

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.

☒ Check if contractor.

Agent Name VATES STEVEN C

Address 1809 RT 33 NEPTUNE

NJ 07754

Telephone (908) 988-6161

Signature Carl Baldwin Date 3-17-94

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL	
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date
☐ 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.								
☒ Other <i>Zoning</i>	<i>SC</i>	<i>3/23/94</i>	<i>waif</i>	<i>5.5.5</i>				
☐								
☐								

IMPORTANT
A.H.B.T. - EXEMP

3/24/94

COMMENTS

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only--optional)

Name of Code & Edition

Name of Code & Edition

Other

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Mechanical _____

Energy _____
Barrier Free _____
Flood Hazard _____
As Built Elevation Cert. _____
Other _____

X. CERTIFICATES ISSUED (office use only)

DATE EXPIRED

- ☐ Temporary Certificate of Occupancy
- ☐ Temporary Certificate of Occupancy
- ☐ Continued Certificate of Occupancy
- ☐ Certificate of Occupancy
- ☐ Certificate of Approval
- ☐ None

No. _____
No. _____
No. _____
No. _____
No. _____



CONSTRUCTION PERMIT

Date Issued

4/4/94

Control #

Permit #

447-94

IDENTIFICATION Block

671

Lot

8

Work Site Location

74 Bucl Blvd

Contractor

Uptec Sign Co.

0003

Address

BLOCK

0.00

Owner in Fee

Harcus Buffet

Address

74 Bucl Blvd
Bucl NJ 08723

Tele. ()

LOT

0.00

Lic. No. or Bldrs. Reg. No.

Exp. Date

Tele. ()

Federal Emp. No.

SIGNS

32.00

or Social Security No.

PLAN RW

5.00

is hereby granted permission to perform the following work:

☒ BUILDING☐ PLUMBING☐ OTHER☐ ELECTRICAL☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Sign

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 \$

2400.—

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building

C / O

2.00

Plumbing

TOTAL

19.00

Electrical

CHECK

19.00

Fire Protection

CHANGE

0.00

Other

0035A005

3.13

Other

5—

DCA Training Fee

2—

Cert. of Occ.

20—

Other

Total

109—

Check No.

Cash

Collected By: Val



Date Received 4/14/94
Date Issued
Control #
Permit # 447-94

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

Block 671 Lot 8
Work Site Location 74 BRICK BVD, BRICK HT
Owner in Fee STACRY'S BUTLET
Address (same)
Tele. (908) 477-4115
Contractor YATES SIGAN CO.
Address 1809 RT 33
Address DEPHUNE NJ 07754
Tele (908) 988-6616
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. 216718184 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.
Signature Paula Spallone

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
REPLACING EXISTING "BOMESTYLE BUTLET" SIGN WITH "STACRY'S BUTLET" ON FRONT & SIDES AND VARIOUS

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date		Initial		INSPECTIONS		Type:		Failure		Failure		Approval		Initial	
☐	No Plans Req.																		
☐	All																		
☐	Footings																		
☐	Foundation																		
☐	Frame																		
☐	Other																		
Joint Plan Review Required:																			
☐	Elec.																		
☐	Plumb.																		
☐	Fire																		
SUBCODE APPROVAL																			
☐	CO																		
☐	CCO																		
☐	CA																		
☐	Other																		
Date: _____																			
Approved By: _____																			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

TYPE OF WORK:		(Office Use Only)	
☐	New Building		
☐	Addition		
☐	Alteration		
☐	Roofing		
☐	Siding		
☐	Other		
☐	Demolition		
☐	Miscellaneous		
☐	Fence		
☒	Sign (2) 80.25 Sq. Ft.		
☐	Pool		
☐	Elevator		
☐	Asbestos Abatement		
☐	Other		

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____

YATES SIGNS

15643

Vendor No: BRIC / Name: BRICK TOWNSHIP

15643

Invoice	Ref	Inv Date	Inv Amt	Amt Paid	Discount	Adj Amt	Net Amt
18996	STACYS BUF	03/30/94	109.00	109.00	0.00	0.00	109.00
(Acct 11025-000)			Check Date = 03/30/94		Check Total =		109.00

