BLOCK 673 LOT 8 C31-8 QUALIFICATION CODE _____ ADDRESS (SITE) 2796 Hooper Ave PERMIT NO. 98-3079

RECEIVED
AUG 28 1998

CONSTRUCTION PERMIT APPLICATION MAIL IN

DIV. OF INSPECTION

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

I. IDENTIFICATION

1. Propsed Work Site at: 2796 Hooper Ave
2. Name of Owner in Fee: PAPA John's Tel. ( ) _____
   Address SAME (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: DVS Sign Sys Tel. (800) 776-7446
   Address 112 Cowa. Dr Burlington
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) _____ FAX ( ) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 46.-		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	2.-		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other ~~ZIA~~	$15		
13.	TOTAL	$ 63.-		

NO FEE REQUIRED APPROVED BY _____ DATE _____

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.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes / no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

COMMERCIAL

SIGN

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building					9-9-98	KM			
3.	☐ Addition									
4.	☐ Alteration		Approved 9/3/98							
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		EVA	9/3/98		N/A				
	TOTAL COSTS	2485								

OPTIONAL (for office use only)

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: SIGN
2. Use Group: R
3. Change in Use Group, Indicate Former:

LDS BR 10207581 INV: 18447

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 *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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

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									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ 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.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/09/98
Control #
Permit # 98-3083

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 673 Lot 8 Qual

Work Site Location 2791 HOOPER AVE PAPA JOHN WALL SIGN
Owner in Fee PAPA JOHN'S BRICK MALL
Address SAME
BRICK, NJ 08723-
Telephone (914)967-8957

Contractor BVS INDUSTRIES
Address 112 CONNECTICUT DR
BURLINGTON, NJ 08016-
Telephone (609)386-0700
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2284450

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
5' X 12' WALL SIGN

PAYMENTS (Office Use Only)

Building	46
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
~~Other~~ 2 63	15
Total 1 63	48
Check No.	2706
Cash	
Collected By	AJP

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 $ 2,485

Construction Official

09/09/98
Date

U.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/31/98
Date Issued 9/19/98
Control # C31-8
Permit # 98-3083

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 Qual
Work Site Location 2791 HOOPER AVE PAPA JOHN WALL SIGN
Owner in Fee PAPA JOHN'S BRICK MALL
Address SAME
BRICK, NJ 08723-
Tele.(914)967-8957
Contractor BVS INDUSTRIES
Address 112 CONNECTICUT DR
BURLINGTON, NJ 08016-
Tele.(609)386-0700 Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2284450

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

5' X 12' WALL SIGN
Anchored Per Sketch

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9-9-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 2,485
3. Total (1+2) $ 2,485

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[X] Sign 46 Sq. Ft.	46
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 46
DCA Training Fee	$ 2

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/31/98
Date Issued 9/9/98
Control # C31-8
Permit # 98-3083

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 Qual
Work Site Location 2791 HOOPER AVE PAPA JOHN
WALL SIGN
Owner in Fee PAPA JOHN'S BRICK MALL
Address SAME
BRICK, NJ 08723-
Tele.(914)967-8957
Contractor BVS INDUSTRIES
Address 112 CONNECTICUT DR
BURLINGTON, NJ 08016-
Tele.(609)386-0700 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2284450

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

5' X 12' WALL SIGN
Anchored Per Sketch

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9-9-98	Em
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 2,485
3. Total (1+2)$ 2,485

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[X] Sign 46 Sq. Ft.	46
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 46
DCA Training Fee	$ 2

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: September 2, 1998 1998 - 1484

Block 673 Lot 8 Zone B-3, H.D.

Property Address: 2791 Hooper Avenue, Brick Mall

Owner: Peter Trahanas (Phone): -----

Applicant: Dee Clemenson (Phone): (609) 386-0100

Existing Use: Vacant retail unit.

Proposed Use: Pizza store.

