BLOCK 673 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 2791 Hooper Avenue PERMIT NO. 13-0181

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-12-005159

I. IDENTIFICATION

1. Proposed Work Site at: CSD KITCHEN - 2791 Hooper Avenue
2. Name of Owner in Fee: TRAHANAS REALTY LLC
   Tel. _____ e-mail _____
   Address 4 MANHATTAN AVE (street) RYE (municipality) NY 10580 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: SIGN DEPOT Tel. (732) 920-1818
   Address 39A CHAMBERS BRIDGE RD e-mail paul@signdepotnj.com
   LAKEWOOD, NJ 08701
   License No. OR, if new home, Builder Reg. No. na Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 800685985 FAX: _____
5. Architect or Engineer MURDOCK ENGINEERING Contact JERE
   Address 8308 AVAOLON CT e-mail jerem@murdochengineeri
   Tel. (973) 570-8215 FAX: (732) 431-9420
6. Responsible Person in Charge once Work has Begun PAUL ANTHONY
   Tel. (732) 920-1818 FAX: (732) 930-5272

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 415 405		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	5		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	~~$3,230.00~~		
13. TOTAL	$ ~~$2,750.00~~ 420		

VI. BUILDING/SITE CHARACTERISTICS (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. 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 ____

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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		CC	12/20/12		1/2/13	MW			
☐ Electrical					1-3-13	JS			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng Exempt 12/28/12 & CR							
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: Comm
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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/9/2013
Control Number C-12-005159
Permit Number 13-0181
Permit Issue Date 1/10/2013
Certificate Number 13-0181

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2791 HOOPER AVE Brick Township, NJ Block: 673 Lot: 8 Qual:

Owner in Fee: TRAHANAS REALTY LLC

Owner Address: 4 MANHATTAN AVE RYE NJ 10580

Telephone:

Contractor SIGN DEPOT

Address 39 Chambers Bridge Rd. BRICK NJ 08723-

Telephone: (732) 920-1818 Fax: (732) 612-3944

License Number or Builders Registration Number: Federal Emp. Number: 22-2935285

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B 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:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 2/9/2013

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

CONSTRUCTION PERMIT

Date Issued 1-10-13
Control # C-12-005159
Permit # 13-0181

IDENTIFICATION Block: 673 Lot: 8 Qualifier
Work Site Location: 2791 HOOPER AVE Brick Township, NJ

Owner in Fee: TRAHANAS REALTY LLC
4 MANHATTAN AVE RYE NJ 10580

Telephone:

Contractor: SIGN DEPOT
Address: 39 Chambers Bridge Rd. BRICK NJ 08723-

Telephone: (732) 920-1818
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2935285

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

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 $2,900

Construction Official

Date 1/10/13

PAYMENTS (Office Use Only)

Building	$81
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$126
Check No.	167
Cash	$0
Credit	$0
Collected By	

$126 Ck

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.

- [ ] 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".

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

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

CABINETRY & STONE DEPOT

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 130181

Date Issued / Permit # 1-10-13

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

Block 673 Lot A Qualification Code

Work Site Location 2791 Hooper AVE

Owner in Fee: TRAHANAS REALTY LLC

Tel. ( ) e-mail

Address 4 MANHATTAN AVE RYE NY 10580
(street / municipality / zip code)

Contractor: Tel. ( )

Address

Contractor License No.

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

Federal Emp. ID No. FAX: ( )

ANA ELECTRIC
525 Milltown Rd. Suite 100
North Brunswick, NJ 08902
Tel: 732-277-3590 Fax: 732-317-1808
License # 16156 Exp. Date 03/31/2015
Fin # 800149730 mike@anaelectric.net

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200.00

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: 1-3-13
Approved by: JJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2-5-13
Approved by: JJ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1-29-13	DJ
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: Hikmet SIGLAM

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Final hook up for sign-

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		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	

