



CONSTRUCTION PERMIT APPLICATION

C-12-001162

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

I. IDENTIFICATION

1. Proposed Work Site at: 2791 HOOPER AVE #102 BRICK

2. Name of Owner in Fee: BALTIMORE PROPERTY GROUP
 Tel. (610) 834 7530 e-mail _____
 Address 1 EAVETTE ST. STE 300 CONSHOHOCKEN PA
street municipality zip code

3. Ownership in Fee: Public _____ Private _____ 19425

4. Principal Contractor: NEW DAWN INC/DEX Signs Tel. (714) 774 1377
 Address 60 STEINER AVE e-mail _____
NEPTUNE CITY NJ 07753
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. 22343 7134 FAX: (714) _____
 5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. () _____ FAX: () _____
 6. Responsible Person in Charge once Work has Begun DRN
 Tel. (714) 774 1377 FAX: (714) 228 1509

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>45</u>	☒	
2. Electrical	\$ <u>40</u>	☒	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$ <u>4</u>		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>119</u>		

VI. BUILDING CHARACTERISTICS

		(office use only)
Number of Stories		
Height of Structure		ft.
Area - Largest Floor		sq. ft.
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		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
	<u>MB</u>	<u>4/15/12</u>	<u>4/17/12</u>	<u>4/17/12</u>	<u>MW</u>		
				<u>4-19-12</u>	<u>JS</u>		
	<u>Eng</u>	<u>Exempt</u>		<u>4/16/12</u>	<u>ECO</u>		

TOTAL COST

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



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 673 Lot 8 Qualification Code #102

Work Site Location 2791 Hooper Ave

Owner In Fee: BAXMOR PROPERTIES GROUP

Tel. (610) 834 2530 e-mail

Address 1 EYETRE ST STE 300 CONROCKMACKEN NA

Contractor USA DAWGTRAX INC 100 STEINER AVE 07753

Address 100 STEINER AVE 07753

Contractor License No. or Builder Registration No. 07753

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

Federal Emp. ID No. 223437134 FAX: (202) 988 1504

CONTRACTOR REVIEW Date Initial INSPECTIONS Dates (Month/Day) Failure Failure Approval Initial

PLAN REVIEW No Plans Required W Footing Footing Bonding Foundation Slab Frame Truss Sys/Bracing Barrier-Free

Joint Plan Review Required: W CM ABANDONED

SUBCODE APPROVAL for PERMIT Date: 4/17/12 4/17/12

Approved by: 4/17/12 4/17/12

SUBCODE APPROVAL for CERTIFICATE Date: 4/17/12 4/17/12

Approved by: 4/17/12 4/17/12

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SUBCODE APPROVAL for CERTIFICATE Date: 4/17/12 4/17/12

Approved by: 4/17/12 4/17/12

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: Debra M. Mitraka

Print name here: Debra M. Mitraka

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CHANNEL LETTER
SIGN ON AAWAY

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☒ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ 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 \$

COMMERCIAL

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

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

For reader call: (609) 390-1400
Allegro Marketing - Print - Mail (formerly OCS Printing)
order on the website: www.allegroaliamora.com

Date Received
Control #
Date Issued
Permit #
5/7/12
12.12.19

ELECTRICAL SUBCODE TECHNICAL SECTION



NOTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING FACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000.

Block 673 Lot 8 Qualification Code _____

Work Site Location 2791 Hooper Ave #102

Owner in Fee: BRICK DRAPERY & R

Tel. (609) 834-7530 e-mail _____

Address 1 ESTATE ST STE 300 CROSBYVILLE

Contractor: TECH ELECTRIC Tel. (734) 996 346

Address 1009 BRANCH, NJ 07740 e-mail _____

Contractor License No. 11666 Exp. Date _____

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

Federal Emp. ID No. 140-60-1090 FAX: (734) 571 2033

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 500.

