

6/4/99



CONSTRUCTION PERMIT APPLICATION

RUSH

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

I. IDENTIFICATION

1. Proposed Work Site at: R+70 SOVEREIGN BANK (COLDEN PLAZA)

2. Name of Owner in Fee: SOVEREIGN BANK Tel. ()
Address R+70 BRICK NJ 08723
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: ERIC J KRASS ELECTRIC Tel. (732) 458-3341
Address 2021 LONG MILL RD BRICK NJ
License No. OR, if new home, Builder Reg. No. 6439 Exp. Date 2000
Federal Employee No. 222339015 FAX: (732) 458-9122

5. Architect or Engineer _____ Tel. ()
Address _____

6. Responsible Person in Charge of Work ERIC J KRASS
Tel. (732) 458-3341 FAX (732) 458-9122

electric from fire

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical	\$	25-	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$	1	
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	35	

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories _____
- Height of Structure _____ ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Construction Classification _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____
no _____
- Max. Live Load _____
- Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical			6/4/99						
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	300.7								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- ☐ Hotels (R-1)
- ☐ Multi-Family (R-2)
- ☐ Two-Family (R-3) BOCA
- ☐ Two-Family (R-4) CABO
- ☐ One-Family (R-3) BOCA
- ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: BANK

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

LDS BR 10425572

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 ERIC T. KRAKA

Address 2021 LONES MILL RD

BRICK NJ 08724

Telephone (732) 458-3341

Signature Eric T. Kraka

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	Other
Building _____	Energy _____	
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 06/17/99
Control #
Permit # 99-2041

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Block 701 Lot 7 Qual
Work Site Location 644 RT 70 SOVEREIGN
ELECTRICAL
Owner in Fee/Occupant SOVEREIGN BANK
Address 6000 LINDEN
MARLTON, NJ 08053-
Telephone (609)988-5865
Contractor ERIC J KRASA ELEC
Address 2021 LANES MILL RD
BRICK, NJ 08724-
Telephone (732)458-3341 Fax ()
Lic. No. or Bldrs. Reg. No. 6439
Federal Emp. No. 22-2339015

Home Warranty No.
Type of Warranty Plan: ☐ State ☐ Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

ELTRICAL WORK FROM FIRE DAMAGE

☐ CERTIFICATE OF OCCUPANCY

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

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☒ CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved.

If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ 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/COMPLIANCE

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

☐ CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until , .

Fee \$ 0
Paid ☒ Check No. 15363
Collected by: CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD.
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 06/09/99
Control #
Permit # 99-2041

IDENTIFICATION Block 701 Lot 7 (Qual)

Work Site Location 644 RT 70 SOVEREIGN
ELECTRICAL

Contractor ERIC J KRASA ELEC
Address 202J LAMES MILL RD
BRICK, NJ 08724-

Owner in Fee SOVEREIGN BANK
Address 6000 LINDEN
MARTIN, NJ 08053-

Telephone (732) 458-3341
Lic. No. or Bldgs. Reg. No. 6439

Telephone (609) 988-5865

Federal Emp. No. 22-2339015

Is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
- (Subchapter 8 only)

DESCRIPTION OF WORK:
ELECTRICAL WORK FROM FIRE DAMAGE

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 \$ 500

[Signature]
Construction Official
N.J.C. #170 (rev. 3/96)

06/09/99
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	0
ICA Training Fee	0
Cert. of Occupancy	0
Total	35
Check No.	15363
Cash	
Collected By	CS

ORIGINAL
ILLEGIBLE

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/04/99
Date Issued 6/19/99
Control # C5-75
Permit # 99-2041

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN UNDER CONSTRUCTION. TECHNICAL SITE DATA
CONTRACTORS: NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 101 Lot 7 Quad
Work Site Location 644 RT 70 SOVEREIGN

Owner in Fee SOVEREIGN BANK
Address 6000 LINDEN
MARTON, NJ 08053

Tele: (732) 458-3341 Fax ()
Contractor ERIC J KRASA ELEC

Address 2021 LAMES MILL RD
BRICK, NJ 08724

Tele: (732) 458-3341
Lic. No. or Bldgs. Reg. No. 6439
Federal Emp. No. 22-2338015

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[] Pole/Pad [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 500

C. JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:

[] Bidg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved
Date: 6/9/99

Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CH

Date: 6/16/99
Approved By: [Signature]

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
[] Licensed Electrical Contractor [] Exempt Applicant