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

0173 8

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 13-0181

Date Issued / Permit # 1-10-13

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

Block 173 Lot 8 Qualification Code

Work Site Location 2791 Hooper Ave, Brick, NJ 08723

Owner (Title) TRAHANAS REALTY LLC (914) 967-8957

Tel. ( ) 4 MANHATTAN AVE e-mail RYE, NY 10580

Address SIGN DEPOT (732) 920-1818

Contractor: 39 CHAMBERS BRIDGE RD UNIT A LAKEWOOD, NJ 08701 Tel. ( ) eng@signdepotnj.com

Address e-mail

Contractor License No. or Builder Registration No. EXEMPT Exp. Date Exempt

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 80-068598

Federal Emp. ID No. FAX: ( ) (732) 920-5272

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	1-2-12	LW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 1/3/13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1/31/13
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			1-29-13	G.P
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____

No. of Stories ____

Height of Structure ____ ft.

Area — Largest Floor ____ sq. ft.

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

Volume of New Structure ____ cu. ft.

Max. Live Load ____

Max. Occupancy Load ____

Constr. Class Present ____ Proposed ____

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $ 2,700
2. Rehabilitation $ 2,700
3. Total (1+ 2) $

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: PAUL ANTHONY : SIGN DEPOT

Print name here: Paul Anthony

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REINSTALL SAME SIGN DAMAGED BY HURRICANE SANDY.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[X] Fence 80 Height (exceeds 6')
[ ] Sign ____ 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 $

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

RECEIVING CLERK _____
DATE REC'D 12-27-12

ZONING PERMIT APPLICATION

PERMIT # 12-13-0017
DATE ISSUED 1-2-13

BLOCK: 673 LOT: 8 QUALIFIER: — SITE ADDRESS: 2791 Hooper Avenue, Brick, NJ 08723

IDENTIFICATION:

TRAHANAS REALTY LLC

1. NAME OF OWNER IN FEE: CBD Trahanas
COMPLETE ADDRESS: 4 MANHATTAN AVE
RYE, ny 10580
PHONE # _____ EMAIL: _____

2. NAME OF APPLICANT: SIGN DEPOT
APPLICANT ADDRESS: 39 CHAMBERS BRIDGE RD
LAKEWOOD, NJ 08701
PHONE # 732 920-1818 EMAIL: PAUL@SIGNDEPOTNJ.COM

3. RESPONSIBLE PERSON FOR WORK: PAUL ANTHONY
PHONE# (732) 920-1818 FAX# _____

4. SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50,00
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: 732 920-1818 —
COMMERCIAL: 732 920-1818 X
EXISTING USE: 732 920-1818
PROPOSED USE: 732 920-1818

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE) REINSTALL SINGLE SIDE BACKLIT SIGN

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

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

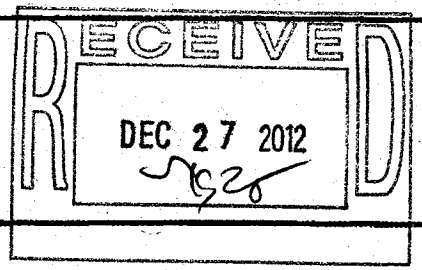
DESCRIPTION: 4'x20' Sign Install "Concrete & Stone Depot"

CONNECTION

ZONING REVIEW:
DATE REVIEWED: 12-27-12 DATE DENIED: — DATE APPROVED: 12-27-12 INTLS: NGR

(SEE BACK PAGE)

OFFICE USE ONLY



ZONING REVIEW:

DATE REVIEWED: 12-27-12 DATE DENIED: — DATE APPROVED: 12-27-12 INTLS: SGS

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-12-01177
Application Date: 12/27/2012
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **2791 HOOPER AVE**
74 Brick Mall - Unit 202
Brick Township, NJ 08723

Block: **673**
Lot: **8**
Qualifier:
Zone: **B-3**

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

Applicant: **Paul Anthony; Sign Depot**
Address: **39 Chambers Bridge Road**
Lakewood, NJ 08701

Application Approved Date: 12/27/2012

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

Use is: Retail Store -"Cabinetry and Stone Depot" showroom.
Nonconforming Use is:

Work Description:
Sign - Replace wall sign, 4' x 20', "Cabinetry and Stone Depot".

