

UCC 5100-1 (rev. 8/08)

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.

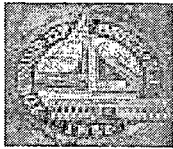
☒ Check if contractor.

Agent Name Rave Signs
Address 533 Birmingham Ave Tooms River, NJ 08757

Telephone (732) 674-4867

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 12/6/2018
Control Number C-15-003532
Permit Number 15-2792
Permit Issue Date 8/20/2015
Certificate Number 15-2792

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2791 HOOPER AVE VAPE DOJO Brick Township, NJ Block: 673 Lot: 8 Qual: _____
Owner in Fee: TRAHANAS REALTY LLC
Owner Address: 4 MANHATTAN AVE RYE NJ 10580
Telephone: (732) 575-4565
Contractor RAVE SIGNS
Address 11 JEANNETTE BAYVILLE NJ 08721
Telephone: (732) 349-8843 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____
Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: U Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: SIGN INSTALLATION - - VAPE DOJO

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

Date Printed: 12/6/2018

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

8-20-15
15-2792

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

Block 673 Lot 8 Qualification Code _____
Work Site Location 2791 Hooper Ave

Owner in Fee: Deborah LeNy

Tel. (732) 575-4565 e-mail _____

Address 457 16th Ave BRICK NJ 08724
street municipality zip code

Contractor: RAVE SIGNS Tel. (732) 674-4867

Address 533 Birmingham Ave. e-mail JEFF@RAVE.SIGNS.COM
TOMES RIVER NJ 08757

Contractor License No. or Builder Registration No. 1129038 Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure Failure Approval Initial
☒ All	<u>08/04/15</u>	<u>RAV</u>	Footings	
☐ Footings/Foundations			Footings Bonding	
☐ Structural/Framework			Foundation	
☐ Exterior			Slab	
☐ Interior			Frame	
			Truss Sys./Bracing	
Joint Plan Review Required:			Barrier-Free	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation	
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer	
Date: <u>08/04/15</u>			Finishes -Final	
Approved by: <u>RAV</u>			Energy	
SUBCODE APPROVAL for CERTIFICATE			Mechanical	
☐ CO ☐ CCO <u>10/01/15</u>			TCO	
Date: <u>10/01/15</u>			Other	
Approved by: <u>RAV</u>			Final	<u>9/30/15 PM</u>
			Barrier-Free	

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Est. Cost of Bldg. Work:
1. New Bldg. \$
2. Rehabilitation \$ 55,000
3. Total (1+ 2) \$

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

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: Jeff Stapa

Print name here: Jeff Stapa / Rave Signs

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Channel Letters
COMMERCIAL

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign 36 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 \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



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 673 Lot 2 Qualification Code _____

Work Site Location 2791 Hooper Ave

Owner in Fee: Deborah LeNy

Tel. (732) 575-4269 e-mail _____

Address 497 16th Ave Brick NJ 08724

Contractor: Major Electric Co Tel. 732 597-3013

Address 627 Eighth Ave e-mail _____

Toms River NJ 08757

Contractor License No. 10764 Exp. Date 3/14

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

Federal Emp. ID No. 22-3113043 FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 5400

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Approval	Initial
[] No Plans Required		Rough	_____	_____	_____
[] Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	_____
Date: _____ Approved by: _____		Trench	_____	_____	_____
[] Electric Plans Approved		Temp. Serv.	_____	_____	_____
Date: <u>10/15/15</u> Approved by: <u>ca</u>		Constr. Serv.	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	_____
Date: <u>8/6/15</u>		Final	_____	_____	_____
Approved by: <u>[signature]</u>		Barrier-Free	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____	_____	_____
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued	_____	_____	_____
Date: <u>10/15/15</u>		Annual Pool Inspection	_____	_____	_____
Approved by: <u>[signature]</u>		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: [signature]

Print name here: David Borowski

[x] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contractor [] Electrician

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: use existing power to repower new sign

QTY.	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	Light Poles
_____	_____	Motors—Fract. HP
_____	_____	Emergency & Exit Lights
_____	_____	Communications Points
_____	_____	Alarm Devices/F.A.C. Panel
1	_____	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
1	16	AMP Motor Control Center
_____	_____	KW Elec. Sign/Outline Light <u>LED</u>

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

over

9-10 15 Rlw on Siew ~~to~~ A2 PMSI

↑
e
tech.