☒ EXEMPT _____
☐ PRELIMINARY _____
☐ TEMPORARY _____
☒ FINAL 3/24/94

CERTIFICATE OF COMPLIANCE

NAME: Tacey, Stephen DATE: 3/24/94
ADDRESS: 17 Lynn Ave
Westport, MA 01891
PROPERTY LOCATION: 17 Lynn Ave
ACCOUNT NO: _____ BLOCK 1671 LOT 8

INCLUSIONARY DEVELOPMENT

☐ Affordable Fee Required \$500.00 Date _____
 Down Payment _____ Date _____
 Balance _____ Date _____
 Pd. in Full _____ Date _____
☐ Market Rate No Fee Required _____ Date _____

MANDATORY DEVELOPER FEES

☐ Residential is .005%
☒ Commercial is .01%

Estimated Fee : None Date: 3/24/94
Down Payment : _____ Date: _____
Final Fee : _____ Date: _____
(Less down payment)
Balance : _____ Date: _____
Pd. in Full : _____ Date: _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe
CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR

TOWNSHIP OF BRICK

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

Carolyn L. Patetta, Mayor

Township Council:

Warren H. Wolf, President
Albert Chrobocinski
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Mary Lou Powner



Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: Block 671, Lot 8

DATE:



Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is \$ _____

Preliminary

Frederick R. Millman
Frederick R. Millman, CTA

3-24-94
Date



Please review the attached application for a **Final Certificate of Occupancy / Approval.**

The final equalized added assessment for construction at the above site is \$ _____