The total sign area may not exceed 15% of the total facade area.

ZP-10-00821 issued on November 4, 2010.

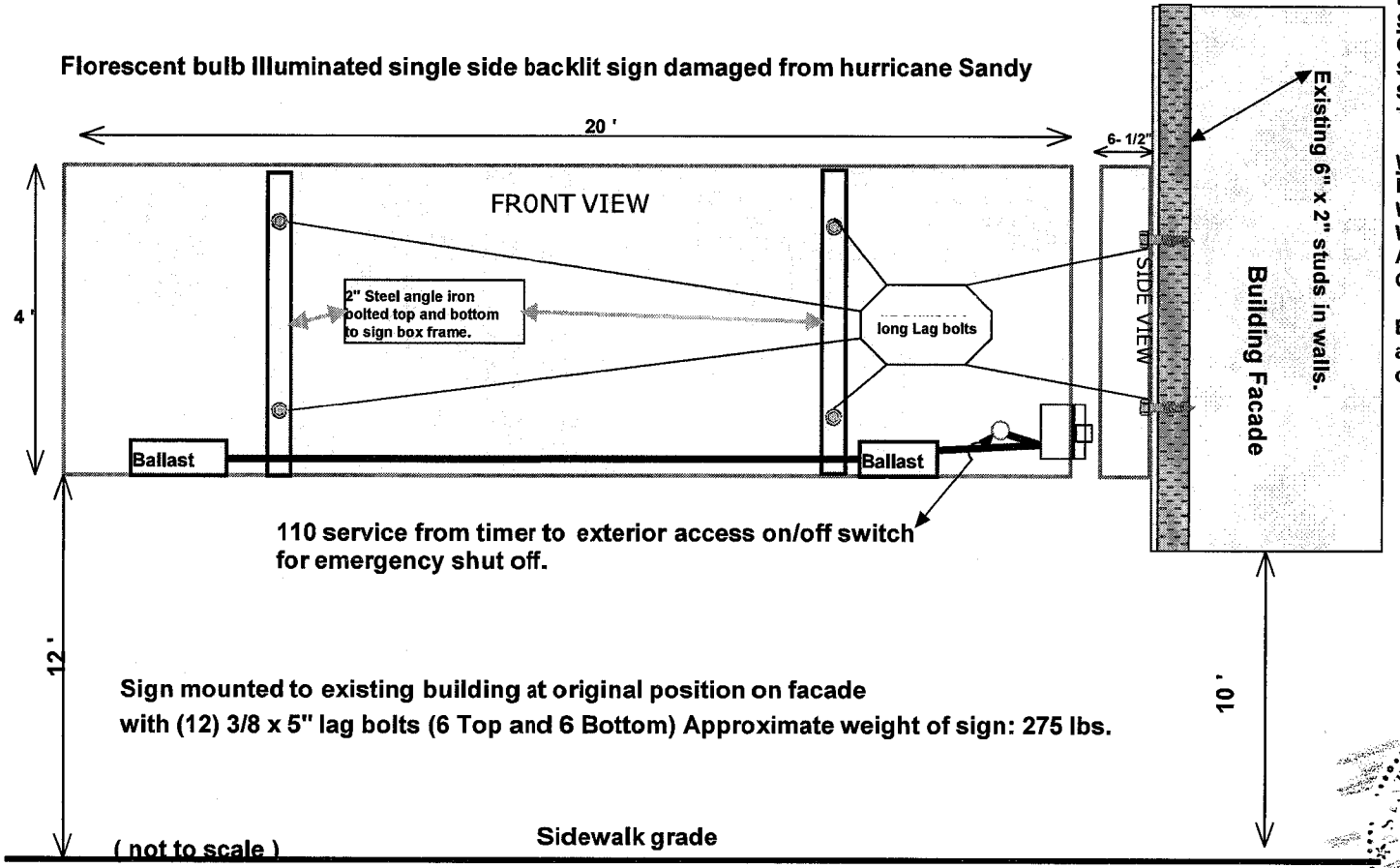
Upon review it was determined that the Development Application:

