

RECEIVED



BLOCK

701

LOT

9.03

ADDRESS (SITE)

PERMIT NO.

166-91

BANKRUPT SAVINGS



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: RT 70 + CHAMBERS BRIDGE RD
2. Name of Owner in Fee: VORNADO INC Tel. (201) 773-4000
- Address PARK 80 W. PLAZA II SADDLE BROOK, N.J. 07662
street municipality zip code
3. Ownership in Fee: Public ☒ Private ☐
4. Principal Contractor: THE SIGN PEOPLE INC Tel. (201) 322-5757
- Address 500 D - LAKE ST. RAMSEY NJ.
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Emp. No. 222368813 Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
- Address _____
6. Responsible Person R. J. VALENTINO Tel. (201) 322-5757
In Charge of Work

II. PROPOSED WORK

1. ☐ Minor Work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

Est. Cost

TOTAL COSTS

✓ 1000⁰⁰

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			2/20/91	RLC			

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other <u>Signs</u>	<u>13.32</u>		
6. Subtotal	\$		
7. Less 20% for State Plan Review	<u>5-</u>		
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy	<u>20</u>		
12. Other			
13. TOTAL	\$	<u>38.32</u>	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors _____ sq. ft.
5. Volume of 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 _____ sq. ft.
no _____
11. Fire Grading _____
12. Max. Live Load _____
13. Max. Occupancy Load _____

(office use only)

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:

LDS BR 10312148

20K

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 New Jersey 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 THE SIGN PEOPLE INC

Address 500 D - LAKE ST
RAMSEY - NJ, 07446

Telephone (201) 327-5757

Signature [Signature] For THE SIGN PEOPLE INC Date 2/14/91

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☒ Other zoning	MC	2/19/91	Signs						
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Continued Certificate of Occupancy	No. _____	_____
☐ Certificate of Occupancy	No. _____	_____
☐ Certificate of Approval	No. _____	_____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

2/21/91
166-91

IDENTIFICATION Block

Lot

Work Site Location

Contractor

Address

Owner In Fee

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Tele. ()

Federal Emp. No.

166#

or Social Security No.

BLOCK

0.00

is hereby granted permission to perform the following work:

[☒] BUILDING [] PLUMBING [] OTHER
 [] ELECTRICAL [] FIRE PROTECTION

DESCRIPTION OF WORK:

Sign

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 \$

1000-

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	701 #	9.00
Plumbing	9 #	
Electrical	SIGNS	13.32
Fire Protection	PLAN RW	5.00
Other	C/O	20.00
Other	TOTAL	38.32
Other	CHECK	38.32
DCA Training Fee	CHANCE	0.00
Cert. of Occ.	0.00	
Other	21/91 NO. 5	0023085
Total	38.32	16:21
Check No.	5428	
Cash		
Collected By:	SH	

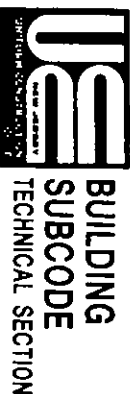
U.C.C. Form F-170A

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT



Date Received
Date Issued
Control #
Permit #

2/21/91
166-91

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

Block 701
Work Site Location RT 70 + CHAMBERS BRIDGE RD
Owner in Fee LORENADO INC
Address PARK ROW PLAZA II
SADDLE RIVER, N.J. 07662
Tele. (201) 773-4000
Contractor THE SIGN PEOPLE INC
Address 500 D-LAKE ST
RAMSEY, N.J. 07446
Tele. (201) 322-5752
Lic. No. or Bids. Reg. No. 222368813 or Social Security No. _____
Federal Emp. 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: [Signature] FOR THE SIGN PEOPLE INC.

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

2-SINGLE FACE SIGNS AS PER
ATTACHED DRAW DATED 2/14/91 ATTACHED
1'-0" X 6'-8" EACH

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:	Failure	Failure
☒ All	2/24/91	AK	Footings	Approval	
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date:			Other		
Approved By:			Final		

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ 1000.00
3. Total (1+2) \$ 1000.00

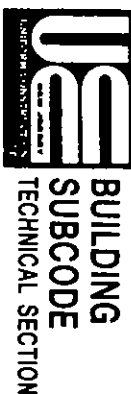
(Office Use Only)

FEE

TYPE OF WORK:	(Office Use Only)
☐ New Building	\$ _____
☐ Addition	\$ _____
☐ Alteration	\$ _____
☐ Roofing	\$ _____
☐ Siding	\$ _____
☐ Other	\$ _____
☐ Demolition	\$ _____
☐ Miscellaneous	\$ _____
☒ Fence	Height _____
☒ Sign	Sq. Ft. $12 = 13.32$
☐ Pool	\$ _____
☐ Elevator	\$ _____
☐ Asbestos Abatement	\$ _____
☐ Other	\$ _____

Administrative Surcharge	Minimum Fee	TOTAL FEE
\$ _____	\$ _____	\$ _____

Paid ☐ Check # _____
Collected by: _____



Date Received
Date Issued
Control #
Permit #

2/21/91
166-91

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

Block 701 Lot 9.03

Work Site Location AT 700 + CHAUNCEY BLVD RD
BANKERS SAVINGS

Owner in Fee WARRAND INC

Address PO BOX 1422 II
SANDY RIVER, NJ 07062

Tele. (201) 773-4000

Contractor THE SIGN PEOPLE INC

Address 500 N. LAKE ST
FAIRVIEW, NJ 07410

Tele. (201) 332-5752

Lic. No. or Bldgs. Reg. No. 33336812

Federal Emp. No. 33336812 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
			Type	Failure Failure Approval Initial
☐ No Plans Req.				
☒ Call	<u>04/01</u>	<u>LA</u>	Footing	
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			Insulation	
Joint Plan Review Required:			Finishes:	
☐ Elec. ☐ Plumb. ☐ Fire			Energy	
SUBCODE APPROVAL			Mechanical	
☐ CO ☐ CCO ☐ TCA			TCO	
Date: <u>1/13/91</u>			Other	
Approved By: <u>[Signature]</u>			Email	

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed BAWK

Constr. Class Present Proposed

No. of Stories Ft.

Height of Structure Ft.

Area—Largest Floor Sq. Ft.

Total Bldg. Area/All Floors Sq. Ft.

Volume of Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$

2. Alteration \$

3. Total (1+2) \$ 1000

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2-SINGLE FACE SIGNS AS PER ATTACHED DATA DATED 2/14/91 ATTACHED 1-0" X 1-8" EACH

(Office Use Only)

TYPE OF WORK	FEE
☐ New Building	
☐ Addition	
☐ Alteration	
☐ Roofing	
☐ Siding	
☐ Other	
Demolition	
Miscellaneous	
☒ Sign	<u>2.66</u>
Pool	
Elevator	
Asbestos Abatement	
Other	

Height 13.32 Sq. Ft. $X 2 = 13.32$

Administrative Surcharge \$

Paid ☐ Check # Minimum Fee \$

Collected by: TOTAL FEE \$



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

Page 1

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

Block 701 Lot 1.02
Work Site Location AT 700 + Williamsburg Blvd. N.J.
BRUNNEN SAVING BRICK TOWN, N.J.
Owner in Fee BRUNNEN SAVING
Address BRUNNEN SAVING
Tel. (201) 777-9300
Contractor ATLAS ELEC. CO. INC.
Address 356 HERRING AVE
CHIFFORD NJ 07013
Tele. (201) 471-2485
Lic. No. 5623
Federal Emp. No. 22-2303102 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Resale ☐ Meter Set
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
☐ No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Rough	
☐ Bldg. ☐ Plumb. ☐ Fire	Temporary	
☐ Elec. Plans Approved	Constr. Serv.	
Date: _____	TCO	
Approved by: _____	Other	
	Service	
	Final	
SUBCODE APPROVAL:		
☐ CO ☐ CCO ☐ CA	Temp. Cut-in-Card Date Issued	
Date: _____	Final Cut-in-Card Date Issued	
Approved by: _____	Line Dept.	

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.

☒ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heaters(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Paid ☒ Check # 545 Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ 20.00