Final

Frederick R. Millman
Frederick R. Millman, CTA

Date

441174

PROJECT ESTIMATION

DRAIN HOLES REQUIRED

100' LINEAL

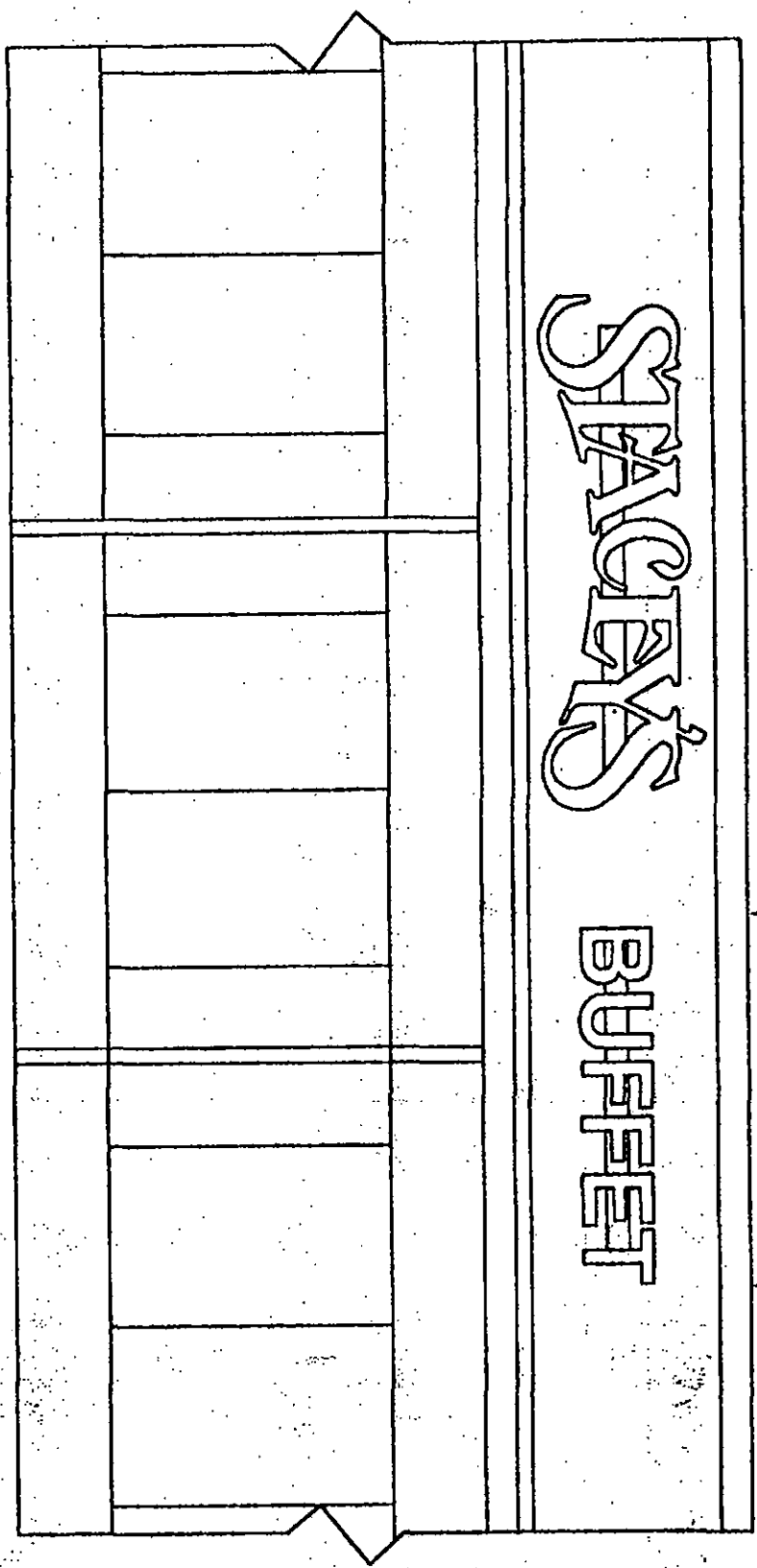
SHOP COPY

11'-6"

EXISTING

1/4" = 1'-0"

STACEY'S BUFFET



STOREFRONT ELEVATION
ILLUMINATED CHANNEL LETTERS

APPROVED FOR RECORD ONLY
SEAN KENNEDY, ZONING OFFICER
DATE 3/23/94
6041-5132

NEW "STACEY'S"
FACES: RED
RETURNS: RED
JEWELITE: BLUE
RED NEON

USE EXISTING "BUFFET"
ON EXISTING RACEWAY
ADD NEW: (REPLACE FACES)
FACES: BLUE 2051 LEXAN
JEWELITE: BLUE

SCALE: 1/4" = 1'-0"

PROJECT NAME:

STACEY'S BUFFET
BRICK, N.J.

