

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(f)1.ix:

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. 5:23-2.15(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 Nathan R.

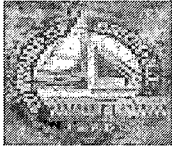
Address 1225 Duane Ave

St. Paul, NJ 08742

Telephone (31) 833-2887

Signature [Signature]

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/6/2019
Control Number C-18-002492
Permit Number 18-2638
Permit Issue Date 9/21/2018
Certificate Number 18-2638

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. ROSALITAS Block: 671 Lot: 1.01 Qual: _____
Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %
Owner Address: PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092)
Telephone: _____
Contractor NORTHEAST SIGN & LIGHTING
Address 1225 RIVER AVE PT PLEASANT NJ 08742
Telephone: (732) 899-2887 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3557446

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION - - ROSALITA'S ...INSTALL (3) ILLUMINATED FACADE SIGNS

Certificate Comments:

☐ Certificate of Occupancy

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ Certificate of Approval

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ Certificate of Continued Occupancy

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ Temporary Certificate of Compliance

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period (_____ years); see file

☐ Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period (_____ years); see file

☐ Certificate of Compliance

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ Temporary Certificate of Occupancy

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

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	MC	9/16/18							2A-18-00834
☐ 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. _____	_____	_____	_____	_____



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 671 Lot 1.01 Qualification Code _____

Work Site Location Rosalita's
56 Chambersbridge Rd Brick, NJ 08723

Owner in Fee: Federal Realty Investment Trust

Tel. _____ e-mail _____

Address 50 E Wynnewood Rd, Suite 200 Wynnewood, PA 19096

Contractor: Northeast Sign & Lighting, Inc. Tel. (732) 899-2887

Address 1225 River Ave e-mail info@northeastsignco.com

Pt. Pleasant, NJ 08742

Contractor License No. or Builder Registration No. N/A Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason N/A

Federal Emp. ID No. 223557446 FAX: (732) 899-2863

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
				Type:	Failure	Failure	Approval
☐	No Plans Required						
☒	All	<u>08/10/18</u>	<u>REK</u>	Footings			
☐	Footings/Foundations			Footings Bonding			
☐	Structural/Framework			Foundation			
☐	Exterior			Slab			
☐	Interior			Frame			
Joint Plan Review Required:				Truss Sys./Bracing			
☐	Elec.	☐	Plumb.	Barrier-Free			
☐	Fire	☐	Elevator	Insulation			
SUBCODE APPROVAL for PERMIT				Finishes -Base Layer			
Date:	<u>08/10/18</u>			Finishes -Final			
Approved by: <u>REK</u>				Energy			
SUBCODE APPROVAL for CERTIFICATE				Mechanical			
☒	CO	☐	CCO	TCO			
Date:	<u>04/25/19</u>			Other			
Approved by: <u>VEN</u>				Final			
				Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ 36,700

2. Rehabilitation \$ _____

3. Total (1+ 2) \$ 36,700

U.C.C. F110 (rev. 11/09)
Internet version

Date Received
Control #

Date Issued
Permit #

9/21/18

18-2638

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.

Sign here: _____

Print name here: Michael DeFalco

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of 3 LED illuminated signs as per the drawing supplied.

COMMERCIAL

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☒ Sign 7 Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



ELECTRICAL 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 671 Lot 101 Qualification Code _____

Work Site Location ROSALITA'S

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. (____) _____ e-mail _____

Address 50 E WYNNWOOD RD SUITE #200 WYNWOOD NJ

Contractor: Empire Electric Co, LLC Tel. (732) 681-1115

Address 4130 West 18th Ave. e-mail _____
Wall, NJ 07727

Contractor License No. 13843A Exp. Date 3/21

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 20-0088355 FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1400