Proposed Construction (if any): 5' by 12' wall sign, "Papa John's Pizza".

Conditions: Total sign area may not exceed 15% of facade area.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

ZONING PERMIT APPLICATION
(Please type or print NEATLY)

Property Address: 2796 HOOPER, BRICK, NJ

Block: 673 **Lot:** 8

Name of Property Owner: PETER TRAHANAS 4 MANHATTAN AVENUE RYE, NY 10580

Name of person making application: DVS INDUSTRIES- DEE CLEMENSON

Company Name:

Mailing Address: 112 CONNECTICUT DRIVE, BURLINGTON, NJ 08016

Telephone Number: 609-386-0100

Present or Most recent use property (Check One):

____ Vacant Lot ____ Single Family Dwelling ____ Residential Condominium Unit or Apt.

__x__ Commercial (please describe) VACANT STORE IN SHOPPING CENTER

____ Other (please describe)

Proposed Use: ____ Single-Family Dwelling ____ Residential Condo or Apt.

__X__ Commercial (please describe) PIZZA STORE

____ Other (please describe)

COMMERCIAL

Proposed construction (include height and other dimensions of proposed structure or addition; if proposed fence, include type as well as height):

WALL SIGN (5'0" high x 12' wide)

Please submit with application two (2) accurate plot plans either drawn by a surveyor or engineer, or hand-drawn on an 8 1/2" by 11" sheet of paper by the owner of applicant, neatly and to scale. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways.

If approval was granted by the Zoning Board of Adjustment or Planning Board, include a copy of the Resolution.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other municipal approvals and ordinances, and all county, state and federal regulations.

This application will not be accepted unless it is COMPLETELY filled out.

Signature of Applicant Dee Clemenson 9/2/98 **Date** 8/26/98

FACSIMILE TRANSMITTAL

Sender: Dee Clemenson

Phone: 609-386-0100

Fax: 609-386-4173

TO: Allison **OF:** Berlin Twp.

MESSAGE:

Please find attached the addigram which you requested. Please call me with any questions.

Thanks

Dee

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 2796 Hooper Date Rec'd.:
Block: 673 Lot: 8 Date Issued:
Owner in Fee: Peter Trahanas Control #:
Address: 4 Manhattan Ave. Permit #:
Rye, NY 10580
State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: DVS INDUSTRIES
ADDRESS: 112 Connecticut Drive
Burlington, NJ 08016
PHONE: 609-386-0100
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 23-2284450

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Install 5' x 12' Wall Sign

COMMERCIAL

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☒ Sign: Sq. Ft. 46.33
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature: X Dee Clemens

Estimated Cost of Building Work:
New Building (1): $
Alteration / (2): $
TOTAL (1+2): $ $2,485.00
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 673 LOT 8 SITE ADDRESS [illegible]
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ [illegible] Date 9-3-98

Estimated Required Fee $ [illegible]

Required Deposit on Estimate $ _____ Date _____

Check # _____ Receipt # _____

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ 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.

NO FEE REQUIRED

_____

Carol A. Wolfe
Affordable Housing Administrator

APPROVED BY [illegible] DATE [illegible]

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 9-4-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 173 LOT 8 SITE ADDRESS 2791 Hooper Ave

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Sign Paper Johns

APPLICANT DVS Sign Sys CITY & STATE Burlington NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ _____

Frederick R. Millman, CTA, Tax Assessor

_____
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

Frederick R. Millman, CTA, Tax Assessor

_____
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

Date: AUGUST 26, 1998

COMMERCIAL

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 673 Lot: 8

I, DVS INDUSTRIES (name) of 112 CONNECTICUT DRIVE, BURLINGTON, NJ (address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book , Chapter 190.31, part B. The ~~property~~ (please circle one) is / ~~is not~~ located in a flood zone.

