

APR 1 1996



CONSTRUCTION PERMIT APPLICATION

DIV. OF INSPECTION

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

I. IDENTIFICATION

- Proposed Work-site at: 140 VAN ZILE RD
- Name of Owner in Fee: BRICK PLAZA ASSOC Tel. ()
Address 1688 VICTORY RD STATEN ISLAND NY 10214
street municipality zip code
- Ownership in Fee: Public _____ Private _____
- Principal Contractor: PHIL SIG CO Tel. (609) 829-1460
Address 707 W SPRING GARDEN ST PALMYRA NJ 08065
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. 23-0973470 Social Security No. _____
- Architect or Engineer 2 Tel. ()
Address _____
- Responsible Person in Charge of Work AL YOUNG VP Tel. (609) 829-1460

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>49-</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$ <u>49-</u>		
7. Less 20% for State Plan Review	<u>5-</u>		
8. Subtotal	\$		
9. DCA Training Fee	<u>2-</u>		
10. Subtotal	\$		
11. Cert. of Occupancy	<u>150</u>		
12. Other <u>2PA</u>			
13. TOTAL	\$ <u>7190</u>		

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 _____ sq. ft.
no _____
- Max. Live Load _____
- Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

- ☐ Minor work (single trade)
- ☐ Small Job (\$5,000 and no prior approvals)
- ☐ New Building
- ☐ Addition
- ☒ Alteration SIGN
- ☐ Fire Protection
- ☐ Plumbing
- ☐ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abatement
- ☐ Demolition

Est. Cost

2200.-

2200.-

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>GP</u>	<u>4/1/96</u>		<u>7/15/96</u>				
<u>GM</u>	<u>4/10/96</u>		<u>GM</u>	<u>Butt</u>			

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

- State Specific Use:

- Use Group:

- Change in Use Group. Indicate Former:

LDS BR 10414690

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 Phila Sign Co

Address 707 W SPRING GARDEN ST
PALMIRA NJ 08065

Telephone (609) 829-1460

Signature Richard J. Jones Date 3-29-96

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 Protect.									
☐ 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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

4/18/96

626-96

IDENTIFICATION Block 1149 Lot 1Work Site Location 140 Van Wyck St

Contractor

Address

Owner in Fee

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

0.00

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 \$ 22000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building 44- PLAN RWV 49.00Plumbing D.C.A. 2.00Electrical ZONE PLOT 15.00Fire Protection TOTAL 71.00Other CHECK 71.00Other PIC 5- CHANGE 0.00DCA Training Fee 2Cert. of Occ. NO. 5 0022A005 11.40Other 204-15-Total 11-Check No. 2111

Cash

Collected By: JS



CONSTRUCTION PERMIT

Date Issued _____

Control # _____

Permit # _____

IDENTIFICATION Block 1149 Lot 1Work Site Location 140 VAN ZILE ROADBRICK NJOwner in Fee BRICK PLAZA - ASSOCAddress 1628 VICTORY RDSTATEN ISLAND NY 10214

Tele. (____) _____

Contractor Phila Sien CoAddress 702 W SPRING GARDEN STPALMYRA NJ 08065Tele. (609) 529-1460

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. 23-0973470

or Social Security No. _____

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ERECT ① WALL SICH 6'5" X 7'5"
S/P INT-ILLUM

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 \$ 2200⁰⁰

CONSTRUCTION OFFICIAL _____

(see reverse side)

PAYMENTS (Office Use Only)

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA Training Fee _____

Cert. of Occ. _____

Other _____

Total _____

Check No. _____

Cash _____

Collected By: _____



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

4/18/96
626-96

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1149 Lot 1

Work Site Location 1149 VAN ZILE RD

Owner in Fee BAIRCK N.Y.

Address BAIRCK BUILDING ASSOC

Address 1611 VICTORY RD

Address STATEN ISLAND NY 10314

Tele. () Phila. Sinc Co

Contractor 707 W. SPRING & ARLING ST

Address PHILADELPHIA NJ 08065

Tele. ()

Lic. No. or Bids. Reg. No. 28-03734726

Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☐ No Plans Req.			Footings		
☒ All	4/15/96		Foundation		
☐ Footing			Slab		
☐ Foundation			Frame		
☐ Frame			Insulation		
☐ Other			Finishes:		
Joint Plan Review Required:			Energy		
☐ Elec. ☐ Plumb. ☐ Fire			Mechanical		
SUBCODE APPROVAL			TCO		
☐ CO ☐ CCO ☐ CA			Other		
Date:			Final		
Approved By:					

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>2260.</u>
No. of Stories			2. Alteration \$ <u>2260.</u>
Height of Structure			3. Total (1+2) \$ <u>2260.</u>
Area—Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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

Richard J. [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE (1) WALL SIZED 6"5"X7"8"
316 121-12224

TYPE OF WORK:

☐ New Building	(Office Use Only)
☐ Addition	FEE
☐ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	Height (6' or over)
☒ Sign	Sq. Ft.
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ Demolition	

Administrative Surcharge \$

Paid ☐ Check # Minimum Fee \$

Collected by: DCA TRAINING FEE \$

TOTAL FEE \$

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: April 9, 1996

1996 Z 0282

Block 1149

Lot 1

Zone B-3, H.D.