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type	Failure	Failure	Approval Initial
[] No Plans Required		Rough			
[] Partial - Underslab Utilities Approved		Barrier-Free			
Date: _____ Approved by: _____		Trench			
[] Electric Plans Approved		Temp. Serv.			
Date: <u>7/19/18</u> Approved by: <u>[Signature]</u>		Constr. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>7/19/18</u>		Final			<u>11-7-18</u>
Approved by: _____		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card			
[] CO [] CCO [] CA		Final Cut-in-Card			
Date: <u>11/8/18</u>		Annual Pool Inspection			
Approved by: _____		Date of Grounding and Bonding Certification			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [Signature]

Print name here: Thomas T Crader

☒ Licensed Elec. Contractor ☐ Certif'd Landscape Irrigation Cont'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Connect sign to the existing electrical feed.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	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 UW 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/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____
_____	_____	Sign Connections	_____

Administrative Surcharge	\$
Minimum Fee	\$
State Permit Surcharge Fee	\$
TOTAL FEE	\$

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # 2P-8-1065
DATE ISSUED 9/21/18

BLOCK: 671 LOT: 101 QUALIFIER: — SITE ADDRESS: 56 Chambersburg Rd. Bowie

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Primary Investment Trust

COMPLETE ADDRESS: 56 E. Chambersburg Rd. Suite # 200
Weyershamo P.A.

PHONE # _____ EMAIL: _____

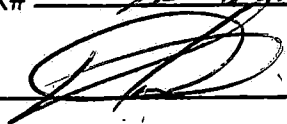
2. NAME OF APPLICANT: Nashville Sign

APPLICANT ADDRESS: 125 Park Ave
14 Parkville N.E. 08746

PHONE # 72-839-2887 EMAIL: info@nashvillesign.com

3. RESPONSIBLE PERSON FOR WORK: Steve DeFino

PHONE# 72-839-2887 FAX# 72-839-2863

4. SIGNATURE OF APPLICANT: 

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 75-

OTHER: \$ _____

TOTAL: \$ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____

COMMERCIAL: X

EXISTING USE: signs and banners

PROPOSED USE: Rosetta's

BOARD APPROVAL: _____ PB _____ ZB _____

RESOLUTION#: _____

APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER: Signs

DESCRIPTION: Installation of (3) Exterior Signs. See drawings.

ZONING REVIEW:

DATE REVIEWED: 7-16-18 DATE DENIED: _____ DATE APPROVED: 7-16-18 INTLS: CM

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) Four (4) copies of 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.

2) Two copies of the plans with dimensions and heights noted:

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) Plot plans and building plans must match for complete review

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 7/16/18 DATE DENIED: DATE APPROVED: 7/16/18 INTLS: 1520

[illegible]

LAND USE

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS

Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard ¹ (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	-	25			-	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	-	40	10	10	25%	-	25	35	38.5	-	
R-15	15,000	100	115	17,250	100	115	35	12	-	35	10	10	25%	-	25	35	38.5	-	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	-	25	35	38.5	-	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	-	25	35	38.5	-	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	-	25	35	38.5	-	
O-P	15,000	100	150	15,000	100	150	50	10	-	50	20	50	35% ²	2	-	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	-	20	10	20	30% ²	2	-	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	-	50	10	50	30% ²	2	-	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	-	50	20	50	25% ²	-	-	35	38.5	2,000	65%
B-4	5 acres	300	300	-	-	-	100	50(150) ³	-	100(150) ³	20	50	25%	3	-	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	-	150	75	150	30% ²	-	-	35	38.5	5,000	65%
R-M	25 acres	350	200	-	-	-	50	50	-	30	30	30	20%	-	25	35	38.5	-	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	-	50	20	50	25% ²	2	-	35	38.5	2,000	50%
H-S	See § 245-261.																		

