



CONSTRUCTION PERMIT

Date Issued 4/15/19
Control # C-18-004263
Permit # 19-0893

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor WILLIAM H. YEOMANS INC
Address 143 ROSELAND AVE CALDWELL NJ 07006
Owner in Fee FEDERAL REALTY INVESTMENT TRUST % Telephone: (973) 228-2995
PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX Lic. No. or Bldrs. Reg. No. _____
76092 Federal Employee. No. _____
Telephone: _____

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:

ALTERATION - COMMERCIAL - PNC BANK ...INSTALL DRIVE-UP ATM IN OUTER
DRIVE-THRU LANE & REMOVE SAME @ BUILDING

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 \$27,000

D. J. [Signature]
Construction Official

3/11/19
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$1,000
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$51
CO Fee	
Other	\$0
Total	\$1,201
Check No.	<u>21376</u>
Cash	\$0
Credit	\$0
Collected By	<u>m. fagan</u>

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.



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 671 Lot 1.01 Qualification Code _____

Work Site Location PNC Bank
50 Chamberbridge Rd Brick NJ

Owner in Fee: PNC Bank

Tel: (732) 477-2148 e-mail _____

Address 50 Chambers Bridge Rd Brick NJ 08724

Contractor: WH Yeomans Inc Tel: (973) 228-2995

Address 143 Roseland Ave e-mail _____

Caldwell NJ 07006

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

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 221891620 FAX: (973) 228-9105

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date _____

Initial _____

INSPECTIONS

Failure _____

Dates (Month/Day)

Approval _____

Initial _____

☒ All ☐ No Plans Required 02/11/19 Heck Footing _____

☐ Footings/Foundations _____ Footing Bonding _____

☐ Structural/Framework _____ Foundation _____

☐ Exterior _____ Slab _____

☐ Interior _____ Frame _____

☐ Joint Plan Review Required: _____ Truss Sys./Bracing _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____ Barrier-Free _____

☐ SubCODE APPROVAL for PERMIT 02/11/19 Heck Insulation _____

☐ SubCODE APPROVAL for CERTIFICATE _____ Finishes -Base Layer _____

☐ CO ☐ CCO ☐ CA _____ Finishes -Final _____

Date: _____ Mechanical _____

Approved by: _____ TCO _____

Barrier-Free _____ Other _____

Final _____

Approved by: _____

B. BUILDING CHARACTERISTICS

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

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work: _____

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+ 2) \$ _____

Max. Occupancy Load _____

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: _____

Print name here: James Perrier

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of Drive up ATM in outer drive through lane.

Removal of Drive up ATM at building.

COMMERCIAL

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ 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 \$ _____

Date Received
Control #
Date Issued
Permit #
4/15/19
19-0893



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 671 Lot 1.01 Qualification Code _____

Work Site Location PNC Bank Plaza

56 Chambers Bridge Rd. Brick, NJ

Owner in Fee: PNC Bank e-mail _____

Tel. (732) 477 2148

Address 30 Chambers Bridge Rd. Brick NJ zip code 08724

Contractor: E & M O'Hara, Inc.

Address 144 Main Street Tel. () ()

West Orange, NJ 07052 e-mail _____

Contractor License No. 973-325-3626 Exp. Date _____

Lic. 16744

22-1733769

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed B

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 7,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required 6/15/19 Type: _____

[] Partial -Underslab Utilities Approved _____

Date: _____ Approved by: _____

[] Electric Plans Approved _____

Date: 6/15/19 Approved by: ATC

Joint Plan Review Required: _____

[] Bldg. [] Plumb. [] Fire. [] Elev. _____

SUBCODE APPROVAL for PERMIT _____

Date: 6/15/19 _____

Approved by: ATC _____

SUBCODE APPROVAL for CERTIFICATE _____

[] CO [] CCO [] CA _____

Date: _____

Approved by: _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

INSPECTIONS

Dates (Month/Day)

Failure Approval Initial

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: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Drive up Aprn

QTY. SIZE ITEMS

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FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____