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

Sean Kinnevy, Zoning Officer — 12/27/2012 Date

Michael P. Fowler, Township Planner — 12/27/12 **Date**

Florescent bulb illuminated single side backlit sign damaged from hurricane Sandy



Designed per IBC -2009 NJ edition

Snow Loads:
Ground Snow Load.....Pg-25 psf
Snow Exposure Factor...Ce=1.0
Snow Load Importance..1s=1.1
Thermal Factor.....Ct=1.0

Wind Loads:
Basic Wind Speed.....115 mph
Wind Importance Factor..1=1.15
Wind Exposure.....C
ASCE Force Coef.....1.8 (or per table)
Gust Factor.....0.85

Exterior Components designed in accordance with applicable provisions of the ASCE 7-10

APPROVED FOR ZONING ONLY
SEAN MURPHY ZONING OFFICER
DEC 27 2012

Note:
Install 3/8" Lag-Bolts(Min.) at a maximum spacing of 48" O.C. into existing 2x6 wall studs (Min. Stud Penetration of 3")
or use the fastener schedule for wall type as alternative.

FASTENER SCHEDULE

			WALL CONSTRUCTION			
HARDWARE	DIAM.	Row Spacing*	MASONRY (CMU-Block)	EFIS/DRYVIT OVER min. 1/2" PLYWOOD	EFIS/DRYVIT OVER GYPSUM/ DENSGLASS	METAL PANEL OVER METAL STUD
THRU-BOLT	3/8"	48" O.C.	YES	YES	ONLY WITH BACKER	YES
EXPANSION ANCHOR	3/8"	48" O.C.	YES**	NO	NO	NO
LAG BOLT	3/8"	40" O.C	NO	1" SOLID WOOD PENETRATION REQ'D	NO	NO
TOGGLE BOLT	3/8"	36" O.C.	IF THROUGH BLOCK FACE	YES	ONLY WITH MIN. 1/2" PLYWOOD BACKER	YES

*Each 'Row' shall have two fasteners, top and bottom of sign box
**Expansion anchors require a minimum 3-1/2" embedment

Jere Murdoch, P.E.
Professional Engineer
NJ P.E. License #48980

MURDOCH ENGINEERING
SIGN STRUCTURE PROFESSIONALS

Sign Attachment Engineering

2791 Hooper Avenue
Brick, New Jersey

8308 AVALON CT.
WEST LONG BRANCH, NJ 07764
Tel. (973) 570-8215
Fax (732) 431-9420

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 11/04/2010
Application Number: ZA-10-01086
Application Date: 10/26/2010
Project Number:
Permit Number: ZP-10-00821
Fee: $50

Zoning Permit

Worksite Location: **2791 HOOPER AVE**
74 Brick Mall - Unit 202
Brick Township, NJ 08723

Block: **673**
Lot: **8**
Qualifier:
Zone: **B-3**

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

Applicant: **Andrew Wong**
Address: **202 Brick Mall**
Brick, NJ 08723

Application Approved Date: 10/26/2010

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

Use is: Retail Store --"Cabinetry and Stone Depot" showroom (former Liberty Travel agency).
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alterations for a new business to change the use from the "Liberty Travel" agency offices to the "Cabinetry and Stone Depot" showroom store.