NOTES:

- ¹ If adjacent to residential zone or use.
- ² The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
- ³ For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

FOR REFERENCE ONLY



CONSTRUCTION PERMIT

Date Issued 9/21/18
Control # C-18-002492
Permit # 18-2638

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 56 CHAMBERS BRIDGE RD. ROSALITAS Brick Contractor NORTHEAST SIGN & LIGHTING
Township, NJ Address 1225 RIVER AVE PT PLEASANT NJ 08742
Owner in Fee FEDERAL REALTY INVESTMENT TRUST %
PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX Telephone: (732) 899-2887
76092 Lic. No. or Bldrs. Reg. No. _____
Telephone: Federal Employee No. 22-3557446

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

SIGN INSTALLATION - ROSALITA'S ...INSTALL (3) ILLUMINATED FACADE SIGNS

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 \$38,100

D. Newman Jr. / inc
Construction Official

8/13/18
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$300
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$73
CO Fee	
Other	\$0
Total	\$523
Check No.	<u>1076</u>
Cash	\$0
Credit	\$0
Collected By	<u>CW</u>

775
598

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

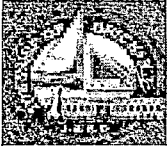
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

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



Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1336

Date Issued: 9/21/18
Application Number: ZA-18-00824
Application Date: 7/12/2018
Project Number: _____
Permit Number: ZP-18-01065
Fee: \$75.00

Zoning Permit

Worksite: **56 CHAMBERS BRIDGE RD.**
Location: **1048 Cedar Bridge Rd.**
Brick Township, NJ 08723

Owner: **FEDERAL REALTY INVESTMENT TRUST %**
Address: **PO BOX 92129 (ALTUS GROUP**
SOUTHLAKE, NJ 76092

Applicant: **NORTHEAST SIGN & LIGHTING**
Address: **1225 RIVER AVE**
PT PLEASANT, NJ 08742

Block: 671 Lot: 1.01 Qualifier: _____ Zone: B-3

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Restaurant**

☐ Non Conforming Use

☐ Non Conforming Structure

Proposed Use: **Restaurant (Rosalita's)**

Work Description:

Sign - Installation of (3) Facade signs for "Rosalita's" restaurant.

The signs cannot exceed 15% of the storefront facade.

Additional Zoning Permit is required for additional work and signage.

Application Approved Date: 7/16/2018

Upon review it was determined that the Zoning Permit:

☒ Permitted by Ordinance

☐ Permitted by Variance approved on: _____

☐ Approved with Conditions

☐ Valid Nonconforming Use/Structure is established by

☐ Zoning Board of Adjustment

☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer

7/16/2018

Date

Sean Kinnevy, Zoning Officer

9/16/18

Date

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 671 LOT: 1.01 ADDRESS: Rosalita's
56 Chasens Bridge Rd Bank N.Y.**IDENTIFICATION:**1. WORK SITE ADDRESS: Rosalita's
56 Chasens Bridge Rd2. NAME OF OWNER IN FEE: Fernando Property TrustADDRESS: 50 E Weymouth Rd #200 PHONE #: () _____Weymouth Rd FAX #: () _____3. PRINCIPAL CONTRACTOR: Nathan's Reg-1ADDRESS: 1225 Plum Ave PHONE #: (718) 899-2887R Pleasant N.Y. 11742 FAX #: (718) 899-28634. ARCHITECT OR ENGINEER: ShirleyADDRESS: 21 Weymouth Rd PHONE #: (914) 570-82155. RESPONSIBLE PERSON FOR WORK: Shirley De FrancoADDRESS: 1225 Plum Ave R Pleasant N.Y.PHONE #: (718) 899-2887 FAX #: (718) 899-2863 E-MAIL: shirley@nathan's-reg-1.com**PROJECT DESCRIPTION:** ☐ GRADING/CLEARING ☐ ROAD OPENING☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL☒ OTHER Installation of (3) Signs

LENGTH: _____ WIDTH: _____ HEIGHT: _____

FEE SUMMARY:

APPLICATION FEE: \$ _____

REVIEW FEE: \$ _____

INSPECTION FEE: \$ _____

OTHER: \$ _____

BOND(S): \$ _____

TOTAL: \$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____