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: 4-19-18

Approved by: JD

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

Rough _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

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:

Print name here: _____

Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr. [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY. 2 SIZE hook up ITEMS hook up

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors - Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permitwith UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Over/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

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



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

5/7/12
C-12-001162
12-1219

IDENTIFICATION Block: 673 Lot: 8 Qualifier
Work Site Location: 2791 HOOPER AVE Unit 102 Brick Township, NJ Contractor: REX SIGN CO
Address: 60 STIENER AVENUE NEPTUNE City NJ
Owner in Fee: TRAHANAS REALTY LLC
4 MANHATTAN AVE RYE NY 10580 Telephone: (732) 774-1377
Telephone: (610) 834-7530 Lic. No. or Bldrs. Reg. No.
Federal Employee No. 22-3437134

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 Bronze Republic

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 \$2,500

Construction Official

Date

4-19-12

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$75
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$4
CO Fee	
Other	\$0
Total	\$119
Check No.	1932
Cash	\$0
Credit	\$0
Collected By	

150
169

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) 262-1027

Date Issued:

Application Number: ZA-12-00322

Application Date: 04/11/2012

Project Number:

Permit Number:

Fee:

5/7/12
2P-12-00379
\$50

Zoning Permit

Worksite: **2791 HOOPER AVE**
Location: **Brick Mall - Unit No. 102**
Brick Township, NJ 08723

Block: **673**

Lot: **8**

Qualifier:

Zone: **B-3**

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

Applicant: **New Dawn, Inc./Rex Signs**
Address: **60 Steiner Avenue**
Neptune City, NJ 07753

Application Approved Date: 04/11/2012

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

Use is: Single-Family Residential

Nonconforming Use is: _____

Work Description:

Sign - Wall sign, channel letters on raceway, 56" x 12', "Bronze Republic Tanning Studios".

The total sign area may not exceed 15% of the total facade area.
The unit number must be displayed on the front and back doors.

ZP-12-00164 issued on March 16, 2012.

Upon review it was determined that:

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

05/07/12 1:18PM 001558W4398
XX01 SERV.001

#00379

ZPA

CHECK

\$50.00

\$50.00

Sean Kinney
Sean Kinney, Zoning Officer

Michael P. Fowler
Michael P. Fowler, Township Planner

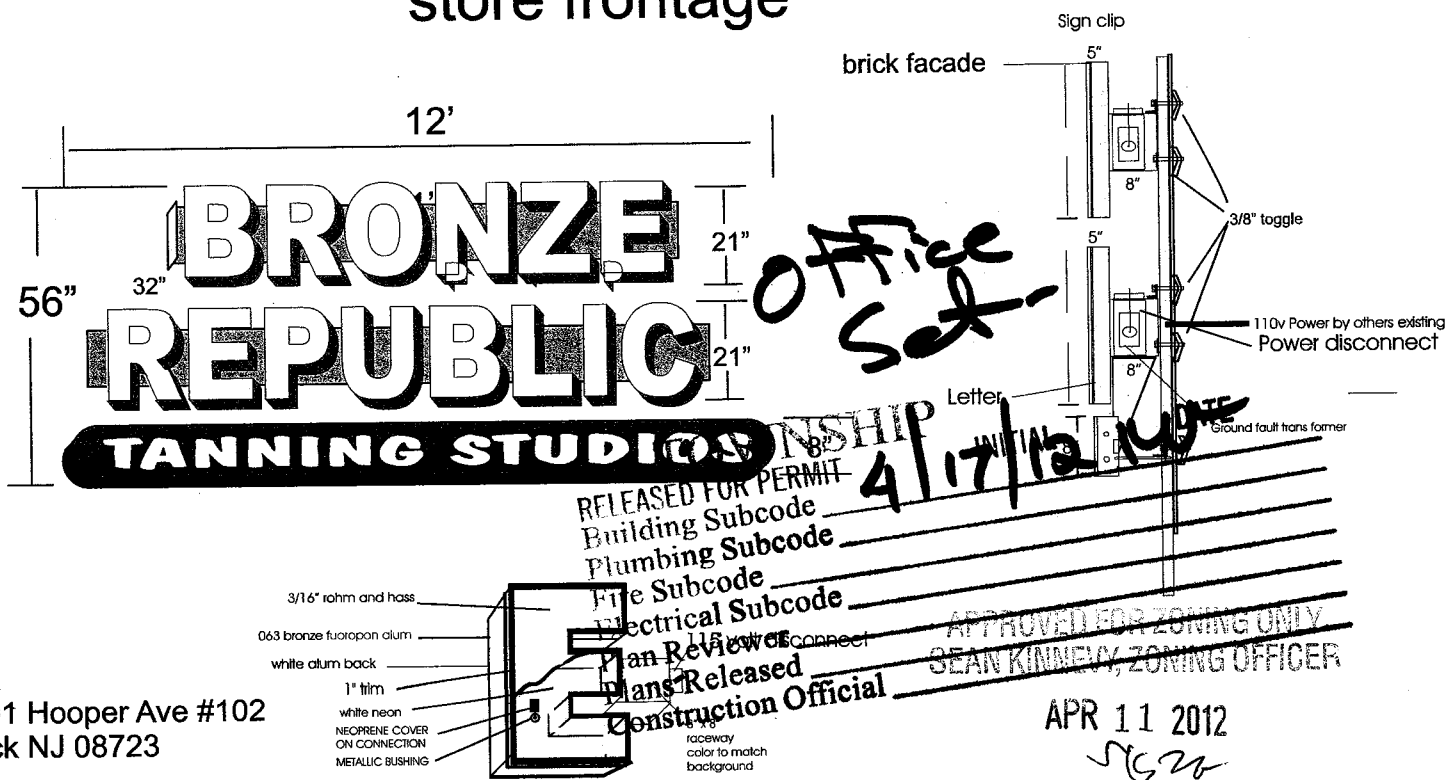
04/11/2012

Date

4/2/12
Date



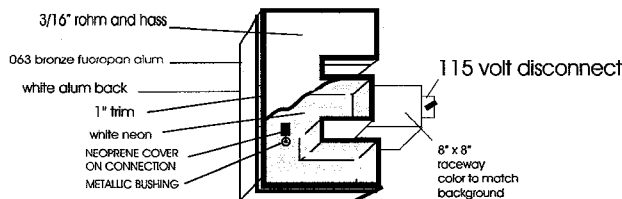
35' store frontage to grade



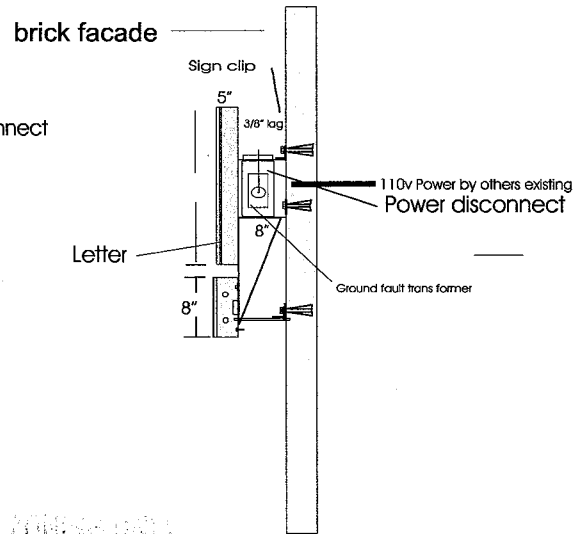
21'

BRONZE REPUBLIC

TANNING STUDIOS



UL#E51714



APPROVED FOR ZONING OFFICE
SEAN KINNEVY, ZONING OFFICER

APR 11 2012

Handwritten signature/initials

Designed per IBC - NJ 2006

Snow Loads:

Ground Snow Load.....Pg-30 psf
Snow Exposure Factor.....Ce=1.0
Snow Load Importance.....Is=1.1
Thermal Factor.....Ct=1.0

Wind Loads:

Basic Wind Speed.....115 mph
Wind Importance Factor...1=1.00
Wind Exposure.....B
Internal Pressure Coef.....GCPI/-0.1
ASCE Force Coef.....1.8
Gust Factor.....0.85

Exterior Components designed in accordance with applicable provisions of the ASCE 7-05

Connection Notes:

- 1.) Provide a minimum of five (5) rows 3/8" (A307) lag and shield connections (expansion anchors) top and bottom, evenly spaced with a minimum embedment of 2.5". (Total of 10 connections) for raceway section.
- 2.) Provide a minimum of two (2) rows for 'Tanning Studios' section.

DATE:

NOVEMBER 29, 2010

REX
SIGN SYSTEMS

Since 1925

60 Steiner Ave Neptune City, NJ
732 774 1377 - fax 732 988 1509 - Info@rexsigns.net



Murdoch Engineering
2028 New Bedford Rd. Ste. 607
Spring Lake, NJ 07762
(973)-570-8215

Richard DiFolco
NJ P.E. License #24343
Richard DiFolco, P.E., P.P.

RECEIVING CLERK
DATE REC'D 4-11-12

ZONING PERMIT APPLICATION

PERMIT # 2P-12-60379
DATE ISSUED 5/11/12

BLOCK: 623 LOT: 8 QUALIFIER: SITE ADDRESS: 2791 Haggard Ave #102

IDENTIFICATION:

1. NAME OF OWNER IN FEE: BALKMAN PROPERTY GROUP
COMPLETE ADDRESS: ONE FAIRFAX ST SUITE 300
CASHOCKEN, PA 19428
PHONE # 610-834-7300 MAIL:

2. NAME OF APPLICANT: MEL DAVIS INC / POX SIGNS
APPLICANT ADDRESS: 60 STEVENA AVE
NEPTUNE CITY, NJ 07253
PHONE # 732-724-1372 EMAIL: clauda@poxsigns.net

3. RESPONSIBLE PERSON FOR WORK: DEAN
PHONE # 732-724-1372 FAX # 732-988-1509

4. SIGNATURE OF APPLICANT: *Dean Davis* (agent for)

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 50.00
OTHER: \$
TOTAL: \$

REQUIRED BY APPLICANT

RESIDENTIAL: *NO*
COMMERCIAL: *NO*
EXISTING USE: VACANT-RETAIL

PROPOSED USE: TARDING STATION

BOARD APPROVAL: PB ZB
RESOLUTION #: APPROVAL DATE:

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE) SIGN

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

POOL: ABOVE GROUND IN GROUND FENCE: HEIGHT TYPE
HEIGHT: (*APPLICABLE)

OTHER: CHANNEL LETTER SIGN ON FACADE OF BUILDING

DESCRIPTION: as per attached sketch

ZONING REVIEW: 4-11-12 DATE DENIED: DATE APPROVED: 4-11-12 INTLS: NG28 (SEE BACK PAGE)

RECEIVED
APR 11 2012
Sgt

APR 11 2012

5522

DATE REVIEWED: 4-11-12 DATE DENIED: --- DATE APPROVED: 4-11-12 INTLS: 5526

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DATE REVIEWED: 4-11-12 DATE DENIED: --- DATE APPROVED: 4-11-12 INTLS: 5526

DATE:	COMMENTS:	INITIALS:

[illegible]



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: _____
Application Number: ZA-12-00322
Application Date: 04/11/2012
Project Number: _____
Permit Number: _____
Fee: \$50

Zoning Permit

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 - ☐ Zoning Board of Adjustment
 - ☐ Zoning Officer

Sean Kinney
Sean Kinney, Zoning Officer

Michael P. Fowler
Michael P. Fowler, Township Planner

04/11/2012

Date

4/12/12
Date