

BLOCK 671 LOT 101 QUALIFICATION CODE _____ ADDRESS (SITE) 36 Chambersburg PERMIT NO. 19-0116



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: TR 36 Chambersburg
2. Name of Owner in Fee: FEDERAL RESERVING TRUST
Tel. () e-mail _____
Address 50 E. Chambersburg St. Suite 200 Wilmington, DE
3. Ownership in Fee: Public _____ Private 2
4. Principal Contractor: Northstar Inc. Tel. (302) 844-2887
Address 1225 Penn. Ave. e-mail _____
License No. OR, if new home, Builder Reg. No. N/A Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): N/A
Federal Emp. ID No. 22-3557446 FAX: () _____
5. Architect or Engineer: Pharoah Contact John
Address 2 Thimble Shoar Cr. e-mail _____
Tel. (410) 570-5615 FAX: () _____
6. Responsible Person in Charge once Work has Begun: John De Jesus
Tel. (302) 844-2887 FAX: () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>400</u>	☒	
2. Electrical	\$ <u>150</u>	☒	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review \$			
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>30</u>		
10. Subtotal	\$ <u>75</u>		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>105</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved _____ HUD _____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

(office use only)

COMMERCIAL

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. - Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

TOTAL COST

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>AW</u>	<u>9/25/18</u>		<u>11/30/18</u>	<u>REK</u>			
				<u>10/22/18</u>	<u>REK</u>			
	<u>Eg</u>	<u>10/16/18</u>		<u>12/16/18</u>	<u>REK</u>			

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
Gained, Sale _____
Gained, Rental _____
Lost, Sale _____
Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
- C. MIXED USE -List secondary use(s): _____
- D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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 NORTHWEST SIG

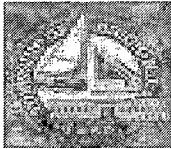
Address 1225 Ocean Ave

R. Rasmussen N.J. 08742

Telephone (732) 859-2887

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 4/5/2019
Control Number C-18-003659
Permit Number 19-0116
Permit Issue Date 1/15/2019
Certificate Number 19-0116

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ 08723 Block: 671 Lot: 1.01 Qual: _____

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 - - TRE ...INSTALL 4 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: _____

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KSS

PERMIT #:

BLOCK: 671 LOT: 1.01 ADDRESS: TRE 56 Chamansburg Rd

IDENTIFICATION:

1. WORK SITE ADDRESS: 56 Chamansburg Rd

2. NAME OF OWNER IN FEE: Federal Realty Investment Trst

ADDRESS: 56 E Wyntonwood PHONE #: ()

Wyntonwood Rd FAX #: ()

3. PRINCIPAL CONTRACTOR: Abundant Bldg

ADDRESS: 1225 Pham Ave PHONE #: (32) 839-2887

A Pham FAX #: ()

4. ARCHITECT OR ENGINEER: Pham

ADDRESS: 2 Pham Ave PHONE #: (32) 520-8215

5. RESPONSIBLE PERSON FOR WORK: Pham

ADDRESS: 1225 Pham Ave A Pham

PHONE #: (32) 839-2887 FAX #: () E-MAIL: Abundant Bldg - Co

FEE SUMMARY:

APPLICATION FEE: \$

REVIEW FEE: \$ N/A

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: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL

☒ OTHER (4) Terminated Bldg on the Bldg

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

DATE RECEIVED: 10/16/18 DATE REJECTED: _____ DATE APPROVED: 10/16/18 INITIALS: KSS



1/15/19

19-0116

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

COMMERCIAL

Approved by: _____ Barrier-Free _____

Max. Occupancy Load U.C.C. E110 (rev. 11/08)

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

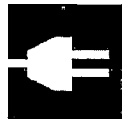
☐ Demolition

TOTAL FEE \$

COM-100



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 691 Lot 101 Qualification Code _____

Work Site Location 56 Chambersburg Rd Barren N.J.

