

595-96

MAR -7 1996



CONSTRUCTION PERMIT APPLICATION

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

1. IDENTIFICATION

1. Proposed Work-site at: 133 Vanzik Rd, Bricktown
2. Name of Owner First Fidelity Bank Tel. (215) 785-6083
- Address 123 S. Broad St. Philadelphia, Pa 19109
street municipality zip code
3. Ownership Public ☒ Private ☐
4. Principal Contractor: NW Sign Industries Tel. ()
6985 Airport Highway Lane
Pennsauken, NJ 08110
(609) 468-6366
- Address _____
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Emp. No. 223176338 Social Security No. _____
5. Architect or Engineer _____ Tel. () _____
- Address _____
6. Responsible Person Suzanne Barker Tel. (609) 488-6366
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. ☐ Elevator Devices
 10. ☐ Asbestos Abatement
 11. ☐ Demolition
- TOTAL COSTS**

Est. Cost

4000⁰⁰

2000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates		Re- viewer
					Approval	Rejection	
JP	3/7/86		4/10/86	JL			
Gm	3/10/86		Gm	PRL			

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 | 4. ☐ Refrigeration Systems | 7. ☐ Sprinklers |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow
Preventers | 8. ☐ Smoke Control Systems in Open Wells |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 9. ☐ Underground Storage Tanks |

V. FEE SUMMARY (for office use only)

- | | | Update. | Update |
|--------------------------------------|-----------|---------|--------|
| 1. Building | \$ 84 | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | A/1A | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | \$ 84 | | |
| 7. Less 20% for
State Plan Review | 8- | | |
| 8. Subtotal | \$ | | |
| 9. DCA Training Fee | 3- | | |
| 10. Subtotal | \$ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other 2014 | \$ 11.00 | | |
| 13. TOTAL | \$ 110.00 | | |

VI. BUILDING/SITE CHARACTERISTICS

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 _____ sq. ft.
 no _____
11. Max. Live Load _____
12. 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 5

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10414693

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 NW Sign Industries
6985 Airport Highway Lane
Address Pennsauken, NJ 08110
(609) 488-8366

Telephone _____

Signature Theresa Femi Date 2/29/96

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									IMPORTANT A.H.B.T. - EXEMPT
☐ 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 Protection									
☐ Utility Dig No.									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)

☐ Temporary Certificate of Occupancy	No. _____	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Compliance	No. _____				
☐ Continued Certificate of Occupancy	No. _____				
☐ Certificate of Compliance	No. _____				
☐ Certificate of Occupancy	No. _____				
☐ Certificate of Approval	No. _____				



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

4/15/96
595-96

IDENTIFICATION Block

1149

Lot

4

Work Site Location

133 Van Hook Rd

Contractor

N.W. Sign - (no)

Address

Owner in Fee

First Financial Bank

Address

123 S. Broad St

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

595#

Federal Emp. No.

BLOCK

0.00

Tele. ()

or Social Security No.

1149 #

LOT

0.00

Is hereby granted permission to perform the following work:

☒ BUILDING☐ PLUMBING☐ OTHER☐ ELECTRICAL☐ FIRE PROTECTION☐ ELEVATOR DEVICES

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 \$

40000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only) 4

Building 54- 04.00

Plumbing 8.00

Electrical 3.00

Fire Protection 15.00

Other 10.00

Other PKX- 10.00DCA Training Fee 5- 0.00

Cert. of Occ. 0.00

Other 2nd 1st 15- 11.50Total 174- 11.50Check No. # 1214

Cash

Collected By: J



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Issued
Control #
Permit #

4/15/96
595-96

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

Block 1149 Lot 4
Work Site Location 133 VANDERLIE BL
Owner in Fee First National Bank
Address 133 S. PLYMOUTH ST.
Phone 1 ALA 1711
Tele. (215) 7-5-6203
Contractor _____
Address _____
Tele. (____) _____
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. 233176335 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:	Failure	Approval
☒ All	4/15/96	RE	Footings		
☐ 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 _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 41000.00
2. Alteration \$ _____
3. Total (1+2) \$ 41000.00

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

Theresa Tarr

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

- 1) INSTALL (1) 6'4" X 8'2" POLYEN 50'X
 - 2) INSTALL (1) SET 18" NEW TUBES
 - 3) REFACE EXISTING 2' X 8' SILL AT ENTRANCE
- 16'X

TYPE OF WORK:

- ☐ New Building
 - ☐ Addition
 - ☐ Alteration
 - ☐ Roofing
 - ☐ Siding
 - ☐ Fence
 - ☐ Sign
 - ☐ Pool
 - ☐ Asbestos Abatement
 - ☐ Other
 - ☐ Demolition
- Height (6' or over)
Sq. Ft. 70'x16'

(Office Use Only)
FEE

Paid ☐ Check # _____
Collected by: _____
Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA TRAINING FEE \$ _____
TOTAL FEE \$ _____

FAX TRANSMITTAL

TO: Building Inspector
Brick Twp.