12/15
for center



CONSTRUCTION PERMIT

Date Issued 8-20-15
Control # C-15-003532
Permit # 15-272

IDENTIFICATION Block: 673 Lot: 8 Qualifier _____
Work Site Location: 2791 HOOPER AVE VAPE DOJO Brick Township, NJ Contractor RAVE SIGNS
Address 11 JEANNETTE BAYVILLE NJ 08721
Owner in Fee TRAHANAS REALTY LLC
4 MANHATTAN AVE RYE NJ 10580 Telephone: (732) 349-8843
Telephone: 732-575-4565 Lic. No. or Bldrs. Reg. No. 1129038
Federal Employee. No. _____

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 - VAPE DOJO

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 \$5,400

Daniel Newman Jr.
Construction Official

8/10/15
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	\$150
Electrical	\$110
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$11
CO Fee	
Other	\$0
Total	\$271
Check No.	<u>140</u>
Cash	\$0
Credit	\$0
Collected By	<u>EYR</u>

+50
321

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.

96"

FACIA ---

Installation Conditions
4-3/8" lags into studs per sign

[Signature]

Professional Engineer
Number: 0067-07745



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

Subcode Official Review

Date: Wednesday, July 22, 2015

To: TRAHANAS REALTY LLC
4 MANHATTAN AVE
RYE, NJ 10580

RE: Electrical Subcode
Block: 673 Lot: 8 Qual:
2791 HOOPER AVE
Permit Number: Control Number: C-15-003532
Last Submit Date: Tuesday, July 21, 2015

Dear TRAHANAS REALTY LLC,

Your request is hereby denied based upon the following infractions.

Show voltage of sign
Show service switch

Sincerely,

Thomas Olson, Subcode Official

CC:

*ReSourced
8/6/15*

RECEIVING CLERK
DATE REC'D

ZONING PERMIT APPLICATION

PERMIT # ZP-15-01039
DATE ISSUED 8-20-15

BLOCK: 673 LOT: 8 QUALIFIER: _____ SITE ADDRESS: 2791 Hooper

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Deborah LeNy
COMPLETE ADDRESS: 457 16th Ave. Brick, NJ 08724
PHONE # 732-579-4569 EMAIL: _____

2. NAME OF APPLICANT: RAVE SIGNS
APPLICANT ADDRESS: 533 Birmingham Ave
Toms River NJ 08757
PHONE # 732-674-4867 EMAIL: jeff@rave-signs.com

3. RESPONSIBLE PERSON FOR WORK: Jeff / Rave Signs
PHONE# 732-674-4867 FAX# _____

4. SIGNATURE OF APPLICANT: Jeff Estep

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 50
OTHER: \$ _____
TOTAL: \$ 50

REQUIRED BY APPLICANT

RESIDENTIAL: ☒
COMMERCIAL: ☒
EXISTING USE: The Happy Hut
PROPOSED USE: Vape Dojo

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: 76" (*IF APPLICABLE)

OTHER SIGN

DESCRIPTION: channel letters

ZONING REVIEW:

DATE REVIEWED: 2-16-15 DATE DENIED: _____ DATE APPROVED: 7-16-15 INTLS: jeff

(SEE BACK PAGE)

OFFICE USE ONLY

APPROVED FOR ZONING ONLY:
SEAN KINNEVY, ZONING OFFICER

JUL 20 2015

ZONING REVIEW:

DATE REVIEWED: 7/20/15 DATE DENIED: — DATE APPROVED: 7/20/15 INTLS: 58

[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			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 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) 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.																			