Owner in Fee: Federal Property Investment Trust

Tel. _____ e-mail _____

Address 56 E. Weymouth Rd Suite 200 Weymouth NJ
street municipality zip code

Contractor: Empire Electric Co Inc Tel. 732 681-1115

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

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

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 20-0088355 FAX: 732 681-1117

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			
[x] Electric Plans Approved		Temp. Serv.			
Date <u>10/22/18</u> Approved by: <u>PJC</u>		Constr. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg. [] Plumb. [] Fire [] Elev.		Other			
SUBCODE APPROVAL FOR PERMIT		Service			
Date: <u>10/22/18</u>		Final			
Approved by: _____		Barrier-Free			
SUBCODE APPROVAL FOR CERTIFICATE		Temp. Cut-in-Card	Date Issued		
[] CO [] CCO [] CA		Final Cut-in-Card	Date Issued		
Date: <u>3/22/19</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 of) 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: Thomas T Crader

Print name here: Thomas T Crader

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	COMMERCIAL
_____	_____	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	
4	_____	<u>Sign Removers</u>	

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



CONSTRUCTION PERMIT

Date Issued 1/15/19
Control # C-18-003659
Permit # 19-0116

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ 08723 Contractor NORTHEAST SIGN & LIGHTING
Address 1225 RIVER AVE PT PLEASANT NJ 08742
Owner in Fee FEDERAL REALTY INVESTMENT TRUST % Telephone: (732) 899-2887
PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 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 - TRE...INSTALL 4 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 \$15,600

Construction Official [Signature]

Date 12/3/18

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

01/15/19 00153872702

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:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- 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.

PAYMENTS (Office Use Only)

Building	\$400
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$30
CO Fee	
Other	\$0
Total	\$580
Check No.	<u>1114</u>
Cash	\$0
Credit	\$0
Collected By	<u>CW</u>

+145
653

RECEIVING CLERK
DATE REC'D

9/25/18

ZONING PERMIT APPLICATION

PERMIT # ZP-19-00046
DATE ISSUED 1/15/19

BLOCK: 671 LOT: 1.01 QUALIFIER: _____ SITE ADDRESS: 36 Chambersburg Rd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty Investment Trust
COMPLETE ADDRESS: 50 E Wymorewood Rd Suite 200
Wymorewood PA
PHONE # _____ EMAIL: _____
2. NAME OF APPLICANT: Northern Star
APPLICANT ADDRESS: 1225 Owen Ave
At Pleasant N.Y. 08742
PHONE # 973-2887 EMAIL: info@northernstar.com
3. RESPONSIBLE PERSON FOR WORK: Steve DeMarco
PHONE# 732-839-2887 FAX# 732-839-2863
4. SIGNATURE OF APPLICANT: 

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 75-
OTHER: \$ _____
TOTAL: \$ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ☒
EXISTING USE: Crab Shack
PROPOSED USE: COMMERCIAL
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 Sign

DESCRIPTION: (4) Truncated Sign on the Building

ZONING REVIEW:

DATE REVIEWED: 9-27-18 DATE DENIED: _____ DATE APPROVED: 9-27-18 INTLS: cu

(SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 9/24/12 DATE DENIED: — DATE APPROVED: 9/24/12 INTLS: RCZ

[illegible]

LAND USE

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS

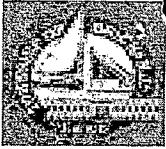
Township of Brick
Ocean County, New Jersey

[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. 354-2XXX-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			Maximum Building Height					
	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 ³ (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' ¹)	-	100(150' ¹)	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.																		
														-	-	-	-		70%

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.



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

Date Issued: 1/15/19
Application Number: ZA-18-01193
Application Date: 9/27/2018
Project Number: _____
Permit Number: 2P-19-00046
Fee: \$75.00

Zoning Permit

Worksite **56 CHAMBERS BRIDGE RD.**
Location: **Brick Township, NJ 08723**

Owner: **FEDERAL REALTY INVESTMENT TRUST %**
Address: **PO BOX 92129 (ALTUS GROUP**
SOUTHLAKE, TX 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 (Tre Restaurant)

Work Description:

Sign - Installation of (4) Illuminated Signs on the facades of the building.

The signs cannot exceed 15% of each facade.

Additional Zoning Permit is required for additional work and signage.

Application Approved Date: 9/27/2018

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

9/27/2018

Date

Sean Kinnevy, Zoning Officer

Date