BLOCK 701 LOT 7.18 QUALIFICATION CODE ______ ADDRESS (SITE) 668 Rt 70 PERMIT NO. 98-1292

C20-11

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY

2/27/98 received 3/20/98

Fire to be Removed

668 Rt. 70 ZOLC

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

I. IDENTIFICATION

SHOPRITE #641 RT. 70 & Chambers Bridge Rd.

1. Proposed Work Site at: ______
2. Name of Owner in Fee: INTERNATIONAL BANKING TEC. Tel. (770) 381-2023
   Address 1770 INDIAN TRAILS RD. (street) NORCROSS GA. (municipality) 30093 (zip code)
3. Ownership in Fee: Public ______ Private X
4. Principal Contractor: SIERRA CONT Tel. (330) 2253543
   Address 2472 PEARL RD MEDINA OHIO 44256
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. 341794645 FAX: (330) 2251107
5. Architect or Engineer ______ Tel. (330) 225-3543
   Address ______
6. Responsible Person in Charge of Work DANIEL WORNY
   Tel (516) 659-0735 FAX (330) 225-1107

interior alteration

V. FEE SUMMARY (for office use only)

			+A Update	+B Update
1. Building	$	1010.–	35.–	
2. Electrical				94
3. Plumbing				
4. Fire Protection		35.–		
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		32.		2.
10. Subtotal				
11. Cert. of Occupancy				
12. Other ZPA		$15		
13. TOTAL	$	1092	35.	96.

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

FINAL APPROVAL

COMMERCIAL

A.H.S.T. – MAY

II. PROPOSED WORK

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		LMP	2/27/98		4-1-98	B.M.	7-10-98		ohr
2. ☐ New Building									
3. ☐ Addition									
4. ☒ Alteration					4/8/98	JE	7/14/98		ohr
5. ☐ Fire Protection									
6. ☐ Plumbing						Elec	7/16/98		ohr
7. ☒ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		GWG	3/24/98		3/24/98	DL			
TOTAL COSTS	$40,000.00								

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 ______

☒ NON-RESIDENTIAL
1. State Specific Use: BANK INSIDE SHOP RITE
2. Use Group: B
3. Change in Use Group, Indicate Former: ______

LDS BR 10408801

APPROVAL

4-8-98 pulled all #3 on jacket would not get through

Lot

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fe

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 cons pancy. This dwelling is to be occupied by myself and is not to residential use. I attest that all construction, plumbing, or electric by subcontractors under my supervision, in accordance with all a new home is not covered under the New Home Warranty and I and that such fact shall be disclosed to any person purchasing t of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDG THE WORK DONE ON SAID PROPERTY, THE CONDITION AFTER ANY WORK PERFORMED, AND FOR THE PERFORM PLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MA VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPON

B. ( ) I further certify the following as required by the New Jersey Unif

I personally prepared the plans submitted for: 1) the new hon renovation, or repair to an existing single family residence ownec erty listed on Page 1; or, 3) a new structure that will be physicall existing single family residence that is owned and occupied by m

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.

X 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 ROBERT W. BARR

Address 1770 INDIAN TRAIL RD

NORCROSS GA 30093

Telephone (770) 381 2023

Signature ______________

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

3/2/98 left message - Lisa

1) need property owner or county ok

2) ~~[illegible]~~

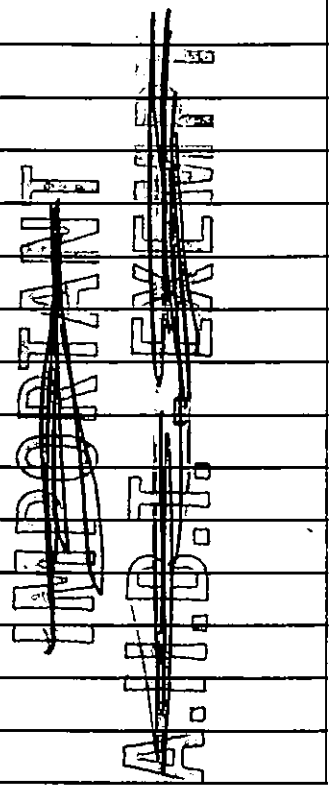
3) fire tech: ~~[illegible]~~ fill out tech

4) sign inside jacket

U.C.C. F100-2 (rev. 3/98)

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. 1292	7/22/98			
☐ Lead Abatement Clearance Certificate	No.				