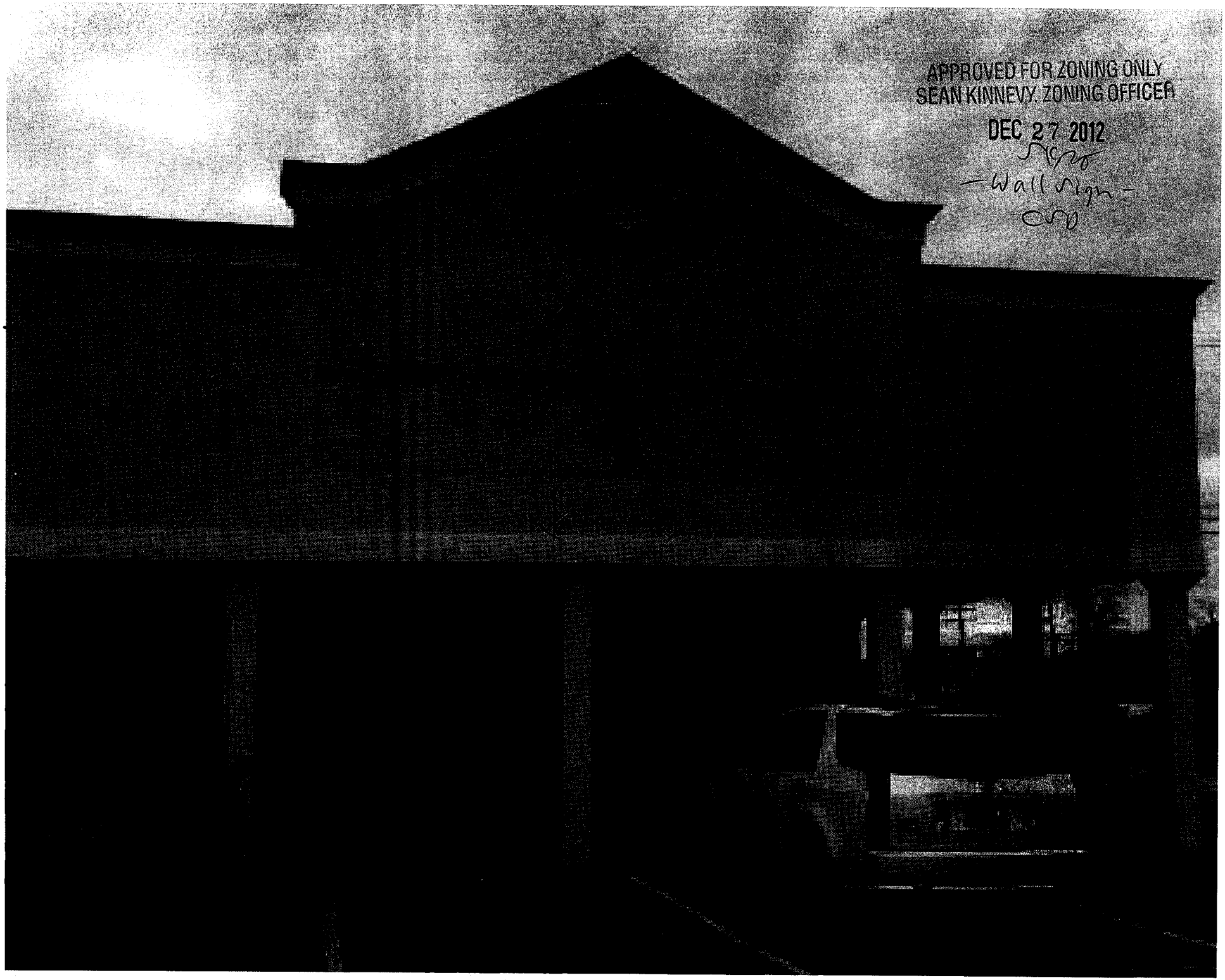
An additional zoning permit is required for any sign or banner, or any other additional work.