Respectfully yours,

DEE CLEMENSON
applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved Date: 9/5/98 By:

Rejected Date: By:

Remarks:

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(732) 262-1042
Fax: (732) 262-8954
http://www.gbshost.com/brick

FAX CORRESPONDENCE

(908) 262-8954

DATE: 8.31.98

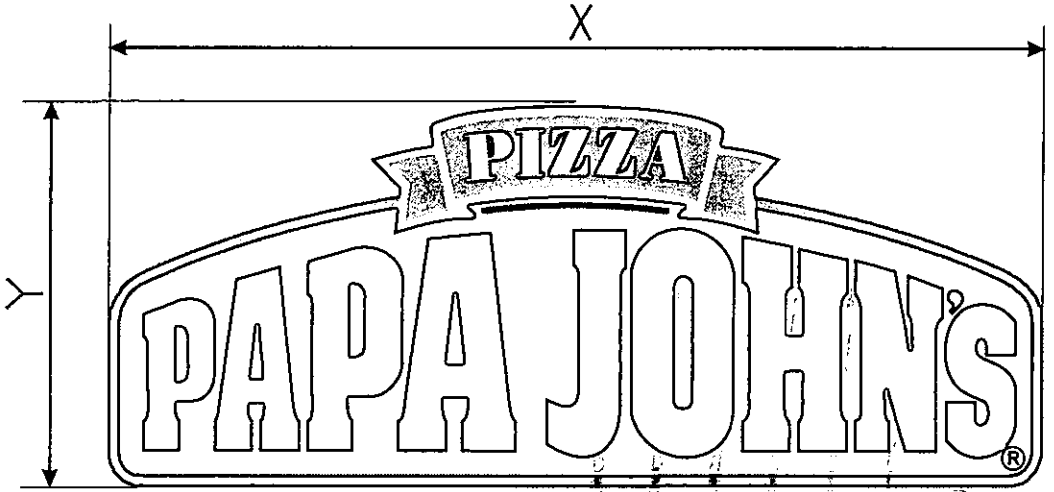
To Fax Number: 609-386-4173 Pages to Follow: 1

Attention: Dee

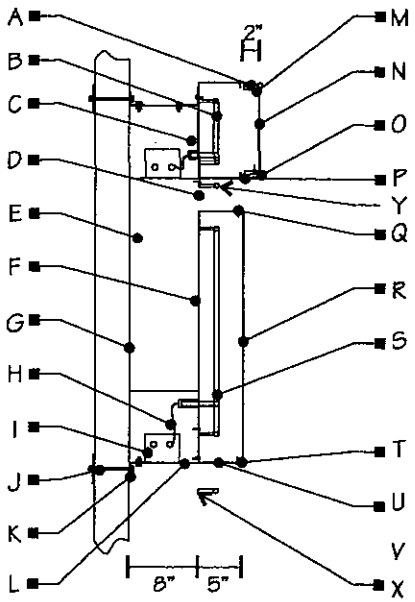
From: Allison - Brick Bldg dept

Message: Re: sign Permit application for Papa Johns Rest. Any questions call me 732-262-1028.

