#
BLOCK 672 # 0.00
LOT 8 # 0.00
BUILDING 240.00
ELECTRIC* 35.00
D.C.A. 2.00
TOTAL 277.00
CHECK 277.00
CHANGE 0.00
0017A005 09:45

Date Issued 06/23/99
Control #
Permit # 99-2310

IDENTIFICATION Block 672 Lot 8

Work Site Location 51 CHAMBERSBRIDGE RD. BOB SIO
Signs
Owner in Fee SHL BRICK LLC
Address 525 RIVER RD
EDGEWATER, NJ 07724-
Telephone (201)945-9555

Contractor BERGEN SIGN CO
Address 161 E RULHRAVE AVE
PATERSON, NJ 07503-
Telephone (973)742-0598
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3398637

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:
REMOVE AND DISCARD 2 SIGNS REPLACE W/ THE FOLLOWING ONE 5X10 AND ONE
17X10 USE EXISTING POLES

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 \$ 3,000

Construction Official [Signature] 06/23/99
Date

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

PAYMENTS (Office Use Only)
Building 240
Electrical 35
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA Training Fee 2
Cert. of Occupancy 0
Other
Total 277
Check No. 9852
Cash
Collected By TL



**BUILDING
SUBCODE
TECHNICAL SECTION**

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

Work Site Location Chambers Bridge Rd + Rt 70

Owner in Fee Starwood Heller

Address 525 River Rd
Edgewater, NJ

Tele. ()

Contractor Bergen Sign Co

Address 161 E. Railway Ave
Peterborough, NJ 07503

Tele. (973) 242-7755 Fax (973) 242-0598

Lic. No. or Bldgs. Reg. No. _____

Federal Emp. No. 22-3358637

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date Initial

INSPECTIONS

Dates (Month/Day)

☐ No Plans Required

Type:

Failure

Failure

Approval

Initial

☒ All

Footing

Foundation

Slab

Frame

Barrier-Free

☐ Footing

Foundation

Slab

Frame

Barrier-Free

Insulation

☐ Foundation

Slab

Frame

Barrier-Free

Insulation

Finishes

☐ Other

Barrier-Free

Insulation

Finishes

Energy

Mechanical

Joint Plan Review Required:

Barrier-Free

Insulation

Finishes

Energy

Mechanical

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

Barrier-Free

Insulation

Finishes

Energy

Mechanical

SUBCODE APPROVAL

Barrier-Free

Insulation

Finishes

Energy

Mechanical

☐ CO ☐ CCO ☐ CA

Barrier-Free

Insulation

Finishes

Energy

Mechanical

Date: _____

Barrier-Free

Insulation

Finishes

Energy

Mechanical

Approved by: _____

Barrier-Free

Insulation

Finishes

Energy

Mechanical

Other

Barrier-Free

Insulation

Finishes

Energy

Mechanical

Final

Barrier-Free

Insulation

Finishes

Energy

Mechanical

Barrier-Free

Barrier-Free

Insulation

Finishes

Energy

Mechanical

COMMERCIAL



Date Received
Date Issued
Control #
Permit #

6/25/99
99-2310

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 Donna Rupp

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove & discard two(2) signs
one(1) 6'4" X 13'6" + one(1)
6'6" X 13'3" replace w/
the following one(1) 5'x10'
+ one(1) 17'x10'
use existing poles
hook-up to existing electric

FEE (Office Use Only)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

☐ Demolition

☐ New Building

☐ Addition

☐ Alteration

☐ Roofing

☐ Siding

☐ Fence

☒ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

U.C.C. F110
(rev. 3/89)

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



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

6/23/99
99-2310

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
Work Site Location Chambers Bridge Rd + Rt 70
Owner in Fee Stewart Haller
Address 525 River Rd
Edgewater NJ
Tele. (973) 242-7755 Fax (973) 242-0598
Contractor Regan Sign Co
Address 141 E Railroad Ave
Paterson NJ 07650
Lic. No. or Bldg. Reg. No. 22-3358637
Federal Emp. No. 22-3358637