COMPANY

ADDRESS

908-262-8954

FAX NUMBER

FROM: Theresa Freni

SIGN INDUSTRIES

6985 Airport Hwy. Lane

Pennsauken, NJ 08110

Phone: (609)-488-6366

(800)-998-6366

Fax: (609)-488-1782

SUBJECT: 715 St. Hwy 70 + 133 Van Zile Rd.DATE: 3/29

MESSAGE: The attached Fax is in response to
rejection of the above permit applications.
If you need additional information, please
call or Fax back what is needed.

SIGNATURE

NUMBER OF PAGES, INCLUDING TRANSMITTAL SHEET: 2

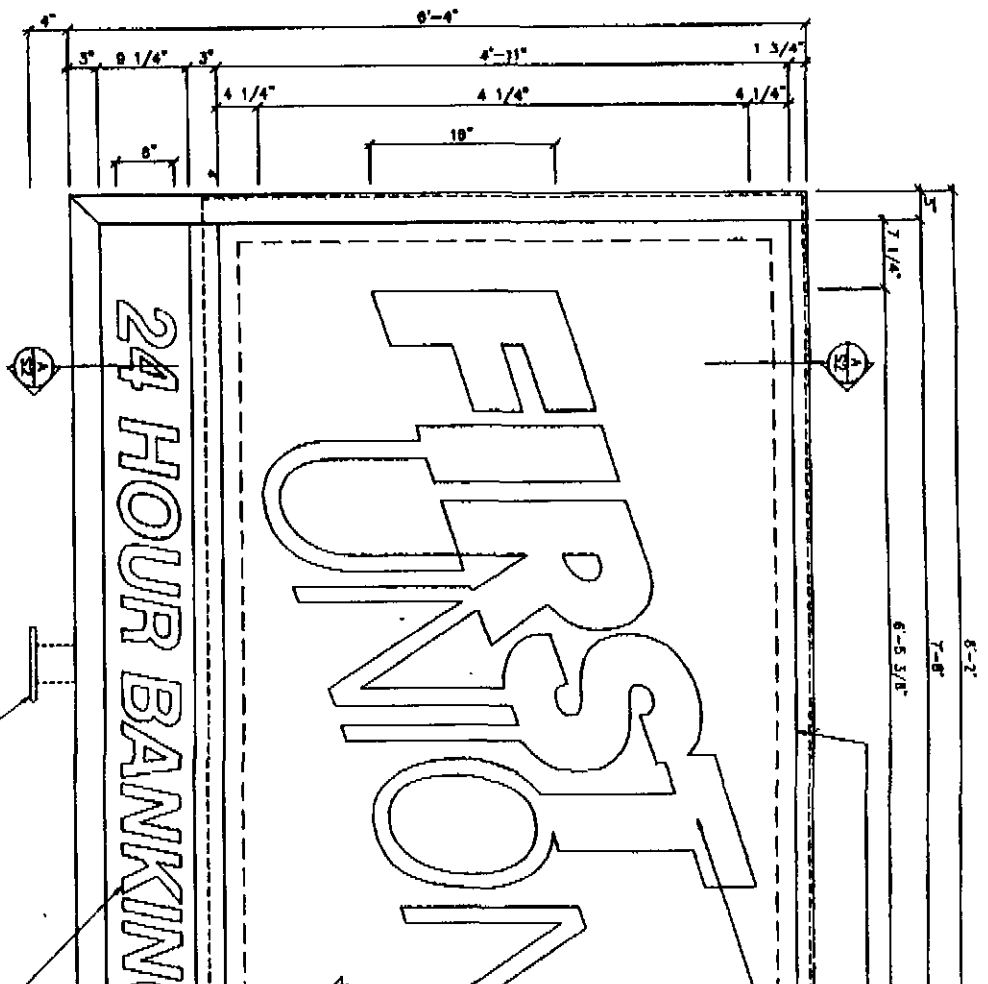
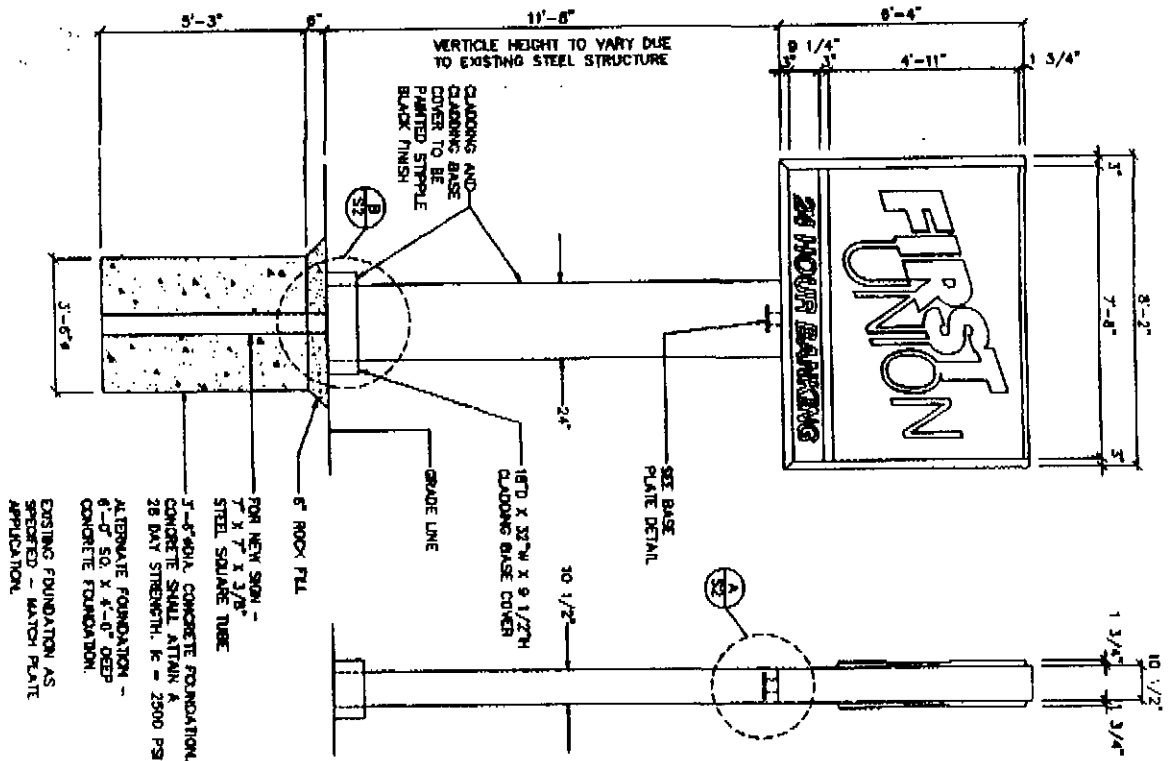
IF NOT RECEIVED COMPLETELY, PLEASE CALL:

(609)-488-6366
(800)-998-6366

CONSTRUCTION

SCALE: 1/4"=1'-0"

A SIGN FACE DETAIL



REVISIONS

No.	DATE	BY	DESCRIPTION

ACME TILE CORPORATION
SIGNS AND SYSTEMS

2400 GREENLEAF BLVD. GROVE, ILLINOIS 60007

PROJECT:

FIRST

SIGN TYPE - P1
D.T. ILLUMINATED PLATON
6'-4" HIGH X 8'-2" WIDE
OVERALL HEIGHT = 12'-0"

RTR: CIVIL POLYGRAPHIC

BOCA® PLAN REVIEW RECORD

Valuation: _____

Plan Review # _____

Fee: _____

Date _____

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION _____

(City, County, Township, etc.)

BUILDING LOCATION 133 VAN ZILE RD
(Street address)

(Street address)

BUILDING DESCRIPTION

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the 1987 BOCA National Building Code.