CERTIFICATE

Date Issued 7-22-98
Control #
Permit # 98-1292

IDENTIFICATION

Block 701 / Lot 7
Work Site Location 668 Route 70

Owner in Fee International Banking Tec.
Address 770 Indian Trails Rd.
Norcross, Ga. 30093
Tele. ( )
Contractor Sierra Cont.
Address 2472 Pearl Rd.
Medina, Ohio 44256
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group B
Maximum Live Load
Description of Work/Use:

CFS Bank at Shop Rite

Interior alteration

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** xxx☑ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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 OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

K Chiazza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

PERMIT UPDATE

UNIFORM CONSTRUCTION CODE

Date Update Issued
Control #
Permit #
Date Permit Issued 98-1292-A

IDENTIFICATION Block 701 Lot 7, 8-15
Work Site Location Shop Rite Rt 20 + Chambers Bridge Rd
Owner in Fee International Banking
Address 1770 Indian Trials Rd Norcross GA. 30293
Tele. (770 - 225 - 3543

Contractor Sierra Contractors
Address 2472 Perry Rd Medina Ohio
Tele. (330 - 225 - 3543
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 341792616445
or Social Security No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: Revision

Estimated Cost of Work $ No Cost Change.

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	35 —
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	35 —
Check No.	
Cash	
Collected By:	

U.C.C. Form F-190B

1 WHITE – INSPECTOR COPY 2 CANARY – OFFICE COPY 3 PINK – OFFICE COPY 4 GOLD – APPLICANT COPY

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/06/98
Control #
Permit # 98-1292

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 701 Lot 7

Work Site Location 688 RT 70 & CHAMBERS BRIDGE
INTERIOR ALTERATION
Owner in Fee INTERNAT'L BANKING/SHOP RITE
Address 1770 INDIAN TRAILS RD
NORCROSS, GA 30093-0000
Telephone (770)381-2023

Contractor SIERRA CONTRACTORS
Address 2472 PEARL RD
MEDINA, OO 44256-
Telephone (330)225-3543
Lic. No. or Bldrs. Reg. No. _____ Exp. Date / /
Federal Emp. No. 34-1794645
or Social Security No. _____

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
INTERIOR ALTERAITON

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 $ 40,010

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	1,010
Electrical	0
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	32
Cert. of Occ.	0
Other 2nd 15	
Total 1042	1,077
Check No.	1525
Cash	
Collected By:	AJP

516-6540735 - Daniel Wolny
3 wks 9/0.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 5/6/98
Control #
Permit # 98-1292

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

Block 70 Lot 7-8-15
Work Site Location SHOP RITE #641 RT 70 + CHAMBERS BRIDGE RD 641 RT. 70
Owner in Fee INTERNATIONAL BANKING TEC
Address 770 ~~[illegible]~~ GE INDIAN TRAIL RD. NORCROSS GOERGIA 30093
Tele. (770) 381 2023
Contractor Huff Electric, Inc.
Address 17 First St. No. Arlington, NJ. 07031
Tele. (201) 998-8656 Fax 201-998-8964
Lic. No. 3988
Federal Emp. No. 22-2257411 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [X] New [ ] Existing
Type: [ ] Gas [ ] Oil [X] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ _____ [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 4/8/98
Approved by: _____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS:

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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.

Robert J. Huff
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	5 EXISTING	
Dry Sprinkler Heads		
TOTAL		65-
Smoke Detectors	CHANGING EXISTING CHROME HEADS TO WHITE CONCEALED	
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Plan Review		35

COMMERCIAL

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/19/98
Date Issued
Control #
Permit # 98-1292

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-282-1000

Block 701 Lot 7, 8-15
Work Site Location SHOP RITE #641 RT. 70 & CHAMBERS BRIDGE RD
644, Rt. 70
Owner in Fee INTERNATIONAL BANKING TEC.
Address 1770 INDIAN TRAILS RD NORCROSS GA. 30093
Tele. (770) 381-2023
Contractor SIERRA CONTRACTORS
Address 2477 PERRI RD MEDINA OHIO 44256
Tele. (330) 225-3543
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 341794645 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[X] All	4-7-98	FM	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab			Not to plan	
[ ] Frame			Frame			6/18/98	
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [X] CA			TCO				
Date: 6/10/98			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
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 $ 40,000.00
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL MILLWORK + SOFFIT TO CREATE AN INSTORE BANK