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) 262-1336

Date Issued:

8-20-15

Application Number:

ZA-15-00968

Application Date:

07/16/2015

Project Number:

Permit Number:

2P-15-01039

Fee:

\$50

Zoning Permit

Worksite **2791 HOOPER AVE**
Location: **Brick Township, NJ 08723**

Block: **673**

Lot: **8**

Qualifier:

Zone: **B-3**

Owner: **TRAHANAS REALTY LLC**
Address: **4 MANHATTAN AVE**
RYE, NJ 10580

Applicant: **Rave Signs**
Address: **533 Birmingham Ave.**
Toms River, NJ 08757

Application Approved Date: 07/16/2015

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

Use is: Retail Store (Vape Dojo)

Nonconforming Use is: _____

Work Description:

Sign - Install a 36 sq. ft. facade sign.

The sign cannot exceed 15% of the total facade area.

Additional Zoning permit required for any other work done on property.

Upon review it was determined that the Zoning Permit:

☒ Permitted by Ordinance

☐ Permitted by Variance approved on: _____

☐ Valid Nonconforming Use is established by

☐ Zoning Board of Adjustment

☐ Zoning Officer

Christopher J. Romano, Office of Zoning

07/20/2015

Date

Sean Kinnevy, Zoning Officer

7/20/15

Date



Proposed sign/channel letters

37"

Zoning Review
Approval

By: CE
Date: 2-16-15

Sign

40"



27"



36"

10" raised letters

83"

96"

3/8 BOLTS INTO BLDG. FRAME

41/2 INCH ALUMINUM CHANNEL

3/8 BOLTS INTO BLDG. FRAME

L.E.D. S

3/8 BOLTS INTO BLDG. FRAME

41/2 INCH ALUMINUM CHANNEL

ALUMINUM RACEWAY

L.E.D. S

POWER SUPPLY

ACRYLIC FACES

TRIMCAP

FACIA

Site Conditions

Location - Brick, NJ
Design Wind Speed 110 MPH
Exposure Class - "C"
Soil Grade - N/A
Sign Center elevation 15 FT

Installation Conditions

4-3/8" lags into studs per sign

Signs are U.L. Listed & labeled
Dedicated sign ckt. is existing
Disconnect switch on cabinet

Engineering

GEORGE RICHARD DAVIS
P.O. Box 520, Rosenhayn, NJ 08352
(856) 692-8900, (856) 896-0402 fax
DavisEngineering@comcast.net

Design Wind Loads per
I.B.C. 2009, NJ Edition

George Davis
NJ Licensed Professional Engineer
Number 43247, Date 7-07-15

37"