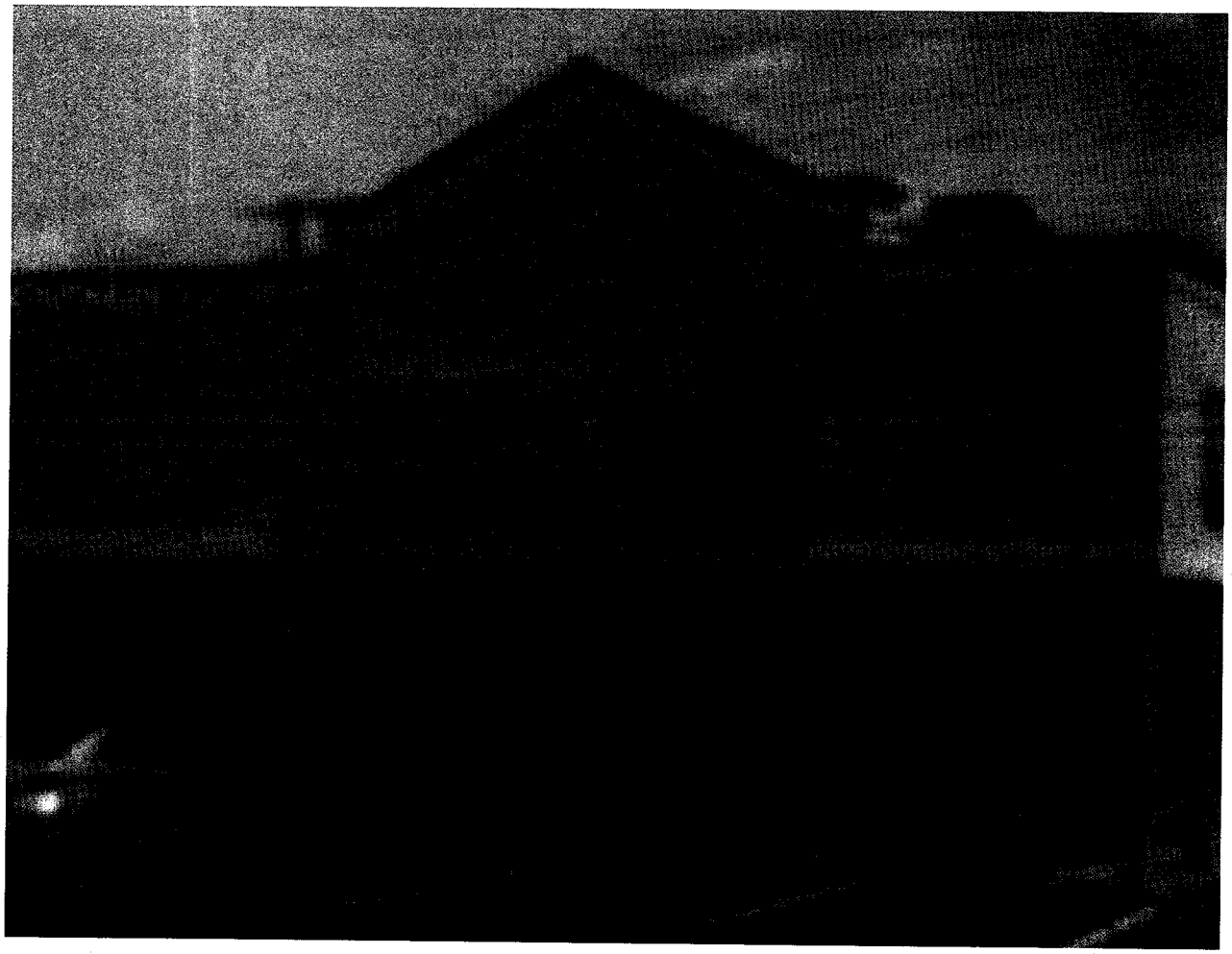
Upon review it was determined that the Development Application:

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

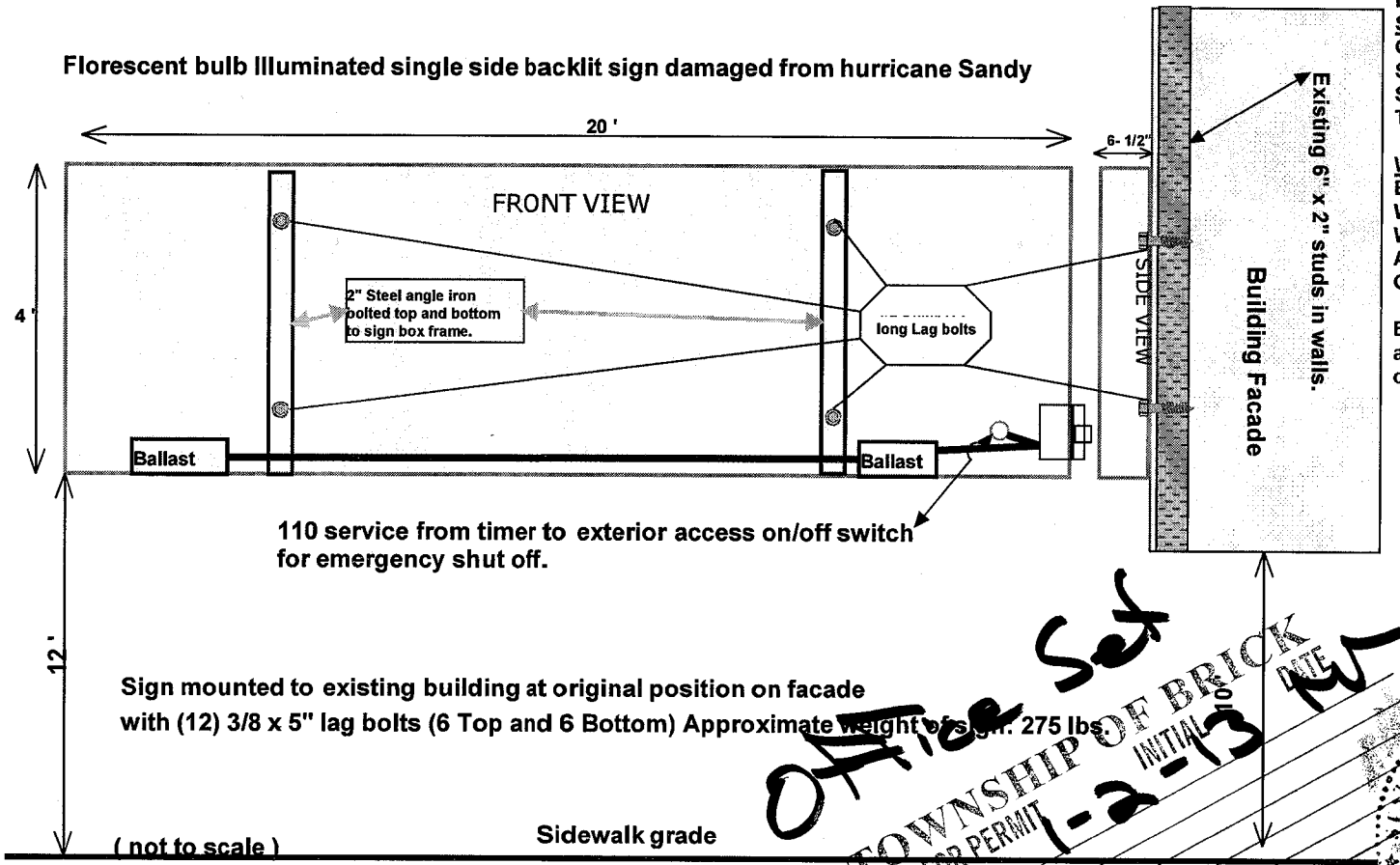
Sean Kinnevy, Zoning Officer — Date: Copy

Michael P. Fowler, Township Planner — **Date**


APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DEC 27 2012
- Wall sign -



Florescent bulb Illuminated single side backlit sign damaged from hurricane Sandy



Designed per IBC -2009 NJ edition

Snow Loads:
Ground Snow Load.....Pg-25 psf
Snow Exposure Factor...Ce=1.0
Snow Load Importance..1s=1.1
Thermal Factor.....Ct=1.0