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☐ No Plans Required			Type:				
☒ All			Footings				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes				
SUBCODE APPROVAL			Energy				
☐ CO ☐ CCO ☐ CA			Mechanical				
Date:			TCO				
Approved by:			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 1 Ft.
Area — Largest Floor 1 Sq. Ft.
New Bldg. Area/All Floors 1 Sq. Ft.
Volume of New Structure 1 Cu. Ft.
Total Land Area Disturbed 1 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 2500-
2. Alteration \$ 2500-
3. Total (1+2) \$ 2500-

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 Theresa

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove & discard two(2) signs
one(1) 6' 4" x 13' 6" + one(1)
the following one(1) 5' x 10' -
one(1) 17' x 10' -
use existing poles
hook-up to existing electric

FEE (Office Use Only)

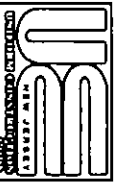
Administrative Surcharge \$ 200
Minimum Fee \$ 2
DCA Training Fee \$ 2
TOTAL FEE \$ 204

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Alteration

☐ Roofing
☐ Siding
☐ Fence
☒ Sign 220 Sq. Ft. Height (exceeds 6')
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other

☐ Demolition



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

6/23/99
99-2310

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

Work Site Location Chambers Barge Rd + Rt 26 5114 Hawthorne Road

Owner in Fee/Occupant Staten Hill

Address 625 River Rd Edgewater, NJ

Tele. ()

Contractor COVIELLO ELECTRIC SERVICE INC

Address PO BOX 5410

SADDLE BROOK, N.J. 07603

Tele. (201) 843-1650 Fax (201) 843-0828

Lic. No. 9101

Federal Emp. No. 22-3024481

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 250.05

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

☒ Elec. Plans Approved

Date: 6-23-99

Approved by: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

Temp. Cut-In-Card Date Issued _____

Final Cut-In-Card Date Issued _____

INSPECTIONS

Type: _____

Failure _____

Dates (Month/Day) _____

Approval _____

Initial _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final _____

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UV Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

Administrative Surcharge \$ 25

Minimum Fee \$ 95

DCA Training Fee \$ 95

TOTAL FEE \$ 95

COMMERCIAL

C. CERTIFICATION IN LIEU OF OATH

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.

Applicant's Signature/Contractor's Seal and Signature

Licensed Electrical Contractor [] Exempt Applicant

U.C.C. F120
(rev. 3/90)

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

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

BLOCK 672 LOT 8
PROPERTY ADDRESS 57 Chambersbridge Rd
NAME OF OWNER Starwood Heller OWNER'S PHONE (201) 945-9555
NAME OF APPLICANT Bergen Sign Co (Rich Walker)
APPLICANT'S COMPLETE ADDRESS 161 East Railway Ave Paterson NJ 07503
APPLICANT'S PHONE NUMBER (973) 742-7755 APPLICANT'S BUSINESS NAME Bergen Sign Co.

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
☒ Commercial (please describe) _____
☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
☒ Commercial (please describe) _____
☐ Other (please describe) _____

PROPOSED CONSTRUCTION replacing sign faces & adding 2 new spaces
All Dimensions Bob's 10' W 17' L
Deck or Garage Bed & Bath Attached 10' ☐ Detached 5'
Fence _____ Type _____ III _____

CHECKLIST:

- ☐ All Information completed above
☐ Two (2) accurate Survey / Plot Plans containing:
 ☐ all existing and proposed structures
 ☐ all dimensions of lot and structures
 ☐ set backs to all property lines
 ☐ all streets and waterways shown
☐ If approved by Planning Board or Board of Adjustments, include copy of 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.