COMMERCIAL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-1106 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 701 Lot 7
Work Site Location 668 Route 70
Brick, NJ 08723
Owner in Fee/Occupant Foodarama Supermarkets / Bank in Shoprite
Address 668 Route 70
Brick, NJ 08723
Tele. (732) 477-7906
Contractor Haff Electric, Inc.
Address 17 Forest Street
North Arlington, NJ 07031
Tele. (201) 998-8656 Fax (201) 998-8964
Lic. No. 3988
Federal Emp. No. 22-2251411

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 5,600.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 5-15-98
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
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.

Robert J. Haff
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
16		Lighting Fixtures
20		Receptacles
6		Switches
		Detectors
		Light Poles
1		Motors—Fract. HP Exh.
		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
1	2	KW Central A/C Unit TON
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
1	100A	AMP Subpanels SØ
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
F	40	Exhaust
		.....

FEE (Office Use Only)

MAY 15 98 0 0 4 2 6 4

TOTAL NUMBERS	$	40-
KW Central A/C Unit TON		9-
AMP Subpanels SØ		40-
Administrative Surcharge	$	
CK 9175 Minimum Fee	$	89-
DCA Training Fee	$	4-
RPF TOTAL FEE	$	93-

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

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

Block

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7-14-98
Date Issued
Control #
Permit # 98-1292+B

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

Block 701 Lot 17

Work Site Location SHOP RITE RT 70 & CHAMBERBRIDGE RD.
BRICK TOWN N.J. (A BANK)

Owner in Fee/Occupant I B T

Address 1770 INDIAN TRAIL
NORCROSS GA 30039

Tele. (770) 381-2023

Contractor A-2 ELECTRIC

Address 900 ORANGE AVE
CRANFORD N.J.

Tele. (908) 272-4941 Fax ( )

Lic. No. 6946

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed X

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

Building Occupied as X Utility Co. X

Est. Cost of Elec. Work $ 2,000.00 JOB TYPE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[1] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[X] Elec. Plans Approved		
Date: 7-9-98		
Approved by: 6455		

INSPECTIONS		Dates (Month/Day)		
Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final		98-0716 MM 6455		

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 980716

Approved by: 6455

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's Signature/Contractor's Seal and Signature

[V] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
11		Lighting Fixtures
40		Receptacles
3		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
1		BURGLAR
		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
1	5	KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
1	100	AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

	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	

Administrative Surcharge	$	94.-
Minimum Fee	$	
DCA Training Fee	$	2.-
TOTAL FEE	$	96.-

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/05/98
Date Issued 01/01/54
Control #
Permit # 98-1292+A

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

Block 701 Lot 7
Work Site Location 688 RT 70 & CHAMBERS BRIDGE
REVISE PLANS
Owner in Fee INTERNAT'L BANKING/SHOP RITE
Address 1770 INDIAN TRAILS RD
NORCROSS, GA 30093-0000
Tele.(770)381-2023
Contractor SIERRA CONTRACTORS
Address 2472 PEARL RD
MEDINA, OO 44256-
Tele.(330)225-3543
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 34-1794645
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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REVISION FROM ORIGINAL PLANS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-9-98	FM
[ ] 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				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		4
[ ] Roofing		
[ ] Siding		
[ ] Fence 0	Height (6' or over)	0
[ ] Sign 0	*Sq. Ft.*	0
[ ] Pool		0
[ ] Asbestos Abatement		0
[ ] Other		0
Other		0
[ ] Demolition		0

B. *BUILDING CHARACTERISTICS*

Use Group Present Proposed M
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 $ 100
3. Total (1+2)$ 100

Industrialized Building:
[ ] State Approved
[ ] HUD

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 31
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

U.C.C. Form F-110B

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 23, 1998 1998 - 0276

Block 701 Lot 7 Zone B-3, H.D.