CHANNEL LETTERS MOUNTED ON A RACEWAY



SIDE SECTION VIEW / NOT TO SCALE



A. MCMAHON TUBE SUPPORTS
B. 13mm 6500 WHITE NEON (4 STROKE)
C. PIANO HINGE
D. .063 FACE FINISHED PMS# OO WHITE GRIP-GUARD
E. 1-1/2" x 3/16" ANGLE IRON
F. #12 x 3/4" SCREW
G. .090 SIGN BACK (EXTERIOR FINISHED PMS# 356C GRIP-GUARD)
H. TUF-HIDE 14 AWG, 15,000 VOLTS W/ ELECTRO BITS RECOVERMENT
I. TRANSCO TRANSFORMER
J. ALL-THREAD
K. 90 DEGREE ANGLE CLIP
L. .063 ALUMINUM FINISHED TO MATCH FACADE
M. 1" GREEN JEWELITE TRIM-CAP
N. WHITE LEXAN FACE W/ 3M VIVID GREEN VINYL (230-156) APPLIED TO FACE
O. 13mm CLEAR RED NEON
P. SIGN FACE FINISHED RED TO MATCH SIKKENS COLOR MAP #408-A5
Q. #8 x 3/4" SCREW
R. RED PLEX FACES (#207 ACRYLITE)
S. 13mm CLEAR RED NEON
T. 1" RED JEWELITE TRIM-CAP
U. .040 RETURNS FINISHED PMS#356C GRIP-GUARD
V. 13mm GREEN NEON SURROUND
X. 2-1/2" GREEN PAINTED BORDER ON FACE TO BE PMS #356C GRIP GUARD.
Y. 15 mm GREEN NEON (UNDER "PIZZA")

ENTIRE SIGN BUILT TO U L SPECIFICATIONS

OPTIONAL SIZES	ACTUAL SQ. FT.
3' x 7'-6"	16.7
4' x 10'	29.7
5' x 12'-6"	46.33
6' x 15'	66.82
8' x 20'	118.80

DVS Sign Systems from Coast to Coast
112 Connecticut Drive, Burlington, NJ 08016
Ph.: 609 386-0100 or 800 778-7445
Fax: 609 386-1108
dvsign@hotmail.com

DVS INDUSTRIES / PHONE: 609-386-0100 FAX: 609-386-1108

6/98

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		9-9-95	FM
Fire			
Energy			
Electrical			

DVS

Sign Systems from Coast to Coast

August 27, 1998

Attn: Building Department
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030 (Phone)
732-262-8954 (Fax)

COMMERCIAL

Re: Papa John's
2796 Hooper
Brick, NJ

To Whom It May Concern:

Please find enclosed my permitting paperwork for the above location. Due to a projected opening date in early September, my customer would like to expedite the permitting process.

I hope that I have included everything which you require, if not please do not hesitate to call me at 800-776-7446. If possible, could

My customer would like to install a 5' x 12' wall sign on the store front.

I have provided you with two (2) copies of the following:

1. Color drawing showing proposed signage
2. Section detail of the signage

Per my conversation with Allison (Brick Twp), 732-262-1028, the electrical permit on file (contract #C19-8) includes the signage on it.

I have also included a check in the amount of $75.00 to cover the cost of the permits.

Thank you in advance for your prompt attention in regards to this matter.

Sincerely,

Dee Clemenson

Dee Clemenson
Senior Project Manager
DC/mh

112 Connecticut Drive, Burlington, NJ 08016 **Phone**: 800 776-SIGN (7446) or 609 386-0100
Fax: 609 386-1108 **Web Site**: www.dvssign.com

CONSTRUCTION PERMIT APPLICATION

BRICK TOWNSHIP, NEW JERSEY

IMPORTANT — Complete ALL items. Mark boxes where applicable

I. LOCATION OF BUILDING

Number and street	Section	Lot	Block
2796 HOOPER, BRICK, NJ		8	673

N S
E W side of ..... ; ..... feet N S E W from intersection of .....
(Other local geographic, political, or legal subdivision identification)

II. TYPE AND COST OF BUILDING — All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT

1 ☐ New buildings
2 ☒ Addition (If residential, enter number of new housing units added, if any, in Part D, 13) WALL SIGN
3 ☐ Alteration (See 2 above)
4 ☐ Repair, replacement
5 ☐ Demolition
6 ☐ Moving (relocation)
7 ☐ Garage
☐ Swim Pool ☐ in ☐ out
☐ Fence

B. OWNERSHIP

8 ☐ Private (individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE — For "Wrecking" most recent use

Residential
12 ☐ One family
13 ☐ Two or more family — Enter number of units .....
14 ☐ Transient hotel, motel, or dormitory — Enter number of units .....
15 ☐ Garage
16 ☐ Carport
17 ☐ Other — Specify .....