Signature of Applicant [Signature] Date _____

Reviewed by Zoning Officer _____ Date 5-4-99

☐ Approved ☒ Rejected

COMMERCIAL

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 Administration & Finance

Office of Land Use Management

Sean Kinnevy
Zoning Officer
(732) 262-1041
Fax (732) 262-8954
<http://www.gbshost.com/brick>
<http://www.twp.brick.nj.us>

TO: Joseph P. Curiazza
Construction Official

FROM: Sean Kinnevy *SK*
Zoning Officer

DATE: December 21, 1999

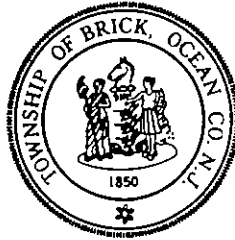
RE: Block 672, Lot 8
51 Chambers Bridge Road
Illegal Signs

This office has received complaints that the owner of the referenced property has erected pylon signs for "Bed, Bath and Beyond" and "Bob's Store's" without the required sign permits.

Please investigate and take appropriate enforcement action.

C: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
E. Joan Kull, Planning Board

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 Administration & Finance

Office of Land Use Management

Sean Kinnevy
Zoning Officer
(732) 262-1041
Fax (732) 262-8954
<http://www.gbshost.com/brick>
<http://www.twp.brick.nj.us>

DATE: 5-4-99

Rich Walker
Bergen Sign Co.
161 East Railway Ave.
Paterson, NJ 07603

RE: Block 672 Lot 8
51 Chamber Bridge Rd.

Zoning Permit Application

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

- ☒ Two (2) accurate plot plans, drawn either by a surveyor or an engineer. 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, completely filled out and signed by the applicant. No facsimile copies can be accepted.
- ☒ Description of proposed construction must include height and other dimensions of proposed structure or addition, if fence include height and type of fence, if deck include height and whether it is attached or detached.

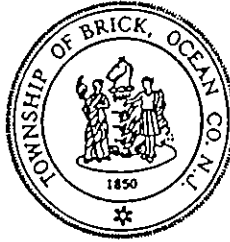
Upon receipt of the required information we will be able to process your application.

Sincerely,

Sean P. Kinnevy
Zoning Officer

c: Joseph C. Scarpelli, Mayor
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Joseph P. Curiazza, Construction Code Official

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 Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
<http://www.gbshost.com/brick>
<http://www.twp.brick.nj.us>

Date: 4/20/99

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 672 Lot: 8

I, Shenwood Heller of 51 Chambersbridge Rd.
(name) (address)

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.

Respectfully yours,

applicant's signature

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: _____

COMMERCIAL

TOWNSHIP OF BRICK

OCEAN COUNTY NEW JERSEY

CHAMBERS BRIDGE ROAD BRICK, N.J. 08723

Joseph C. Scarpelli, Mayor

Township Council:

Helen Fayad - President

Martin J. Anton

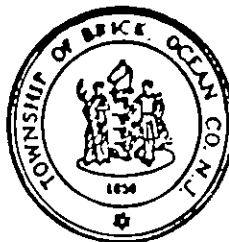
Victor Cantillo

Gregory S. Kavanagh

Mary Lou Powner

Kathy M. Russell

Frederick J. Underwood, Sr.



Department of Administration & Finance

Division of Inspections

Joseph Curiazza

Construction Official

(732) 262-1030

Fax (732) 262-8954

<http://www.gbshost.com/brick>

<http://www.twp.brick.nj.us>

Birgen Sign Co.

161 E. Railway Ave.

Paterson, NJ 07503

51 Chambers Bridge Rd

Beds, Bath & Beyond

5/25/99

On 5-4-99, your application for a sign permit has been rejected or denied. You have been contacted by either phone or mail in regards to why the application has been rejected. If the information is not supplied within 14 days of this letter, we will consider the application null and void and it will be filed appropriately for a period of six (6) months.

If you have any questions or need an extension for any particular reason, please contact me at 732-262-1036.

Sincerely,

Lisa Rose Tavalaiaccio
Lisa Rose Tavalaiaccio
Control Person

Approval

J. Curiazza

Construction Code Official

/ajp

Beds, Bath & Beyond - 732-262-1511
Store managers - Margie
51 Chambers Bridge
Brick, NJ 08723