Property Address: 644 Route 70

Owner: Vornado Realty Trust (Phone): ----

Applicant: Daniel Wolny: Sierra Contractors (Phone): (330) 225-3543

Existing Use: Shop-Rite

Proposed Use: Shop-Rite

Proposed Construction (if any): Interior alteration for bank offices; CFS Bank.

Conditions: Interior work only.

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: 644 Rt. 70, BRICK
SW/PIKE RT 70 & CHADDERS BRIDGE RD.

Block: 701 Lot: 7.8

Name of Property Owner: VORNADO REALTY TRUST, SADDLEBROOK, NJ 07663

Name of person making application: DANIEL WOLNY

Company Name: SIERRA CONTRACTORS

Mailing Address: 7472 PEARL RD MEDINA OHIO 44256

Telephone Number: 330 725-3543

Present or most recent use property(Check One): _____ Vacant Lot

_____ Single Family Dwelling _____ Residential Condominium Unit or Apt.

X Commercial (Please Describe) GROCERY STORE

_____ Other (Please Describe) _____

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

X Commercial (Please Describe) INTERIOR ALTERATION TO CREATE A BANK INSIDE STORE

_____ Other (Please Describe) _____

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

Interior alteration to create a bank inside store

Please submit with application 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 or 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 _____ Date 27 Feb 98

Received by Zoning Office: Date 3/23 Complete ✓ -Incomplete _____

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:
TOWNSHIP OF BRICKTOWN
401 CHAMBERS BRIDGE ROAD
BRICKTOWN, NJ 08723

INSURED:
SIERRA CONTRACTORS INC
2472 PEARL RD
MEDINA, OH 44256

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)	
LIABILITY	92-PR-354206-0001	08-18-97	06-15-98		
[X] Liability and Medical Expense	NATIONWIDE MUTUAL			Any One Occurrence..... $	2,000,000
[X] Personal and Advertising Injury	INSURANCE CO.			Any One Person/Org ..... $	2,000,000
[X] Medical Expenses				ANY ONE PERSON ..... $	5,000
[X] Fire Legal Liability				Any One Fire or Explosion $	50,000
				General Aggregate* ..... $	2,000,000
				Prod/Comp Ops Aggregate* . $	2,000,000
[ ] Other Liability					
AUTOMOBILE LIABILITY					
[ ] BUSINESS AUTO				Bodily Injury (Each Person) ..... $	
[ ] Owned				(Each Accident) ..... $	
[ ] Hired				Property Damage	
[ ] Non-Owned				(Each Accident) ..... $	
				Combined Single Limit .... $	
EXCESS LIABILITY	92-CU-354206-3001	08-18-97	06-15-98	Each Occurrence ..... $	3,000,000
	Nationwide			Prod/Comp Ops/Disease	
[X] Umbrella Form	Insurance Co.			Aggregate* ..... $	3,000,000
				STATUTORY LIMITS	
[ ] Workers' Compensation and				BODILY INJURY/ACCIDENT ... $	
				Bodily Injury by Disease EACH EMPLOYEE ..... $	
[ ] Employers' Liability				Bodily Injury by Disease POLICY LIMIT ..... $	

Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail 15 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the company, its agents, or representatives.

DESCRIPTION OF OPERATIONS/LOCATIONS VEHICLES/RESTRICTIONS/SPECIAL ITEMS

Effective Date of Certificate: 08-15-1997
Date Certificate Issued: 12-10-1997

Authorized Representative: CARL M. LETTS
Countersigned at: Carl Letts
1575 PEARL ROAD, BOX 146
BRUNSWICK, OH 44212

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Victor Cantillo – President
Martin J. Anton
Helen Fayad
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Department of Administration & Finance

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

3/16/98

Sierra Const.
2472 Pearl Rd.
Medina, Ohio 44256

Re: Shoprite 668 Rt. 70, Brick, NJ

On Feb. 27 1998, a permit application was submitted for exterior alteration however, the information supplied was incorrect or we need additional information to process. A call was made to correct this problem, but we have not had any response. If the information is not supplied within 14 days of this letter, we will consider the application null and void and will be filed appropriately for a period of six (6) months. If you have any questions or concerns, please contact me at 732-262-1031.

Sincerely,

Lisa Rose Tavalaiccio
Control Person

Approval
J. Curiazza
Construction Code Official

1) We are waiting on a complete fire application and drawings for revisions.

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Victor Cantillo – President
Martin J. Anton
Helen Fayad
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Department of Administration & Finance

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

FAX CORRESPONDENCE

(732) 262-8954

DATE: 4/8/98 FAX. NO 330-225-1107 PAGES: _____

TO: SIERRA CONT.

FROM: B.T. BUILDING DEPT

MESSAGE: PERMIT IS READY
FOR SHOPRITE #641
RT 70 CHAMBERS BRIDGE RD
PLEASE CALL
732-262-1024

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 5-24-12

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 701 LOT 7 SITE ADDRESS 618 RT 70
Shop Rite

TYPE OF SITE Commercial TYPE OF BUSINESS Interior Alteration
(Residential/Commercial)

APPLICANT Interstate Ideal, CITY & STATE Neptune, 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 Assess

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 701 LOT 7 SITE ADDRESS 665 Main
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Bank construction

APPLICANT International Bank, Inc PHONE NUMBER 770-381-2023
APPLICANT ADDRESS 1110 Industrial Blvd CITY & STATE Norcross, Ga
PERMIT # NAME OF BUSINESS Bank

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 $ 2,900,000 Date 3.24.98
Estimated Required Fee $ 29600
Required Deposit on Estimate $ 1190.00 Date 4-3-98
Check # 6356 Receipt # 3561
Actual Assessment $ illegible Date illegible
Actual Required Fee $ illegible
Minus Deposit of Estimate $ illegible
Balance Due $ illegible Date 7-22-98
Check # 15496 Receipt # 1492
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.

Carol A. Wolfe
Affordable Housing Administrator

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

Joseph C. Scarpelli, Mayor

Township Council:
Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 3-24-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 701 LOT 7 SITE ADDRESS 668 RT 70

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Shoprite interior Alteration

APPLICANT International Banking CITY & STATE Norcross, Ga

☒ 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:

$ 29,000

Frederick R. Millman, CTA, Tax Assessor

3/24/98
Date

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

$ 29,000

Frederick R. Millman, CTA, Tax Assessor

7/22/98
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

Joseph C. Scarpelli, Mayor

Township Council:
Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Leé Hartman
Mary Lou Powner

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 3-24-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 701 LOT 7 SITE ADDRESS 668 RT 70

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS shop rite interior Alteration

APPLICANT International Banking CITY & STATE Norcross, Ga

☒ 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:

$ 65,000

Built

Frederick R. Millman, CTA, Tax Assessor

3/24/98

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

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 70. LOT 7 SITE ADDRESS 16 ATLANTIC AVE
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 $ 29000 Date 3 29 96
Estimated Required Fee $ _____
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 $ _____

IMPORTANT
A.H.B.T. - EXEMPT

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.

_____

Carol A. Wolfe
Affordable Housing Administrator

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

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 701 LOT 7 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 $ 29000 Date 3-24-98

Estimated Required Fee $ [illegible]

Required Deposit on Estimate $ [illegible] Date [illegible]

Check # [illegible] Receipt # [illegible]

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.

_____

Carol A. Wolfe
Affordable Housing Administrator

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

Joseph C. Scarpelli, Mayor

Township Council:
Victor Cantillo – President
Martin J. Anton
Helen Fayad
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
FAX (732) 262-8954 or (732) 920-1456
http://www.twp.brick.nj.us

March 25, 1998

International Banking
1770 Indian Trails Road
Norcross, GA 30093

RE: Mandatory Development Fee
Block 701, Lot 7; Shop-Rite, 668 Rt. 70 ~ Interior Alteration

To Whom it May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on February 27, 1998, for the above block and lot at $29,000.00, resulting in an estimated fee of $290.00.

Therefore, it is required that one half of the estimated fee ($145.00) be submitted in the form of a check payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. The balance is to be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe
Affordable Housing Administrator
CAW/da

)NAL BANKING TECHNOLOGIES, INC.
1770 INDIAN TRAIL ROAD
NORCROSS, GA 30093

THE CHASE MANHATTAN BANK, N.A.
SYRACUSE, NY

50-937
213

060356

DATE	CHECK NO.	CHECK AMOUNT
04/02/1998	0060356	**********$145.00

)RED FORTY-FIVE AND 00/100 DOLLARS

TOWNSHIP OF BRICK
OCEAN COUNTY, NJ
401 CHMBERS BRIDGE RD
BRICK, NJ 08723

INTERNATIONAL BANKING TECHNOLOGIES, INC.

[redacted]

Scott M. Pezarras, Chief Financial Officer

Carol A. Wolfe, Affordable Housing Administrator

Affordable Housing Fees

4-3-98

Business/Development: ShopRite

Owner/Applicant: International Banking Technologies, Inc.

Property Address: 668 RT 70

Block: 701 Lot: 7

EPOSIT RECEIVED
Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 060356
Estimated Fee $ 290.00

Deposit Amount $ 145.00

IAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number: _____
Final Fee: $_____
Less Deposit: $_____

Final Payment $_____

R DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCOUNT # 4880071456

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

ceived in Treasurer's Office by:

gnature

4-3-98
Date

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

Work Site Address _____ Block _____ Lot _____

SHOPRITE #641
Owner's Name, Address, Phone

SIERRA CONT. 2472 PEARL RD MEDINA OHIO 44256 (330)225-3543
Contractor's Name, Address, Phone

Construction COMMERCIAL ALTERATION (INTERRIOR)
Describe type (Single-family home, etc.)

Demolition ~
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material _____

Name, address and phone of party responsible for removal of debris:

Size of dumpster: _____ no dems.

Destination of discarded debris: _____

Hauler's DEP Permit No.: _____

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

DANIEL WALNY _____ 27 Feb 98
Printed/Typed Name Signature Date

****

FOR OFFICE USE ONLY

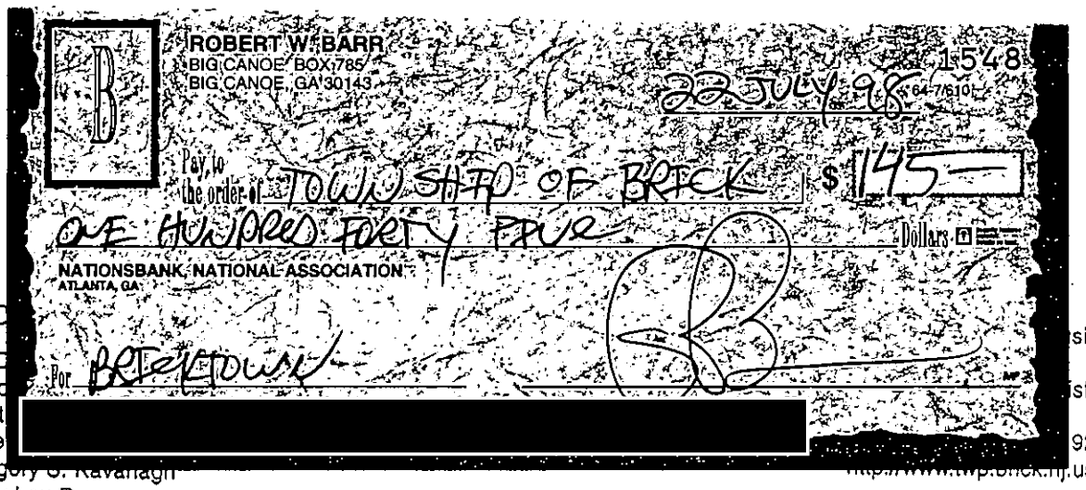
MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUE

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant


ROBERT W. BARR
BIG CANOE, BOX 785
BIG CANOE, GA 30143

1548
22 JULY 98
64-7610

Pay to the order of TOWNSHIP OF BRICK $ 145—

ONE HUNDRED FORTY FIVE Dollars

NATIONSBANK, NATIONAL ASSOCIATION
ATLANTA, GA

For BRICKTOWN

[redacted]

Joseph C... sing
Township C...
Victo... istrator
Mart...
Hele... 920-1456
Gregory S. Kavanagh http://www.twp.brick.nj.us
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 7-23-98

Business/Development: Shop Rite

Owner/Applicant: Robert W. Barr

Property Address: 668 RT. 70

Block: 701 Lot: 7

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Estimated Fee $ _____

Deposit Amount $ _____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 1548

Final Fee $ 290.00

Less Deposit $ 145.00

Final Payment $ 145.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

7-23-98
Date