Nonresidential
18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public utility
26 ☐ School, library, other educational
27 ☐ Stores, mercantile
28 ☐ Tanks, towers
29 ☒ Other - Specify PIZZA STORE

C. COST

	(Omit cents)
10. Cost of improvement	$ 2,485
To be installed but not included in the above cost	
a. Electrical (# Fixtures, Outlets)	
b. Plumbing (# of Fixtures)	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 2,485

Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING —

For new buildings and additions, complete Parts E - I; for wrecking, complete only Part H, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME

☒ Masonry (wall bearing)
☐ Wood frame
☐ Structural steel
☐ Reinforced concrete
☐ Other - Specify .....

F. TYPE OF HEATING SYSTEM

Specify .....
Air Cond. Yes ☐ No ☐

G. TYPE OF SEWERAGE DISPOSAL

☐ Public
☐ Individual

H. DIMENSIONS

Number of stories .....
Total square feet of floor area, all floors, based on exterior dimensions .....
Total land area, sq. ft. .....

I. RESIDENTIAL BUILDING ONLY

Number of bedrooms .....
Number of bathrooms { Full ..... Partial .....

FEE COMPUTATIONS

VOLUME OF BUILDING	
BUILDING SUB CODE	
ELECTRICAL CODE	
PLUMBING CODE	
PLAN REVIEW	
CERTIFICATE OF OCCUPANCY	
STATE TRAINING FUND	
CONSTRUCTION	
PERMIT FEE	

SEE REVERSE

SUB CONTRACTORS

NAME	TRADE	ADDRESS	ZIP CODE	PHONE #
1. DVS INDUSTRIES	SIGN	112 CONNECTICUT DR. BURLINGTON, NJ	08016	609-386-0100
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME DEE CLEMENSON DVS INDUSTRIES

ADDRESS 112 CONNECTICUT DRIVE, BURLINGTON, NJ 08016

IV. IDENTIFICATION — To be completed by all applicants

	Name	Mailing address — Number, street, city, and State	ZIP code	Tel. No.
1. Owner Agent	PETER TRAHANAS	4 MANHATTAN AVENUE RYE, NY 10580		
2. Contractor	DVS INDUSTRIES	112 CONNECTICUT DRIVE BURLINGTON, NJ 08016		609-386-0100
3. Architects				

The owner of this building and the undersigned agree to conform to all applicable laws of Township of Brick and that all required state, county and local prior approvals have been given.

Signature of applicant	Address	Application date
Dee Clemen	112 CONNECTICUT DRIVE, BURLINGTON,	NJ 8/26/98

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Approved by	Date permit issued	Permit Number

I agree to construct said building in conformity with the plans and specifications filed with the Construction Official and in compliance with the provisions of the Building Code whether shown on plans or not.

609-386-0100

FROM THE DESK OF
MICHELE HASSAN

Papa John
3191 Hooper Ave

TO:
DATE: 9.11.98

sign permit

Please find enclosed our check for payment of application fees.

Please forward permits to:

Michele Hassan
DVS Industries
112 Connecticut Drive
Burlington, NJ 08016

98-3044

9/9/98

673 98-3083 5'x18' wall sign

DVS INDUSTRIES, INC.
BURLINGTON, NJ 08016

TOWNSHIP OF BRICK

DATE
9/11/98

CHECK NUMBER
204677

0204677

INVOICE NUMBER	DATE	AMOUNT	DISCOUNT	NET AMOUNT
PERMITS	98-615	$63.00		

09/14/98
permit was already issued when this check was mailed in - was returned to company attn: Michele HASSAN

A ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER & HAS A MICROPRINTED BORDER B

DVS INDUSTRIES, INC.
OPERATING ACCOUNT
112 CONNECTICUT DRIVE
BURLINGTON, NJ 08016

COMMERCE BANK/SHORE, N.A.
MOUNT LAUREL, NEW JERSEY
55-132/312

0204677

*****SIXTY THREE DOLLARS AND NO CENTS********

DATE	AMOUNT
9/11/98	$63.00

PAY TO THE ORDER OF

TOWNSHIP OF BRICK

[redacted]

THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW B

returned this check to on 9-14-98

Attn: Michele Hasson

it was stapled to inside of jacket folder wrong ont.