Zoning Review

Approval

By: Cu

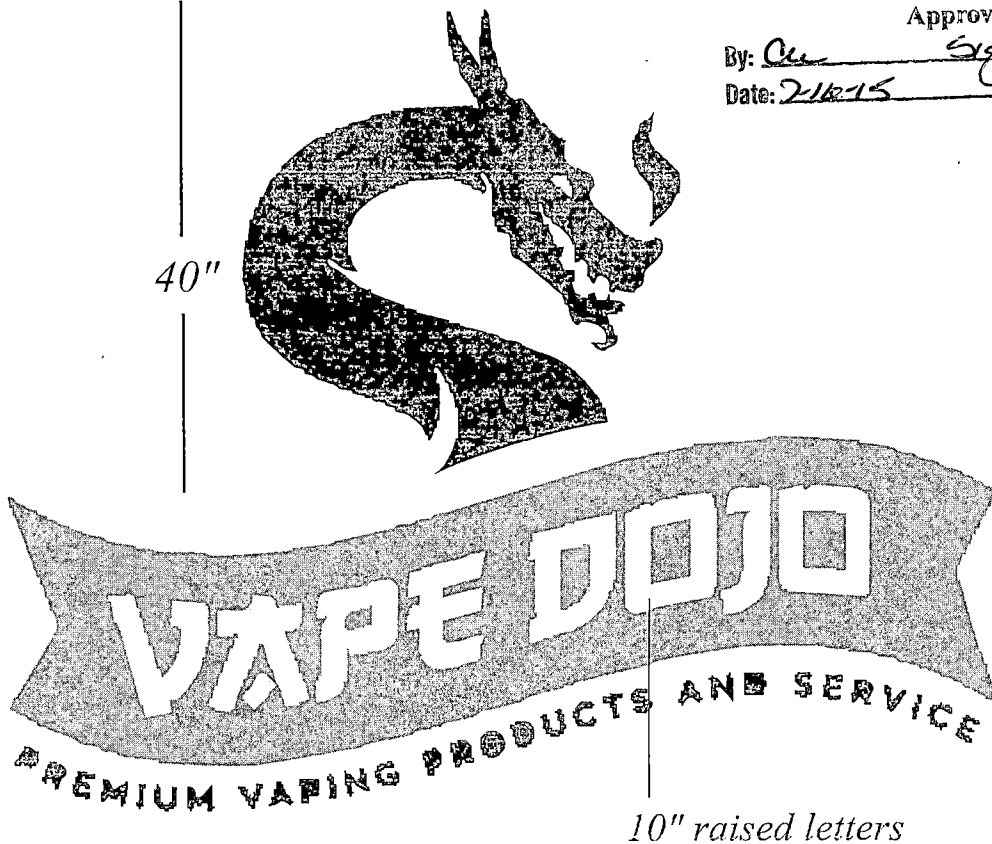
Date: 2/16/15

Sign

40"

27"

36"



10" raised letters

83"

96"

3/8 BOLTS INTO BLDG. FRAME

4 1/2 INCH ALUMINUM CHANNEL

3/8 BOLTS INTO BLDG. FRAME

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Design Wind Loads per
I.B.C. 2006, NJ Edition

George Richard Davis
NJ Licensed Professional Engineer
Number 43249, Date 7/07/15

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 673 LOT: 8 ADDRESS: _____**IDENTIFICATION:**

1. WORK SITE ADDRESS: 2791 Hooper
2. NAME OF OWNER IN FEE: Reborah LeNy
ADDRESS: 457 16th. Ave PHONE #: (352) 575-4565
Rock NJ 08724 FAX #: ()
3. PRINCIPAL CONTRACTOR: Rave Signs
ADDRESS: 533 Birmingham PHONE #: (352) 674-4867
Toms River NJ 08757 FAX #: ()
4. ARCHITECT OR ENGINEER: Davis Engineering
ADDRESS: _____ PHONE: # ()
5. RESPONSIBLE PERSON FOR WORK: _____
ADDRESS: P.O. Box 520 Rosenhayn, NJ
PHONE #: (856) 692-8900 FAX #: () E-MAIL: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☒ OTHER SIGN channel letters
LENGTH: 8' WIDTH: 8' HEIGHT: 76"

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: _____

TOWNSHIP OF BRICK

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

John G. Ducey, Mayor

Township Council:

Paul Mummolo - President
Heather deJong - Vice
President
Jim Fozman
Susan Lydecker
Bob Moore
Marianna Pontoriero
Andrea Zapcic



Division of Engineering

Elissa C. Commins, PE, PP, CME, CPWM, CFM
Township Engineer & Floodplain Manager
Ecommins@twp.brick.nj.us

732-262-1040
Fax: 732-262-2941
www.twp.brick.nj.us

Date: _____

**ENGINEERING
PLOT PLAN EXEMPT FORM
(ONLY IF NOT IN A FLOOD ZONE)**

Block: 673 Lot: 8

Property Address: 2791 Hooper

I, Jeff Etapa of 533 Birmingham Ave T.P.
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck,
pool, retaining wall, etc. as outlined in the Township Code, Chapter 245, Section 245-29.