TECHNICAL SITE DATA

NO.	SIZE	ITEM
5		Lighting Fixtures
0		Receptacles
0		Switches
0		Detectors
0		Light Poles
0		Motors-Fract HP
0		Emergency & Exit Lights
0		Communications Points
0		Alarm Devices/F.A.C. Panel
5		TOTAL NUMBERS
0		Pool Permit/With UV Lights
0		Storable Pool/Spa/Hot Tub
0		KW Elect Range/Receptacle
0		KW Oven/Surface Unit
0		KW Elect Water Heater
0		KW Elect Dryer/Receptacle
0		KW Dishwasher
0		HP Garbage Disposal
0		KW Central A/C Unit
0		HP/KW Space Heater/Air Handler
0		Baseboard Heat
0		HP Motors 1/+ HP
0		KW Transformer/Generator
0		AMP Service
0		AMP Subpanels
0		AMP Motor Control Center
0		KW Elect Sign/Outline Light
0		Other

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



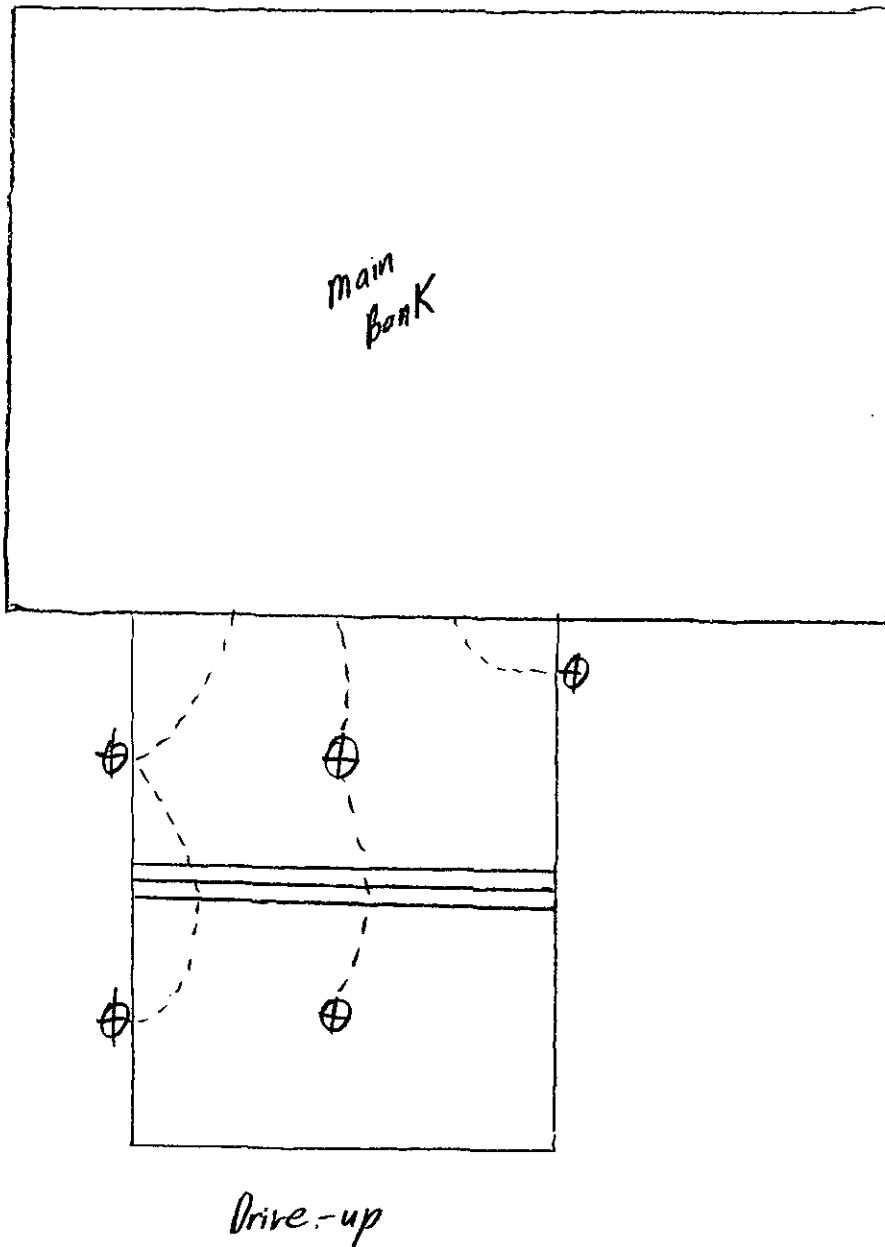
LICENSE #6439

ERIC J. KRASA

Electrical Contractor

2021 Lanes Mill Road
Brick, New Jersey 08724

(908) 458-3341



COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK

101 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location:	Rt 70 in Calder's Ridge		
Block:	701	Lot:	7
Owner in Fee:	SOVEREIGN BANK		
Address:	Rt 70 + CHAMBERS BRIDGE RD BRICK		
State:	NJ	Zip:	08724
SS #:	Phone: ()		
Provide only if Applicant is owner			

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR:	CONTRACTOR:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
LIC #:	LIC #:
LIC EXPIRATION DATE:	LIC EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):	FEDERAL EMP. # (or S.S. #):
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
NO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
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:	Estimated Cost of Building Work:
PLANS: Required ☐ Approved ☐	New Building (1): \$
Approved by:	Alteration (2): \$
Date:	TOTAL (1+2): \$
CONTRACTOR AFFIX SEAL:	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by:
	Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE	FIRE SUBCODE																																	
CONTRACTOR: <u>EMC J KROSA ELECTRIC</u>	CONTRACTOR: _____																																	
ADDRESS: <u>2021 LAMES MILL RD</u> <u>BRICK NJ 08724</u>	ADDRESS: _____																																	
PHONE: <u>732-458-3341</u>	PHONE: _____																																	
LIC. #: <u>6439</u> EXP. DATE: <u>2000</u>	LIC. #: _____ EXP. DATE: _____																																	
FEDERAL EMPL. #: (or S.S. #): <u>222339015</u>	FEDERAL EMPL. #: (or S.S. #): _____																																	
TECHNICAL DATA (LIST ALL FIXTURES)	TECHNICAL DATA (DESCRIPTION OF WORK)																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">DESCRIPTION</th> <th style="width:20%;">QTY</th> <th style="width:20%;">SIZE</th> </tr> </thead> <tbody> <tr><td>ITEMS</td><td></td><td></td></tr> <tr><td>Lighting Fixtures</td><td align="center"><u>5</u></td><td></td></tr> <tr><td>Receptacles</td><td></td><td></td></tr> <tr><td>Switches</td><td></td><td></td></tr> <tr><td>Detectors</td><td></td><td></td></tr> <tr><td>Light Poles</td><td></td><td></td></tr> <tr><td>Motors - Fract. HP</td><td></td><td></td></tr> <tr><td>Emergency & Exit Lights</td><td></td><td></td></tr> <tr><td>Communications Points</td><td></td><td></td></tr> <tr><td>Alarm Devices/F.A.C. Panel</td><td></td><td></td></tr> </tbody> </table>	DESCRIPTION	QTY	SIZE	ITEMS			Lighting Fixtures	<u>5</u>		Receptacles			Switches			Detectors			Light Poles			Motors - Fract. HP			Emergency & Exit Lights			Communications Points			Alarm Devices/F.A.C. Panel			Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar Heating Sys: ☐ New ☐ Existing Location of Furnace / Boiler _____
DESCRIPTION	QTY	SIZE																																
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TOTAL NUMBERS																																		
Pool Permit w/UW Lights	Water Supply Source																																	
Storable Pool/Spa/Hot Tub	Method of Valve Supervision																																	
KW Elec. Range / Receptacle KW	Local Alarm Supervision																																	
KW Oven / Surface Unit KW	Central Supervision																																	
KW Elec. Water Heater KW	Proprietary Supervision																																	
KW Elec. Dryer / Receptacle KW																																		
KW Dishwasher KW	Flammable Liquid Storage Tanks Capacity: Fuel:																																	
HP Garbage Disposal HP	Combustible Liquid Storage Tanks Capacity: Fuel:																																	
KW Central A/C Unit KW	L.G.P. Storage Tanks Capacity: Fuel:																																	
HP/KW Space Heater/Air Handler HP/KW																																		
KW Baseboard Heat KW	DESCRIPTION NUMBER																																	
HP Motors 1/+ HP HP	Wet Sprinkler Heads																																	
KW Transformer/Generator KW	Dry Sprinkler Heads																																	
AMP Service AMP	Total																																	
AMP Subpanels AMP																																		
AMP Motor Control Center AMP	Smoke Detectors																																	
AMP Elec. Sign/Outline Light KW	Heat Detectors																																	
Other	Total																																	
Other																																		
Other	Stand Pipes																																	
Other	Kitchen Hood Exhaust Systems																																	
Estimated Cost of Electrical Work: \$																																		
Signature (print name): <u>ERIC J KROSA</u>	Pre-Engineered Systems																																	
Estimated Cost of Electrical Work: \$	Co2 Suppression																																	
Signature (print name): <u>Eric J Kroso</u>	Halon Suppression																																	
Owner ☐ Contractor ☒	Foam Suppression																																	
SUBCODE APPROVAL:	Dry Chemical																																	
PLANS: Required ☐ Approved ☐	Wet Chemical																																	
Approved by: _____																																		
Date: _____	Gas or Oil Fired Appliance																																	
	Other																																	
CONTRACTOR AFFIX SEAL:	Other																																	
	Estimated Cost of Fire Protection Work: \$																																	
	Signature: _____																																	
	Owner ☐ Contractor ☐																																	
	SUBCODE APPROVAL:																																	
	PLANS: Required ☐ Approved ☐																																	
	Approved by: _____																																	
	Date: _____																																	