SALESPERSON: CATHY DIXON

DRAWN BY: KAU DATE: 2-18-1994

CHECKED BY: DATE: MAR. 3/94

DRAWING # B4102-11-SHOP SHEET 1 OF 1

INTERNATIONAL
SIGN & DESIGN

10831 CRAWFORD ST., LARGO, FL 34647
(813) 541-5573 FAX (813) 544-7746

FLORIT SUBVAT=10W

DRAIN HOLES REQUIRED

100' LINEAL

SHOP COPY

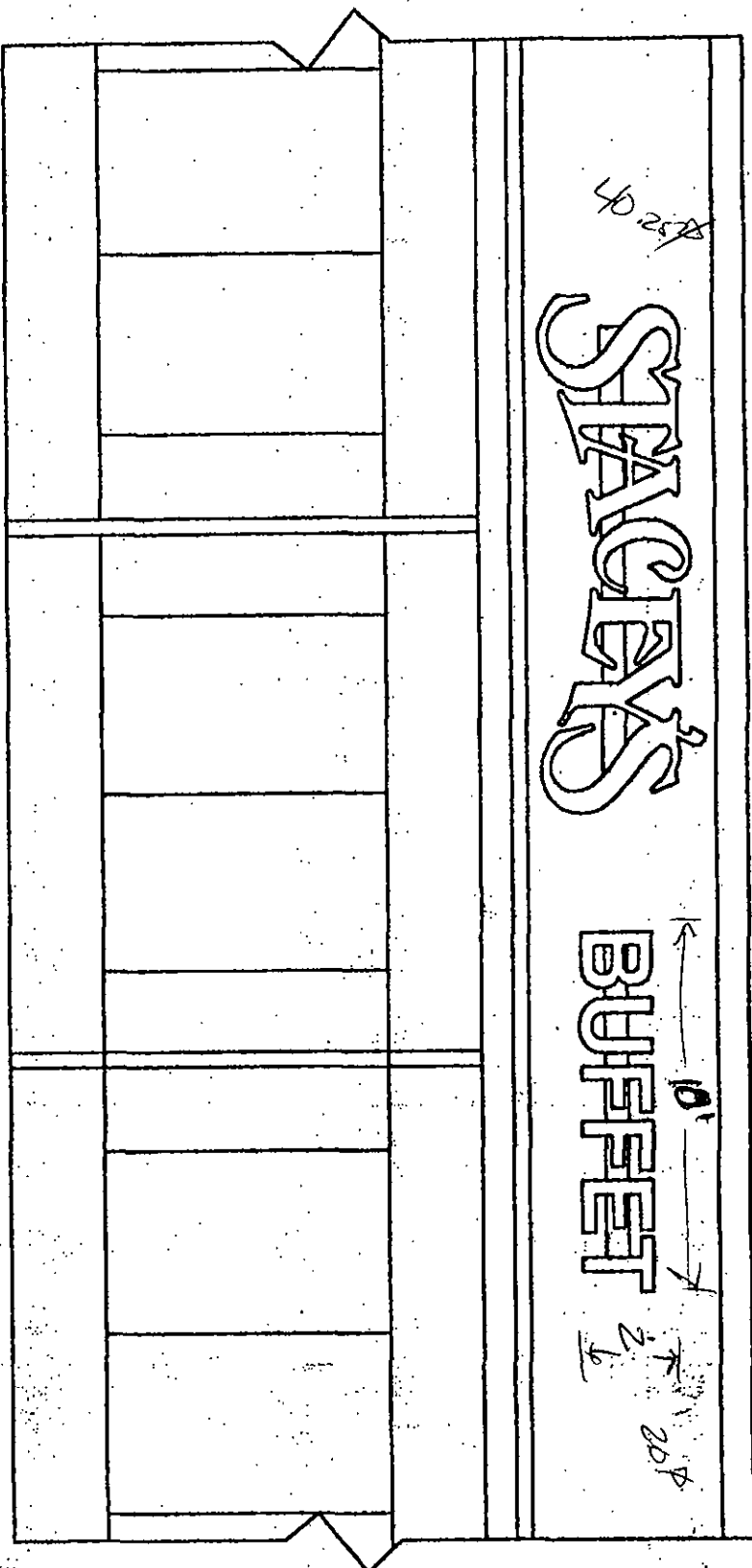
11'-6"

EXISTING

79
42"
STACEY'S

10'
BUFFET

20' 20' 20'



STOREFRONT ELEVATION
ILLUMINATED CHANNEL LETTERS

APPROVED FOR ZONING ONLY

SEAN KUMAR, ZONING OFFICER

DATE 3/23/94 Sean King

Wall 5195

NEW "STACEY'S"
FACES: RED
RETURNS: RED
JEWELITE: BLUE
RED NEON

USE EXISTING "BUFFET"
ON EXISTING RACEWAY
ADD NEW: (REPLACE FACES)
FACES: BLUE 2051 LEXAN
JEWELITE: BLUE

SCALE 1/4"=1'-0"

PROJECT NAME

STACEY'S BUFFET

BRICK, N.J.