Jeff Etapa
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

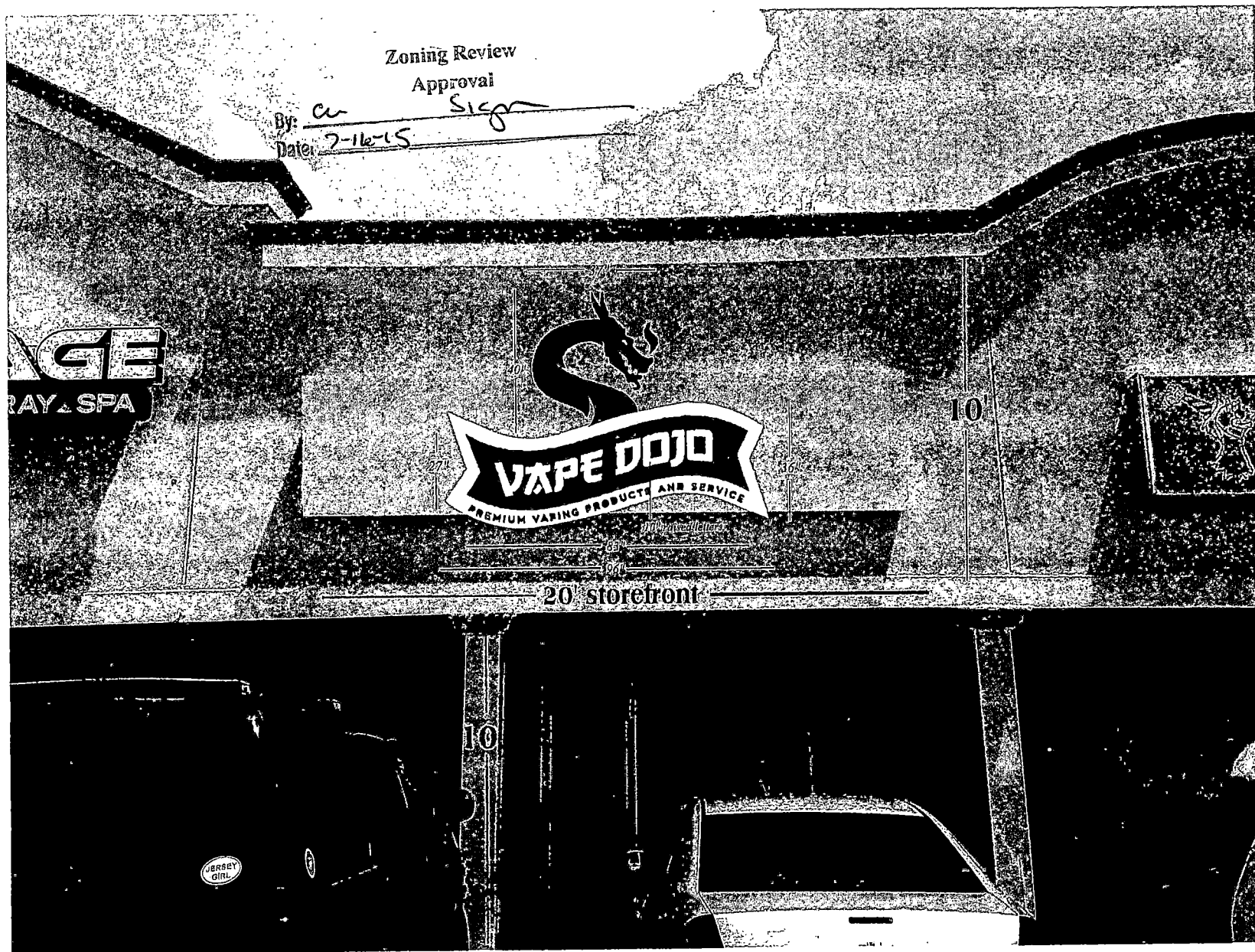
FOR OFFICE USE ONLY

Approved on: _____ Signed: _____

