BLOCK 671 LOT 1.01 ADDRESS (SITE) 56 Clambedge Rd 108 Brick Plaza Brick Township NJ PERMIT NO. 13-4938

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI and VII C-13-006234

I. IDENTIFICATION

1. Proposed Work-site at: 56 Clambedge Rd, 108 Brick Plaza Brick Township NJ
2. Name of Owner Colorbar Tel. (848) 992-7733
   Address 56 Clambedge Rd (street) 108 Brick Plaza (municipality) Brick Twp NJ (zip code) 08723
3. Ownership Public _____ Private _____
4. Principal Contractor: MARK-O-Lite Sign Co. Tel. (732) 462-8530
   Address 1420 Rt. 9 South Howell N.J. 07731
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22-2239194 Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work Howard Mark Tel. (732) 462-8530

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	80		
2. Electrical		40		
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		22		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	142		

VI. BUILDING/SITE CHARACTERISTICS

COMMERCIAL

(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 _____

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
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	13,000

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
CK		11-19-13	11-26-13	MW			
			11/19/13	JJ			
Emg	Exempt		11/18/13	ECO			

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

11-08-13P04:05 FILE

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.

(X) Check if contractor.

Agent Name MARK-O-Lite Sign Co.

Address 1420 Rt 9 South
Howell NJ 07731

Telephone (732) 462-8530

Signature H. Mark Date 11/6/13

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/14/2019
Control Number C-13-006234
Permit Number 13-4938
Permit Issue Date 11/27/2013
Certificate Number 13-4938

Certificate

. Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Unit 108 (Color Bar) Brick Township, NJ Block: 671 Lot: 1.01 Qual:

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852

Telephone: (848) 992-7733

Contractor MARK O LITE SIGN CO

Address 1420 RT 9 SOUTH HOWELL NJ 07731-

Telephone: (732) 462-8530 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-2239194

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION

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:

Daniel J. Newman Jr.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 5/14/2019

U.C.C. F260 (rev. 08/05)

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		11/14/13							ZA-13-01433
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ 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.				

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/27/13
Date Issued
Control #
Permit # 13-4939

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
Work Site Location 56 Chambersbridge Rd-108 Brick Plaza
Brick Township, NJ 08723
Owner in Fee [redacted]
Address 56 Chambersbridge Rd-108 Brick Plaza
Brick Township, NJ 08723
Tele. (848) 992-9733B, NJ
Contractor Mark-O-Lite Sign Co.
Address 1420 Rt. 9 South
Howell NJ 07731
Tele. (732) 462-8530
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2239194 or Social Security No.

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.

H. Mark
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install Wall Mounted Signs
(2 TOTAL)
COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	11-26-13	IW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Subcode Review Completed	12/13/13	
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [✓] CA		
Date:	05/09/19	
Approved By:		KEK

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			05/09/19	KEK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
(2) @ [X] Sign 80 Sq. Ft. = 160
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

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

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 $ _____
3. Total (1+2) $ 13,000.00

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 11/27/13

Date Issued Permit # 13-4938

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 56 Chamberbridge Rd - 108 Brick Plaza
Brick Township, NJ 08723

Owner in Fee: Colorbar

Tel. (848) 992-7733 e-mail

Address 56 Chamberbridge Rd, 108 Brick Plaza, Brick Township NJ 08723
street municipality zip code

Contractor: STORM ELECTRIC Tel. (732) 591-0215

Address 113 TENNANT RD UNIT 273 e-mail
MORGANVILLE NJ 07751

Contractor License No. 12986 Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 250.00

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: MICHAEL BRINSKELLE

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Connect signs to existing lines

COMMERCIAL

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	
2	20AMP	KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/27/13
Approved by: JJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5/30/14
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/30/14	PR
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

U.C.C. F120 (rev. 11/09)

To reorder call: ALLEGRA Marketing • Print • Mail (609) 390-1400

CONSTRUCTION PERMIT

Date Issued 11/27/13
Control # C-13-006234
Permit # 13-4438

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. Unit 108 (Color Bar)
Brick Township, NJ
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST ROCKVILLE NJ 20852
Telephone: (848) 992-7733

Contractor MARK O LITE SIGN CO
Address 1420 RT 9 SOUTH HOWELL NJ 07731-
Telephone: (732) 462-8530
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2239194

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SIGN INSTALLATION

PAYMENTS (Office Use Only)

Building	$80
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$22
CO Fee	
Other	$0
Total	$142
Check No.	1135
Cash	$0
Credit	$0
Collected By	

150
192

Note: If constuction 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 $13,250

Daniel F Newman Jr
Construction Official

11/20/13
Date

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR **2 CANARY - OFFICE** 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

- [x] 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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

RECEIVING CLERK CK
DATE REC'D 11-8-13

ZONING PERMIT APPLICATION

PERMIT #
DATE ISSUED 11/27/13

BLOCK: 671 LOT: 1.01 QUALIFIER: — SITE ADDRESS: 56 Chambers Bridge Unit 108

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Olarlar
COMPLETE ADDRESS: 56 Chambersbridge Rd - 108 Brick Plaza
Brick Township, NJ 08723
PHONE # 848-992-9733 EMAIL:

2. NAME OF APPLICANT: MarKolite Sign
APPLICANT ADDRESS: 1420 Rt. 9 South
Howell, NJ 07731
PHONE # 732-462-8530 EMAIL: markolitesign@aol.com

3. RESPONSIBLE PERSON FOR WORK: Howard Mark
PHONE# 732-462-8530 FAX#

4. SIGNATURE OF APPLICANT: H. Mark

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50
OTHER: $
TOTAL: $ 50

COMPLETED

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: ✓
EXISTING USE: Restaurant
PROPOSED USE: Salon

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 ___

HEIGHT: 5' (*IF APPLICABLE)

OTHER Signs

DESCRIPTION: Install wall Mounted Signs (2)

ZONING REVIEW:
DATE REVIEWED: 11/14/13 DATE DENIED: ___ DATE APPROVED: 11/14/13 INTLS: W

(SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 11/14/13 DATE DENIED: — DATE APPROVED: 11/14/13 INTLS: SGS

DATE:	COMMENTS:	INITIALS:

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. 354-2-AAA-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[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.

FOR REFERENCE ONLY

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 11/27/13
Application Number: ZA-13-01433
Application Date: 11/14/2013
Project Number:
Permit Number: ZP-13-01290
Fee: $50

Zoning Permit

Worksite Location: **56 CHAMBERS BRIDGE RD.**
Unit 108
Brick Township, NJ

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

Owner: **Color Bar Hair Salon**
Address: **56 Chambers Bridge Rd.**
Brick Plaza Unit 108
Brick, NJ 08723

Applicant: **Mark-O-Lite Sign**
Address: **1420 Route 9 South**
Howell, NJ 07731

Application Approved Date: 11/14/2013

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

Use is: Hair Salon/Barber Shop Salon
Nonconforming Use is:

Work Description:
Sign - 16' X 5' Illuminated Blue & White Acrylic Faces.
White LED Illumination. Wall mounted sign.

The sign area shall not exceed a maximum 15% of the first floor building facade.

Additional Zoning Permit is required for additional work.

Upon review it was determined that the Development Application:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Darren P. Terrizzi, Assistant Zoning Officer — 11/14/2013 Date

Michael P. Fowler, Township Planner — **Date** 11/15/13

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Darren P. Terrizzi, Assistant Zoning Officer — 11/14/2013 Date

Michael P. Fowler, Township Planner — 11/15/13 **Date**

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

11.20.13 ~~Fax~~ Called contractor 732-462-8530 = Busy
mailed copy to contractor

Subcode Official Review

Date: Tuesday, November 19, 2013

To: FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST
ROCKVILLE, NJ 20852

Tenant Colorbar

RE: Building Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-13-006234
Last Submit Date: Tuesday, November 19, 2013

Dear FEDERAL REALTY INVESTMENT TRUST,

Your request is hereby denied based upon the following infractions.

Provide a signed sealed set of plans for review

Provide detailed connection details. Be sure to include details of the buildings actual construction which letters will be secured to. If fastening solely to the framing components provide the sizes of the letters at face view and locations of fasteners.

Sincerely,

Michael Vecchio, Subcode Official

CC:

Resubmit
11-25-13
Buildings
CR

Dear FEDERAL REALTY INVESTMENT TRUST,

Your request is hereby denied based upon the following infractions.

Provide a signed sealed set of plans for review

Sincerely,

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

11.20.13 ~~fax~~ Called contractor
732-462-8530 = Busy
mailed copy to contractor

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1626 EAST JEFFERSON ST
ROCKVILLE, NJ 20852

Tenant Colorbar

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[redacted]
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Sincerely,

Michael Vecchio, [redacted]

CC:

l/M - Mike Vecchio
Mike

Lacking connection details -

* Mailing another copy of Engineer's Report with all connection Details

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 671 LOT: 1.01 ADDRESS: 56 Chambers Bridge

IDENTIFICATION:

1. WORK SITE ADDRESS: 56 Chambers Bridge
2. NAME OF OWNER IN FEE: Colorbar

   ADDRESS: 56 Chambers Bridge PHONE #: 848-992-9733

   Brick, NJ FAX #: ( ) —
3. PRINCIPAL CONTRACTOR: Marko lite sign

   ADDRESS: 1420 Rt 9 South PHONE #: 732 ( ) 462-8530

   Howell, NJ FAX #: ( ) —
4. ARCHITECT OR ENGINEER: N/A

   ADDRESS: — PHONE: # ( ) —
5. RESPONSIBLE PERSON FOR WORK: Markolite

   ADDRESS: Same

PHONE #: ( ) Same FAX #: ( ) — E-MAIL: —

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER Wall Mounted Sign

LENGTH: _____ WIDTH: _____ HEIGHT: _____

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: _____