CORRECTION LIST

[illegible]

The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. Copyright, 1987, Building Officials and Code Administrators International, Inc. Reproduction by any means is prohibited. BOCA® is a trademark of Building Officials and Code Administrators International, Inc., and is registered in the U.S. Patent and Trademark Office. NOTE: In order that we might develop other programs and provide additional services of benefit to the Code Administration profession, please re-order additional copies of this form from:



BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795



Retail Sign Systems • Bank Identification Division • Hotel/Casino Division

Building Department
Township Office

To whom it may concern:

As you may have noticed, First Union Bank has bought First Fidelity Bank.

This transaction was very sudden. As a result, we are left with a tight turnaround date.

NW Sign Industries received information from First Union on 2/29/96. We have worked very hard to obtain accurate information for your township.

Please note most replacement signs have the same square footage as the old signs.

It would be greatly appreciated if you could review these locations and give a verbal response immediately.

Also, understand that all signs must be manufactured per your approval.

Thank you for your cooperation,

A handwritten signature in cursive script, appearing to read 'Theresa Freni'.

Theresa Freni, Project Manager
NW Sign Industries

TF/sr

First Union National Bank

123 South Broad Street
Philadelphia, Pennsylvania 19109-1199
215 985-6000



February 27, 1996

Mr. Dennis O'Hara
NW Sign Industries
6985 Airport Highway Lane
Pennsauken, NJ 08110

Dear Mr. O'Hara:

NW Sign Industries is hereby authorized by First Union National Bank, formerly First Fidelity Bank N.A., to act as our agent in obtaining any necessary permits and/or approvals necessary during the *current sign conversion program*.

This notice of authorization may be copied and distributed to any necessary party in order to effectively act as our agent during the above mentioned program.

If you have any questions or comments, please call Christopher Lindberg at (215) 985-7435. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Thomas Markert". To the right of the signature, the initials "RS" are written.

Thomas Markert
Vice President

cc: C. Lindberg

NW Sign Industries
6985 Airport Highway Lane
Pennsauken, NJ 08110



LOCATION NO. 364

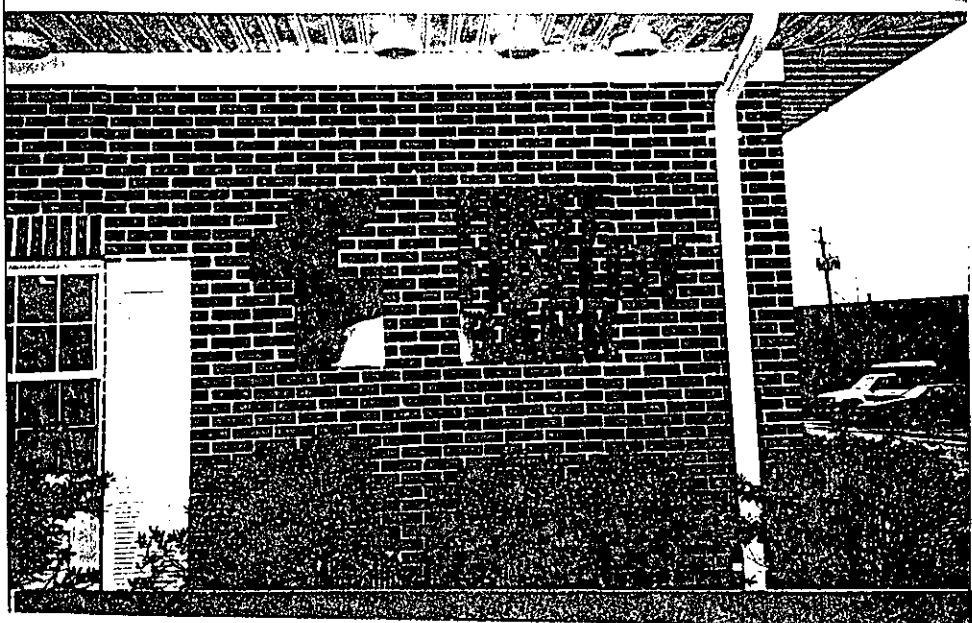
SIGN # 1

CABINET:
Vert Ht. 44 1/4" Horiz Lt. 61"
Depth _____ Retainer Size _____

INDIVIDUAL LETTERS:
Ltr Ht. _____ Ltr Depth _____
Overall Length _____
Transformers - Remote ☐ Self Contained ☐

FREESTANDING SIGNS:
Overall Ht. From Grade 6'-0"
Pipe / Sq Tube Size 3" tube
Deep Bury ☐ Anchor Bolts ☐ A.B. Dia. _____
Base Plate Size _____ X _____ X _____