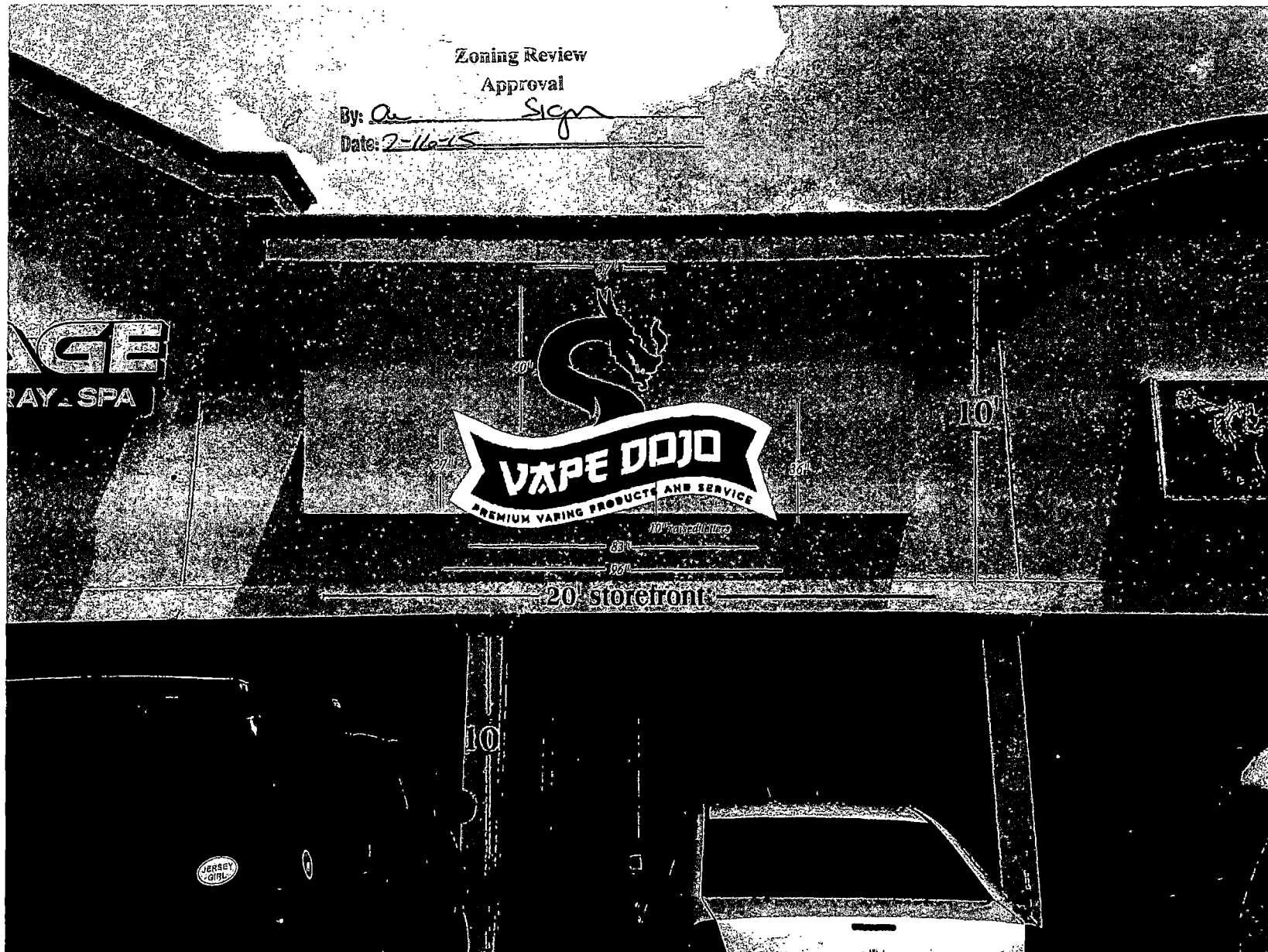
Rejected on: _____ Signed: _____

Comments: _____





Proposed sign/channel letters



Proposed sign/channel letters