BLOCK 1149 LOT 4 QUALIFICATION CODE C27-11 ADDRESS (SITE) 133 Van Zile Rd Brick, NJ PERMIT NO. 03-1218

called 4/2/3

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Sit
2. Name of Owner ir
   Address
3. Ownership in Fee
4. Principal Contract
   Address
   License No. OR,
   Federal Employee
5. Architect or Engir
   Address
6. Responsible Pers
   Tel. ( )

Block: 1149 Lot: 4

Proposed Work Site: 133 Van Zile Rd

Owner in Fee: Wachovia

Address: 401 S Tryon St, 18th Flr, Charlotte, NC 28202

Tele: 704-383-3572

Ownership in Fee: Public: Private: X

Principal Contractor: NW Sign Industries

Address: 360 Crider Ave, Moorestown, NJ 08057

Tele: (800) 998-6366 Fax: (856) 802-0412

Federal Employee No.: 22-3176338

Responsible Person in Charge of Work: Andrew Poole

Tele: (856) 802-1677 Fax: (856) 802-0412

285353

510

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	77		
2. Electrical		35		
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				
13. TOTAL	$	114		

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

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			3/26		3-31-03	LF			
3. ☐ Addition									
4. ☒ Alteration	1750								
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	200				4203	W			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1950								

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

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.

(X) Check if contractor.

Agent Name: NW Sign Industries

Address: 360 Crider Ave
Moorestown, NJ 08057

Telephone: (800) 998-6366

Signature Daryl Brietman

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

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/8/03
Date Issued
Control #
Permit # 03-1218

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

Block _____ Lot _____

Work Site Location _____

Owner in Fee _____

Address _____

Tele. (_____) _____

Contractor _____

Address _____

Tele. (_____) _____

Lic. No. or Bldrs. Reg

Federal Emp. No. _____

Block: 1149 Lot: 4

Proposed Work Site: 133 Van Zile Rd

Owner in Fee: Wachovia

Address: 401 S Tryon St, 18th Flr, Charlotte, NC 28202

Tele: 704-383-3572

Contractor: NW Sign Industries

Address: 360 Crider Ave, Moorestown, NJ 08057

Tele: (800) 998-6366 Fax: (856) 802-0412

Federal Employee No.: 22-3176338

285353

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.

Daryl Bucklin
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SU drawings
Sign

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	3-31-03	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[X] Sign 76.13 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Alteration $ 1750
3. Total (1+2) $ 1750

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/8/03
Date Issued
Control #
Permit # 03-1218

CH-1

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING

CONTRACTORS, NOTIFY

Block 1149 Lot 4

Work Site Location 133 Van Zile Rd

Owner in Fee/Occupant Wachovia

Address 401 S Tryon St, 18th Flr, Charlotte, NC 28202

Tele. 704-383-3572

285353

Contractor PITTMAN ELECTRIC SERVICE

Address 609 HOWARD AVE
PITTMAN NJ 08071

Tele. (856) 589-6441 Fax ( ) _____

Lic. No. 12356

Federal Emp. No. 22-2721761

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 300-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 4 2 03

Approved by: MM

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

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.

Lee Allen

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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/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	
2	1	KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge $ _____

Minimum Fee $ _____

DCA Training Fee $ _____

TOTAL FEE $ _____

U.C.C. F120 (rev. 3/96)

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

NW SIGN INDUSTRIES

360 Crider Avenue
Moorestown, NJ 08057
Phone: 856-802-1677
Fax: 856-802-0412

Letter Of Transmittal

To:

Brick Township Clerk
401 Chambersbridge Rd.
Brick, NJ 08724

Attn:

Phone: 732-262-1001

Date	4/4/2003	***Job No.***	3930
			285353

Re:	Laurelton Office 133 Van Zile Rd		
	Brick	NJ	08724

We Are Sending You:

Copies	***Dwg. Date***	***Dwg. No.***	***Description***
			Check # 52700 Amount:$114.00

Remarks

Please find enclosed our check # to pay for the sign permits for the above referenced location.

Please forward the permit hard copy via the Fed Ex envelope enclosed for your convenience.

When the permit is ready to be picked up. Please contact me at 800-998-6366 and I will arrange for the pick up by Fed Ex.

Thank you for your help processing this permit.

- ☐ *For Approval*
- ☒ *For Your Use*
- ☒ *As Requested*
- ☐ *For Bid Due*
- ☐ *Response Requested*
- ☐ *Returned for Corrections*
- ☐ *For Review*
- ☐ *For Your Records Only*
- ☐ *Other*

CC:

Sender: *Daryl Brickman*

Project Manager

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/08/2003
Control #
Permit # 03-1218

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1149 Lot 4 Qual

Work Site Location 133 VAN ZILE RD
SIGN
Owner in Fee WACHOVIA
Address 401 S TRYON ST 18TH FLOOR
CHARLOTTE, NC 28202-
Telephone (704)383-3572

Contractor N.W. SSIGN INDUSTRIES
Address 6985 AIRPORT HWY LANE
PENNSAUKEN, NJ 07710-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3176338

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

PAYMENTS (Office Use Only)

Building	77
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	114
Check No.	52700
Cash	
Collected By	TL

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 $ 2,050

Construction Official

04/08/2003
Date

04/08/03 1:47PM 000000088927
#1218 BUILDING $77.00
ELECTRIC $35.00
DCA $2.00
**TOTAL $114.00
CHECK $114.00
CHANGE $0.00
XX04 SERV.004

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