ILLUMINATION:
Fluorescent ☐ Neon ☐ Other ☐ None ☒
Face Type _____
* Single Face Sign ☐ * Double Face Sign ☒



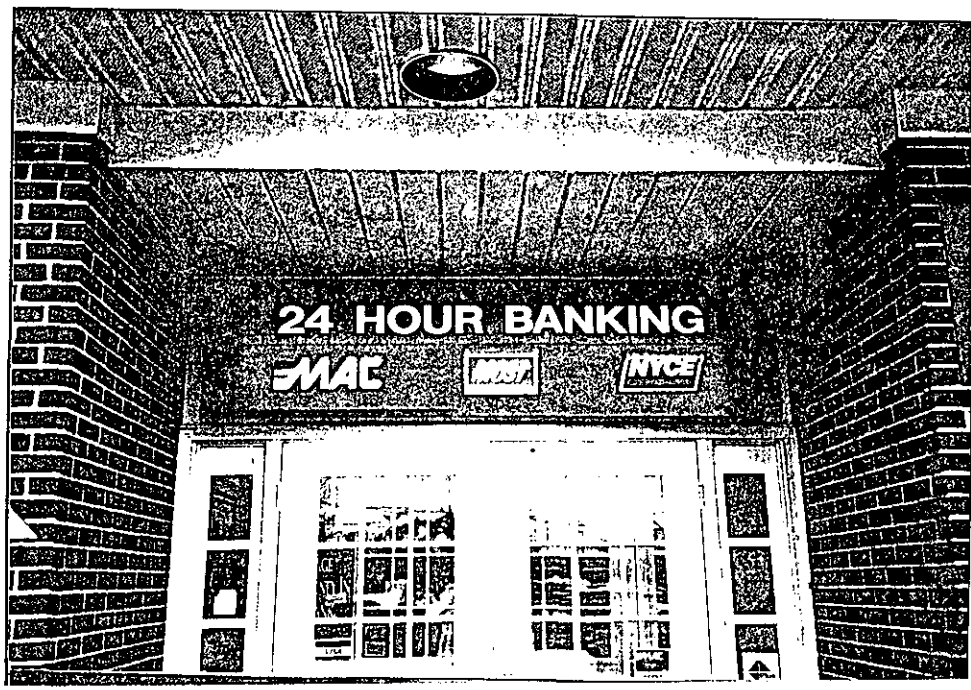
SIGN # 2

CABINET:
Vert Ht. 3' Horiz Lt. 7'
Depth _____ Retainer Size _____

INDIVIDUAL LETTERS:
Ltr Ht. _____ Ltr Depth _____
Overall Length _____
Transformers - Remote ☐ Self Contained ☐

FREESTANDING SIGNS:
Overall Ht. From Grade _____
Pipe / Sq Tube Size _____
Deep Bury ☐ Anchor Bolts ☐ A.B. Dia. _____
Base Plate Size _____ X _____ X _____

ILLUMINATION:
Fluorescent ☐ Neon ☐ Other ☐ None ☒
Face Type _____
* Single Face Sign ☒ * Double Face Sign ☐



LOCATION NO. 364

SIGN # 4 REFACE

CABINET:
Vert Ht. 24 1/8" Horiz Lt. 8'
Depth _____ Retainer Size 1 1/2"

INDIVIDUAL LETTERS:
Ltr Ht. _____ Ltr Depth _____
Overall Length _____
Transformers - Remote ☐ Self Contained ☐

FREESTANDING SIGNS:
Overall Ht. From Grade _____
Pipe / Sq Tube Size _____
Deep Bury ☐ Anchor Bolts ☐ A.B. Dia. _____
Base Plate Size _____ X _____ X _____

ILLUMINATION:
Fluorescent ☒ Neon ☐ Other ☐ None ☐
Face Type _____
* Single Face Sign ☒ * Double Face Sign ☐



LOCATION NO. 364

SIGN # 7

CABINET:
Vert Ht. 24" Horiz Lt. 30"
Depth _____ Retainer Size _____

INDIVIDUAL LETTERS:
Ltr Ht. _____ Ltr Depth _____
Overall Length _____
Transformers - Remote ☐ Self Contained ☐

FREESTANDING SIGNS:
Overall Ht. From Grade 4'-0"
Pipe / Sq Tube Size 2" sq tube
Deep Bury ☐ Anchor Bolts ☐ A.B. Dia. _____