DVS INDUSTRIES, INC.
BURLINGTON, NJ 08016

TOWNSHIP OF BRICK

0204514

INVOICE NUMBER	DATE	AMOUNT	DISCOUNT	NET AMOUNT
PERMITS 98-615		$75.00		

DATE
8/26/98

CHECK NUMBER
204514

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER & HAS A MICROPRINTED BORDER

DVS INDUSTRIES, INC.
OPERATING ACCOUNT
112 CONNECTICUT DRIVE
BURLINGTON, NJ 08016

COMMERCE BANK/SHORE, N.A.
MOUNT LAUREL, NEW JERSEY
55-132/312

0204514

******SEVENTY FIVE DOLLARS AND 00/100**********

PAY TO THE ORDER OF TOWNSHIP OF BRICK

DATE 8/26/98

AMOUNT $75.00

[redacted]

TO VIEW

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: _____ Date Rec'd.: _____
Block: _____ Lot: _____ Date Issued: _____
Owner in Fee: _____ Control #: _____
Address: _____ Permit #: _____

State: _____ Zip: _____ Phone: (____) _____
SS #: _____ Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: _____
ADDRESS: _____

PHONE: _____
LIC #: _____
LIC. EXPIRATION DATE: _____
FEDERAL EMP. # (or S.S. #): _____

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
_____	Water Closet
_____	Urinal / Bidet
_____	Bath Tub
_____	Lavatory
_____	Shower
_____	Floor Drain
_____	Sink
_____	Dishwasher
_____	Drinking Fountain
_____	Washing Machine
_____	Hose Bibb
_____	Gas Piping
_____	Fuel Oil Piping
_____	Water Heater
_____	Steam Boiler
_____	Hot Water Boiler
_____	Sewer Pump
_____	Interceptor / Separator
_____	Backflow Preventer
_____	Greasetrap
_____	Water Cooled AC or Refrig. Unit
_____	Sewer Connection
_____	Septic (Disposal System) Closure
_____	Water Service Connection
_____	Gas Service Connection
_____	Active Solar System
_____	Vent Through Roof
_____	Other

Estimated Cost of Plumbing Work: $ _____
Signature: _____

Owner ☐ Contractor ☐
SUBCODE APPROVAL: _____
PLANS: Required ☐ Approved ☐
Approved by: _____
Date: _____
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: _____
ADDRESS: _____

PHONE: _____
LIC #: _____
LIC. EXPIRATION DATE: _____
FEDERAL EMP. # (or S.S. #): _____

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories: _____
Height of Structure: _____
Area - Largest Floor: _____
New Building Area / All Floors: _____
Volume of Structure: _____ Total Land Disturbed: _____
Signature: _____

Estimated Cost of Building Work:
New Building (1): $ _____
Alteration (2): $ _____
TOTAL (1+2): $ _____
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by: _____
Date: _____

COUNTER FORM

PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #.: EXP. DATE:

FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
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 w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $

Signature (print name):

Estimated Cost of Electrical Work: $

Signature (print name):

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #.: EXP. DATE:

FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

Heating Sys: ☐ New ☐ Existing

Location of Furnace / Boiler

Water Supply Source		
Method of Valve Supervision		
Local Alarm Supervision		
Central Supervsion		
Proprietary Supervision		
Flammable Liquip Storage Tanks	Capacity:	Fuel:
Combustable Liquid Storage Tanks	Capacity:	Fuel:
L.G.P. Storage Tanks	Capacity:	Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $

Signature:

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date: