BLOCK 1149 LOT 44-5-5 QUALIFICATION CODE _____ ADDRESS (SITE) Patterson 1930 Hwy #88 - Brick Town PERMIT NO. 98-1300

RECEIVED
APR 07 1998
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

20K

I. IDENTIFICATION

1. Propsed Work Site at: 1930 ST. Hwy #88 - BRICKTOWN, N.J
2. Name of Owner in Fee: Summit Bank Tel. (609) 987-3270
   Address 301 Carnegie Ctr - Princeton N.J. 08854
   street zip code
   WADE RAY & ASSOC. CONSTRUCTION, INC.
3. Ownership in Fee: Public X 186 DEANS LANE
4. Principal Contractor: MONMOUTH JUNCTION, NJ 08852 Tel. ( ) _____
   Address PH. (732) 297-1700 FAX (732) 297-3580
   License No. OR, if new home, Builder Reg No. FED ID# 22-2907895 Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer Longo Partnership Tel. (908) 464-9300
   Address 309 South Street. New Providence, N.J. 07974
6. Responsible Person in Charge of Work Brian B. Young
   Tel. (732) 297-1700 FAX (732) 297-3580

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 535.-		
2. Electrical			
3. Plumbing			
4. Fire Protection	65.-		
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	17.-		
10. Subtotal			
11. Cert. of Occupancy			
12. Other ZPA	15		
13. TOTAL	$ 632.-		

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	

alterations interior

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. ☐ Addition		AP							
4. ☒ Alteration	21000				4/29/98	VP	6/11/98		SH-C
5. ☒ Fire Protection	500				4/23/98	KC	6/4/98		SH-C
6. ☒ Plumbing	250								
7. ☒ Electrical	4950								
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		JP	4/17/98		4/17/98	JP			
TOTAL COSTS	26,700-								

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
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

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:

AHBT FINAL APPROVAL

AHBT PRELIMINARY/FINAL

LDS BR 10413673

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 WADE RAY & ASSOC. CONSTRUCTION, INC.
Address 186 DEANS LANE
MONMOUTH JUNCTION, NJ 08852
PH. (732) 297-1700 FAX (732) 297-3580
Telephone ( ) FED ID# 22-2907895
Signature _____

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			
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

Date Issued 2-23-99
Control #
Permit # 98-1300

IDENTIFICATION

Block 1149 Lot 5
Work Site Location ~~1930 Highway 88~~

Owner in Fee ~~Summit Bank~~
Address 301 Carnegie Center
Princeton, NJ 08854
Tele. ( )
Contractor Wade Ray & Assoc. Constr., Inc.
Address 186 Deans Lane
Monmouth Junction, NJ 08852
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:

Interior renovation inside Pathmark to make:

SUMMIT BANK

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXXXXXX ☐ **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:

R Cuniazza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/07/98
Control #
Permit # 98-1300

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1149 Lot 5

Work Site Location 1930 STATE HWY 88
INTERIOR ALTERATION
Owner in Fee SUMMIT BANK
Address 301 CARNEGIE CIR
PRINCETON, NJ 08854-
Telephone (609)987-3270

Contractor WADE RAY & ASSOC CONST INC
Address 186 DEANS LANE
MONMOUTH JUNCTION, NJ 08852-
Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date / /
Federal Emp. No. 22-2907895
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 ALTERATION

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 $ 21,500

J. Carangya/cas
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	535
Electrical	0
Plumbing	0
Fire Protection	65
Elevator Devices	0
Other	
DCA Training Fee	17
Cert. of Occ.	0
~~Other~~ Spa	15
Total	~~617~~ 632
Check No.	13933
Cash	
Collected By:	AJP

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5-7-98
Date Issued
Control #
Permit # 98-1300

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

k 1149 Lot 5

k Site Location 1930 ST. Hwy #88
BRICKTOWN, N.J.

er in Fee SUMMIT BANK

ess 301 CARNEGIE CTR
PRINCETON. N.J. 08854

(609) 987-8270

actor

ss WADE RAY & ASSOC. CONSTRUCTION, INC.
186 DEANS LANE

( ) MONMOUTH JUNCTION, NJ 08852

. or Bldrs. Reg. No. PH. (732) 297-1700 FAX (732) 297-3580

l Emp. No. FED ID# 22-2907895

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

INTERIOR RENOVATION
423 Sq. FT.
INSIDE PATHMARK - SUMMIT BANK

THERE WERE ONLY 1 SET OF PLANS IN JACKET UPON ISSUANCE + THEREFORE 2 PLANS WERE GIVEN TO CUSTOMER

SUMMARY (Office Use Only)

REVIEW	Date	Initial
No Plans Required		
All	4-27-98	FM
Footing		
Foundation		
Frame		
Other		

Plan Review Required:
c. [ ] Plumb. [ ] Fire [ ] Elevator

DDE APPROVAL
O [ ] CCO [X] CA
6-1-98
ed by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			5-28-98	FM
Barrier-Free				
Insulation			6-1-98	FM
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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

5/7/98 ASP

FEE (Office Use Only)
$ 7 Customer

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

G CHARACTERISTICS

Present X Proposed
ss Present Proposed
es
ructure Ft.
gest Floor Sq. Ft.
rea/All Floors Sq. Ft.
ew Structure Cu. Ft.
rea Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ 21000-
3. Total (1+ 2) $ 21000-

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

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

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5-7-98
Control #
Permit # 98-1300

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

Block 1149 Lot 5
Work Site Location 1930 ST. Hwy #518
BRUNSWICK, N.T.
Owner in Fee Summit Bank
Address 301 CARNEGIE CTR.
PRINCETON, NJ. 08854
Tele. (609) 987-3370
Contractor ~~WADE RAY & ASSOC. CONSTRUCTION, INC.~~
Address ~~186 DEANS LANE~~
~~MONMOUTH JUNCTION, NJ 08852~~
Tele. ( ) ~~PH. (732) 297-1700 FAX (732) 297-3680~~
Lic. No. ~~FED ID# 22-2907895~~
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 500.

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: 4/23/98

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6/11/98
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			6/11/98	Sprinkler 6/11/98
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: EXISTING SYSTEMS - LOWER 4 SPRINKLER HEADS
Water Supply Source EXISTING
Method of Alarm/Suppression System Supervision EXISTING

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	4	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

COMMERCIAL

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

U.C.C. F140
(rev. 3/96)

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

PLUMBING 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 1149 Lot 5
Work Site Location 1930 St. Hwy #88
Brick Town, N.J.
Owner in Fee Summit Bank
Address 301 Carnegie Ctr
Princeton, N.J. 08854
Tele. (609) 987-7270
Contractor
Address ~~WADE RAY & ASSOC. CONSTRUCTION, INC.~~
~~186 DEANS LANE~~
Tele. ( ) ~~MONMOUTH JUNCTION, NJ 08852~~
Lic. No. ~~PH. (732) 297-1700 FAX (732) 297-3580~~
Federal Emp. No. ~~FED ID# 22-2907895~~

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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.

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping Hook-up	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

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

N/A per phone call by DAA on 4-6-98 Electric unit per Brian B. Young

CONFIDENTIAL

U.C.C. F130
(rev. 3/96)

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: April 13, 1998 1998 - 0422

Block 1149 Lot 5 Zone B-3, G.B.

Property Address: 1930 Route 88, Laurel Square

Owner: Summit Bank- Pathmark (Phone): (609) 987-3270

Applicant: Brian Young (Phone): (732) 297-1700

Existing Use: Pathmark store.

Proposed Use: Pathmark store.

Proposed Construction (if any): Interior alterations for Summit Bank offices inside Pathmark store.

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

TWIN BELL AGC

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 1149 LOT 5

PROPERTY ADDRESS 1930 ST. Hwy 88 — Brick Town

NAME OF OWNER Summit Bank — Plainfield OWNER'S PHONE (609) 987-3220

NAME OF APPLICANT WADE Ray & Associates, Brian Young

APPLICANT'S COMPLETE ADDRESS 186 Pegasus Lane - Monmouth Jct, NJ. 08852

APPLICANT'S PHONE NUMBER (732) 297-1700 APPLICANT'S BUSINESS NAME ~~[illegible]~~

PRESENT USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) Plainfield — Shopping Center

☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) Summit Bank

☐ Other (please describe) _____

PROPOSED CONSTRUCTION Interior Renovation 432 Sq. Ft

All Dimensions 23' W 18'6" L 14' Ht

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

CHECKLIST:

☐ All information completed above

☐ Two (2) accurate Survey / Plot Plans containing:

- ☐ all existing and proposed structures
- ☐ all dimensions of lot and structures
- ☐ set backs to all property lines
- ☐ all streets and waterways shown

☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

The applicant certifies that all statements and information made and provided as part of this application true to the best of the applicant's knowledge, information and belief. The applicant further states that th applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Feder Regulations.

Signature of Applicant _____ Brian B. Young Date 4/7/98

Reviewed by Zoning Officer Date 4/13/98

☒ Approved ☐ Rejected

TOWNSHIP OF BRICK

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

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

April 20, 1998

Summit Bank
301 Carnegie Center
Princeton, NJ 08854

RE: Mandatory Development Fee
Block 1149, Lot 5; Summit Bank, 1930 Hwy. 88

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 amountof 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 April 7, 1998, for the above block and lot at $21,000.00, resulting in an estimated fee of $210.00.

Therefore, it is required that one half of the estimated fee ($105.00) 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

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 5 SITE ADDRESS 1930 Hwy 88
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Interior Alteration

APPLICANT Summit Bank PHONE NUMBER 609-987-5270
APPLICANT ADDRESS 301 Carnegie Ctr. CITY & STATE Princeton NJ
PERMIT # NAME OF BUSINESS Summit Bank

Brick Twp 2/17/1960

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 %

X Commercial is .01 %

Estimated Assessment $ 21,000.00 Date 4-21-98

Estimated Required Fee $ 210.00

Required Deposit on Estimate $ 105.00 Date 4-23-98

Check # 13886 Receipt # 33914

Actual Assessment $ 21,000.00 Date

Actual Required Fee $ 210.00

Minus Deposit of Estimate $ 105.00

Balance Due $ 105.00 Date 2-24-99

Check # 3363 Receipt # 1997

Amount Paid In Full $ 210.00

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 1149 LOT 5 SITE ADDRESS 1930 Hwy 88
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Tax or Attorney

APPLICANT Summit Bank PHONE NUMBER 609-[illegible]
APPLICANT ADDRESS 301 Carnegie Ctr. CITY & STATE Princeton NJ
PERMIT # NAME OF BUSINESS Summit 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 %

X Commercial is .01 %

Estimated Assessment $ 21,000.00 Date 4-21-98

Estimated Required Fee $ 210.00

Required Deposit on Estimate $ 105.00 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 ORIGINAL ILLEGIBLE

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 4-20-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1149 LOT 5 SITE ADDRESS 1930 RT 88

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

APPLICANT Summit Bank CITY & STATE Princeton, NJ

X 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:

$ 21,000

[signature]
Frederick R. Millman, CTA, Tax Assessor

4/21/98
Date

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

$ [illegible]

[signature]
Frederick R. Millman, CTA, Tax Assessor

6/11/98
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

ORIGINAL
ILLEGIBLE

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 4-20-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1149 LOT 5 SITE ADDRESS 1930 RT 88

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

APPLICANT Summit Bank CITY & STATE Princeton, 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

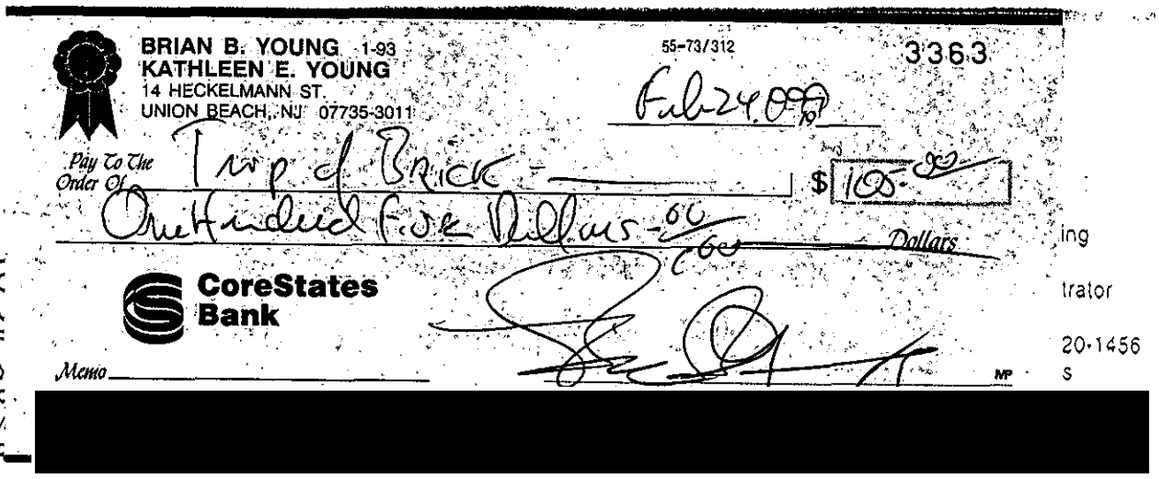
☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

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



BRIAN B. YOUNG 1-93
KATHLEEN E. YOUNG
14 HECKELMANN ST.
UNION BEACH, NJ 07735-3011

55-73/312

3363

Feb 24 00

Pay To The Order Of: Twp of Brick — $ 105.00

One Hundred Five Dollars-00 Cents

CoreStates Bank

Memo

MP

Joseph C.
Township Cou
Victor C
Martin
Helen F
Gregory
Mary Lc
Kathy M.
Frederic

ing
trator
20-1456
s

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

Date: 2-24-99

Business/Development: Summit Bank

Owner/Applicant: Brian B. Young

Property Address: 1930 Hwy 88

Block: 1149 Lot: 5

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 3363

Final Fee $ 210.00

Less Deposit $ 105.00

Final Payment $ 105.00

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

2-24-99
Date

WADE RAY & ASSOCIATES CONSTRUCTION INC.
186 DEANS LANE
MONMOUTH JCT., NJ 08852

13886

FIRST UNION NATIONAL BANK
SOUTH BRUNSWICK OFFICE
KENDALL PARK, NJ 08824 662
55-2-212

PAY: One Hundred and Five Dollars

DATE 4/23/98 AMOUNT 105.00

TO THE ORDER OF TOWNSHIP OF BRICK

[redacted]

MP

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 4-23-98

Business/Development: Summit Bank

Owner/Applicant: Wade Ray & Assoc. Const.

Property Address: 1930 Hwy 88

Block: 1149 Lot: 5

DEPOSIT RECEIVED

Mandatory Development Fee

(Commercial)

Residential

Inclusionary Development Fee

Check Number 13886

Estimated Fee $ 210.00

Deposit Amount $ 105.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee

Commercial

Residential

Inclusionary Development Fee

Check Number: _____

Final Fee: $_____

Less Deposit: $_____

Final Payment $_____

FOR 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.

Received in Treasurer's Office by:

Signature

4/23/98
Date