SALESPERSON: CATHY DIXON

DRAWN BY: KAU

DATE: 2-18-1994

CHECKED BY:

DATE: MAR. 3/94

DRAWING # B4102-11-SHOP SHEET 1 OF 1

INTERNATIONAL
SIGN & DESIGN

1001 CHINA ST. LARGO, FL 34647
(813) 541-5573 FAX (813) 544-7745

51083

DRAIN HOLES REQUIRED

SHC

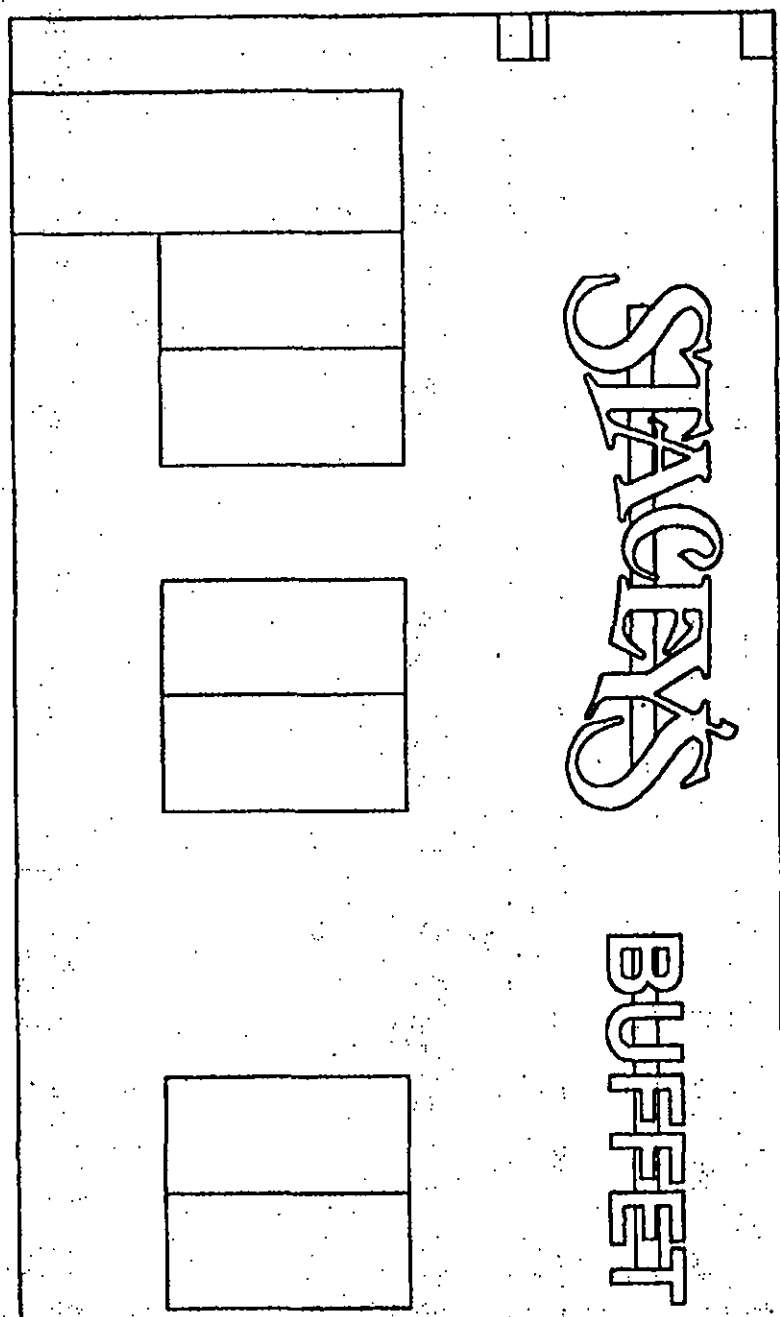
11'-6"

EXISTING

42"

STACEY'S

BUFFET



APPROVED FOR ZONING ONLY
SEAN MURPHY ZONING OFFICER

DATE 3/23/94 Sean Murphy

4/11/95

SIDE ELEVATION
ILLUMINATED CHANNEL LETTERS

NEW "STACEY'S"
FACES: RED LEXAN 2793
RETURNS: RED 5"
JEWELITE: BLUE
RED NEON

USE EXISTING
ON EXISTING F
(REPLACE FA
FACES: BLUE
JEWELITE: BLU

SCALE: 1/4"=1'-0"

PROJECT NAME:

STACEY'S BUFFET
BRICK NJ

SALESPERSON: CATHY DIXON

DRAWN BY: KAU DATE: 2-18, 1994

CHECKED BY: DATE: MAR 4/94

DRAWING # B4103-11-SHOP SHEET 1 OF 1



100% CRYSTAL
SIGN
(800) 691-5571

SIDE 1

DRAIN HOLES REQUIRED

SHC

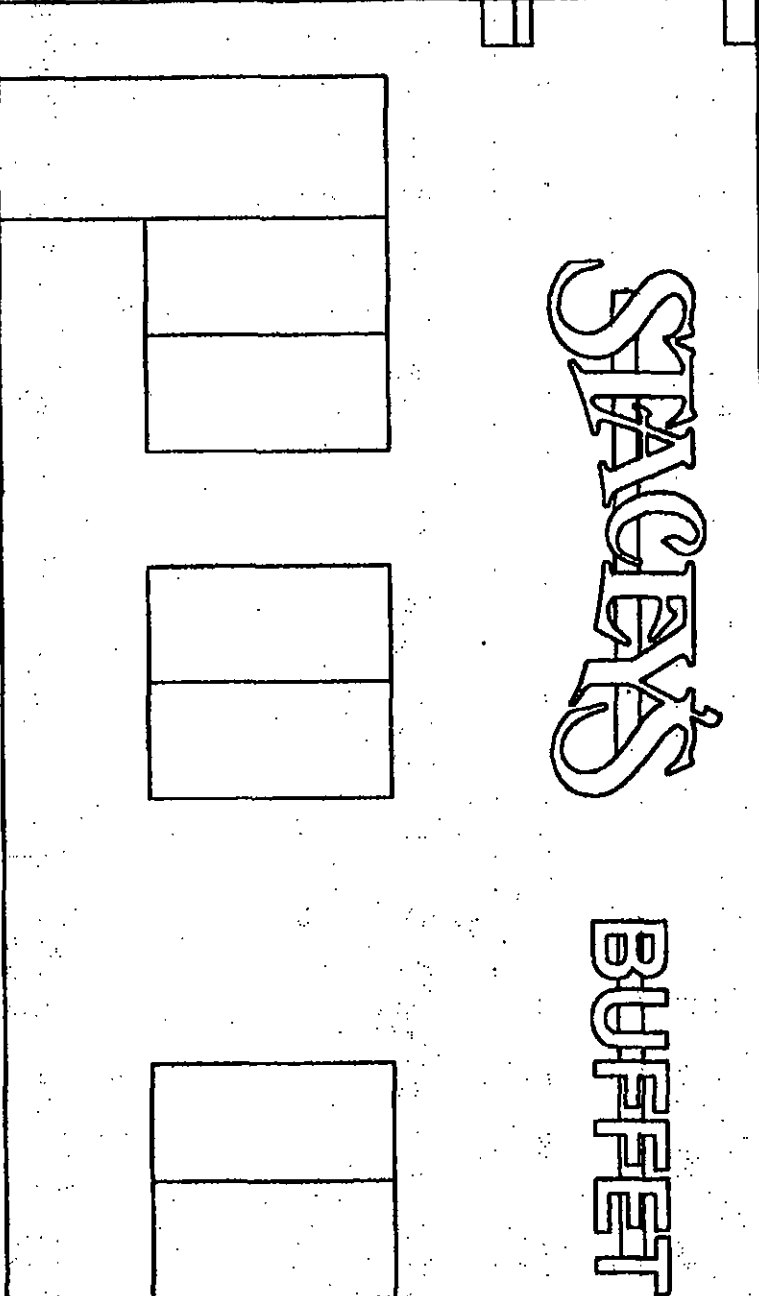
11'-6"

EXISTING

42"

STACEY'S

BUFFET



APPROVED FOR TOWN ONLY

SEAN LUDWIG, TOWN ENGINEER

DATE 3/23/94 Sean Ludwig

WALTON, N.Y.

SIDE ELEVATION
ILLUMINATED CHANNEL LETTERS

NEW "STACEY'S"

FACES: RED LEXAN 2793

RETURNS: RED 5"

JEWELITE: BLUE

RED NEON

USE EXISTING

ON EXISTING

(REPLACE FA

FACES: BLUE

JEWELITE: BL

SCALE: 1/4"=1'-0"

PROJECT NAME:

STACEY'S BUFFET

BRONX, N.Y.

SALESPERSON: CATHY DIXON

DRAWN BY: KAU

DATE: 2-18, 1994

CHECKED BY:

DATE: MAR 4/94

DRAWING # B4103-11-SHOP SHEET 1 OF 1



NEED CHINA ST
(800) 977-5027

LANDLORD APPROVE

100' LINEAL

11'-6"

EXISTING

STACEY'S
BUFFET

Sub APPROVED

APPROVED

LANDLORD

- ☒ APPROVED AS NOTED
- ☐ NOT APPROVED
- ☐ DEVISE & REDESIGN
- ☒ PROCESS FOR CONSTRUCTION

BY SA

DATE

07/1/94

TEENANT

DATE

BY SA
LANDLORD'S APPROVAL OF TENANT SIGNS SHALL BE
NO NOT BE CONSIDERED TO ASSURE OR PROTECT THE
RIGHTS OF THE LEASEE HEREUNDER.

SCALE: 1/4" = 1'-0"

PROJECT NAME

STACEY'S BUFFET

STREETFRONT ELEVATION
ILLUMINATED CHANNEL LETTERS

12" WHITE NEW STACEY'S

FACES: RED
RETURN: RED
JEWEL: BLUE

MOUNTED ON
RACEWAYS

USE EXISTING BUFFER

ON EXISTING RACEWAY

ADD NEW CREPEFACE (FACES)

FACES: BLUE

JEWEL: BLUE

SILVERSTONE CANYON DRON

DATE: 2-19-1994

INTERNATIONAL
DESIGN & DESIGN



1809 RT 33
NEPTUNE, NJ 07754
PHONE 908-988-6161
FAX 908-774-7446

LETTER OF TRANSMITTAL

DATE 3-17-94

NAME _____

METHOD OF TRANSMITTAL

- ☒ MAIL
☐ FAX
☐ OVERNIGHT
☐ UPS
☐ OTHER _____

CO. _____

ADDRESS _____

Constructor Dept
401 Chambersbridge Rd
Brick NJ

FROM Carla Baldwin PHONE _____

☒ ENCLOSURES _____

Sign Permit application

Please call if there is any other
info you need and
when the permit is ready
Thank you!

☐ MESSAGE _____

- ☐ REPLY REQUESTED
☐ NO REPLY NECESSARY

PAGES _____



4/4/94
Permit
sent

1809 RT 33
NEPTUNE, NJ 07754
PHONE 908-988-6161
FAX 908-774-7446

LETTER OF TRANSMITTAL

DATE 3/30/94

NAME Construction Dept

METHOD OF TRANSMITTAL

☒ MAIL

☐ FAX

☐ OVERNIGHT

☐ UPS

☐ OTHER _____

CO. Brick Twp.

ADDRESS _____

FROM Carla Baldwin PHONE _____

☐ ENCLOSURES _____

Please find enclosed check # 15643
in amount of \$109.00 for
Sign Permit

STACEY'S BUFFET
74 BRICK BLVD
BRICK, NJ

☐ MESSAGE _____

Please forward permit to us
in enclosed envelope
Thank you.

☐ REPLY REQUESTED

☐ NO REPLY NECESSARY

PAGES _____