Wind Loads:
Basic Wind Speed.....115 mph
Wind Importance Factor..1=1.15
Wind Exposure.....C
ASCE Force Coef.....1.8 (or per table)
Gust Factor.....0.85

Exterior Components designed in accordance with applicable provisions of the ASCE 7-10

APPROVED FOR ZONING ONLY
SEAN KINNEY ZONING OFFICER

DEC 27 2012

Office Set

TOWNSHIP OF BRICK
RELEASED FOR PERMIT
INITIAL
DATE
1-2-13
Building Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official

Note:
Install 3/8" Lag-Bolts(Min.) at a maximum spacing of 48" O.C. into existing 2x6 wall studs (Min. Stud Penetration of 3")
or use the fastener schedule for wall type as alternative.

FASTENER SCHEDULE

			WALL CONSTRUCTION			
HARDWARE	DIAM.	Row Spacing*	MASONRY (CMU-Block)	EFIS/DRYVIT OVER min. 1/2" PLYWOOD	EFIS/DRYVIT OVER GYPSUM/ DENSGLASS	METAL PANEL OVER METAL STUD
THRU-BOLT	3/8"	48" O.C.	YES	YES	ONLY WITH BACKER	YES
EXPANSION ANCHOR	3/8"	48" O.C.	YES**	NO	NO	NO
LAG BOLT	3/8"	40" O.C	NO	1" SOLID WOOD PENETRATION REQ'D	NO	NO
TOGGLE BOLT	3/8"	36" O.C.	IF THROUGH BLOCK FACE	YES	ONLY WITH MIN. 1/2" PLYWOOD BACKER	YES

*Each 'Row' shall have two fasteners, top and bottom of sign box
**Expansion anchors require a minimum 3-1/2" embedment

Jere Murdoch, P.E.
Professional Engineer
N.J.P.E. License #48980

MURDOCH ENGINEERING
SIGN STRUCTURE PROFESSIONALS

Sign Attachment Engineering

2791 Hooper Avenue
Brick, New Jersey

8308 AVALON CT.
WEST LONG BRANCH, NJ 07764
Tel. (973) 570-8215
Fax (732) 431-9420

CSD Kitchens

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 673 LOT: 8 ADDRESS: 2791 Hooper Avenue, Brick, NJ 08723

IDENTIFICATION:

1. **WORK SITE ADDRESS:** 2791 Hooper Avenue, Brick, NJ 08723
2. **NAME OF OWNER IN FEE:** TRAHANAS REALTY LLC
   ADDRESS: 4 MANHATTAN AVE **PHONE #:** (__) _____
   RYE, NY 10580 **FAX #:** (__) _____
3. **PRINCIPAL CONTRACTOR:** SIGN DEPOT
   ADDRESS: 39 CHAMBERS BRIDGE RD **PHONE #:** (__) (732) 920-1818
   LAKEWOOD, NJ 0870[redacted] **FAX #:** (__) 7329305272
4. **ARCHITECT OR ENGINEER:** _____
   ADDRESS: _____ **PHONE: #** (__) _____
5. **RESPONSIBLE PERSON FOR WORK:** PAUL ANTHONY
   ADDRESS: 39 CHAMBERS BRIDGE RD, LAKEWOOD, NJ

PHONE #: (__) 7329201818 **FAX #:** (__) 7329305272 **E-MAIL:** ENG@SIGNDEPOTNJ.COM

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: _____

PROJECT DESCRIPTION: ☐ **GRADING/CLEARING** ☐ **ROAD OPENING**
☐ **SOIL REMOVAL/FILL** ☐ **RETAINING WALL** ☐ **POOL**
☐ **BULKHEAD/DOCK** ☐ **DWELLING** ☐ **TREE REMOVAL** _____
☐ **OTHER** _____

LENGTH: _____ **WIDTH:** _____ **HEIGHT:** _____

ENGINEERING REVIEW:

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