Property Address: 140 Van Zile Road

Owner: Brick Plaza Associates

(Phone): _____

Applicant: Philadelphia Sign Company

(Phone): (609) 829-1460

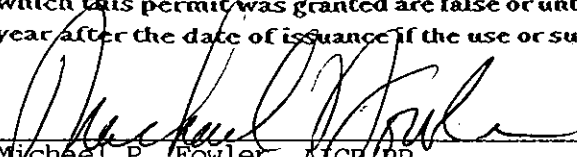
Use: Aldi Plaza

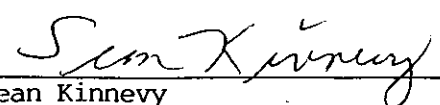
Proposed Construction (if any): 6'5" by 7'8" wall sign, "Aldi", 50 square feet.

Conditions: _____

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

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, APP
Administrative Officer


Sean Kinnevy
Zoning Officer

To:

PHILADELPHIA SIGN CO.

707 W. SPRING GARDEN STREET

PALMYRA, N. J. 08065-1798

AREA CODE 609 • 829-1460

SUBJECT

DATE

Reply Message

FOLD -

MESSAGE

PLEASE MAIL ALDI SIGN PERMITS

SIGNED

DICK JANERIO

REPLY

DATE OF REPLY

REPLY TO

FOLD -

*A207
140 VAN ZILE RD
BLICK PLAZA*

SIGNED

SEND WHITE AND PINK COPIES WITH CARBONS INTACT. PINK COPY IS RETURNED WITH REPLY.



PHILADELPHIA SIGN COMPANY
707 W. SPRING GARDEN STREET
PALMYRA, N.J. 08065
(609) 829-1460

FACSIMILE TRANSMISSION
(609) 829-8549

DATE 4-1-96
TO JENNIFER
COMPANY BUICK TWP
FAX NUMBER 908-262-8954
FROM DICK JANEZIK
PROJECT ALD1 WALL SIGN

YOU WILL RECEIVE 1 PAGE(S) OF COPY PLUS THIS TRANSMITTAL. IF YOU DO NOT
RECEIVE ALL PAGES, PLEASE CALL (609) 829-1460 AS SOON AS POSSIBLE.

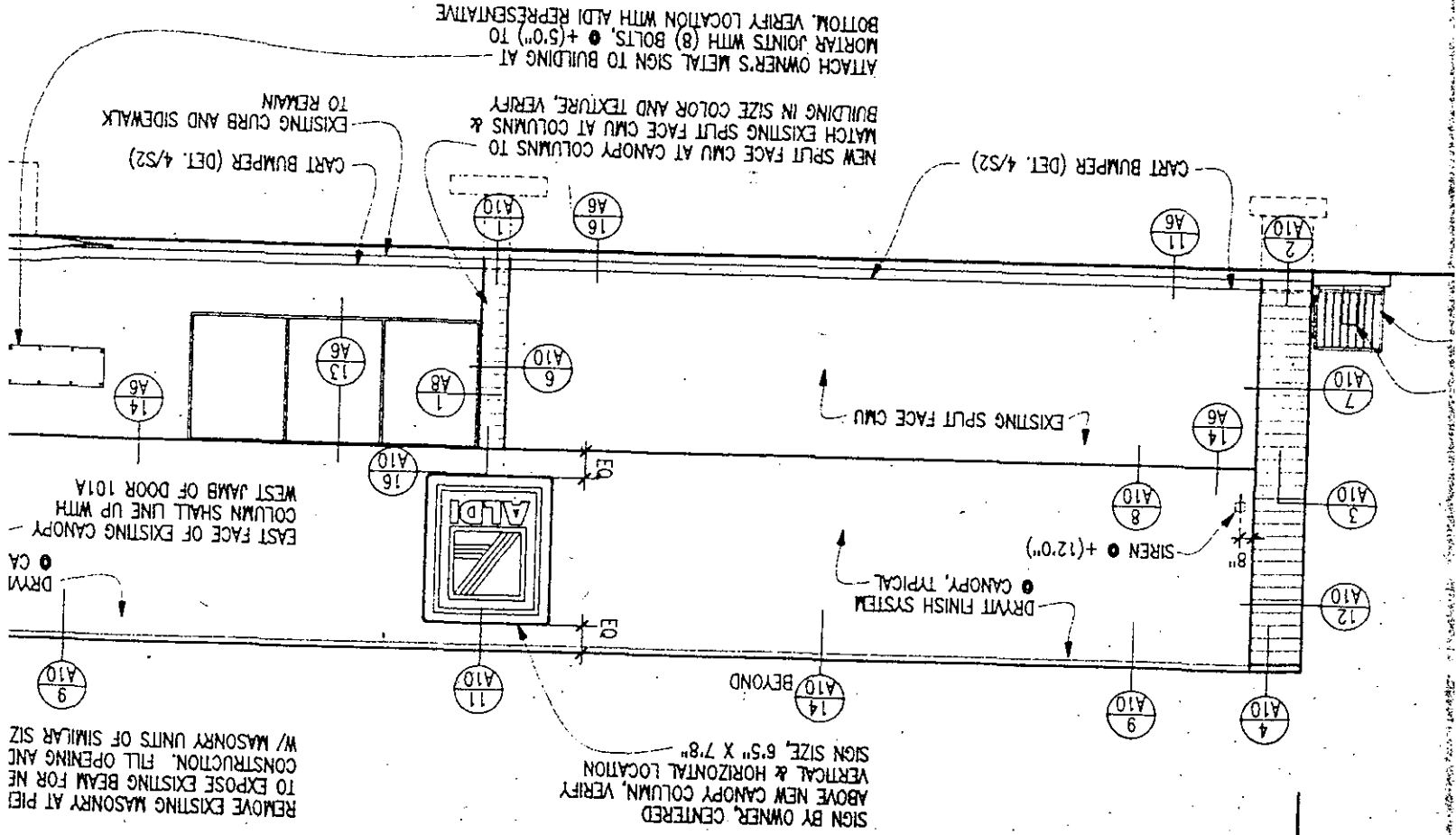
DESCRIPTION

ZONING APPLIC

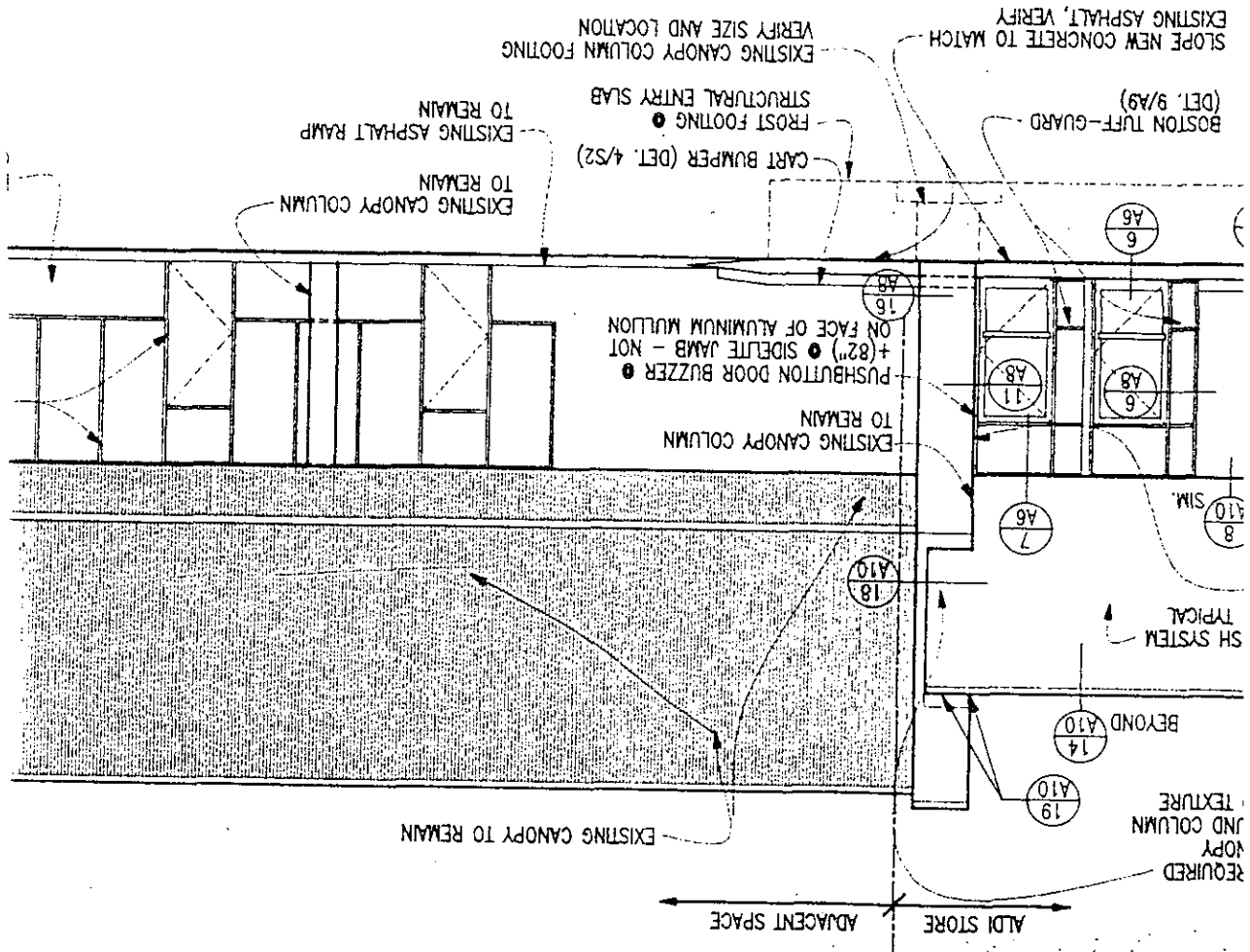
FILL 3'4" X 7'2" OPENING
WITH MASONRY UNITS OF
SIMILAR SIZE AND TEXTURE

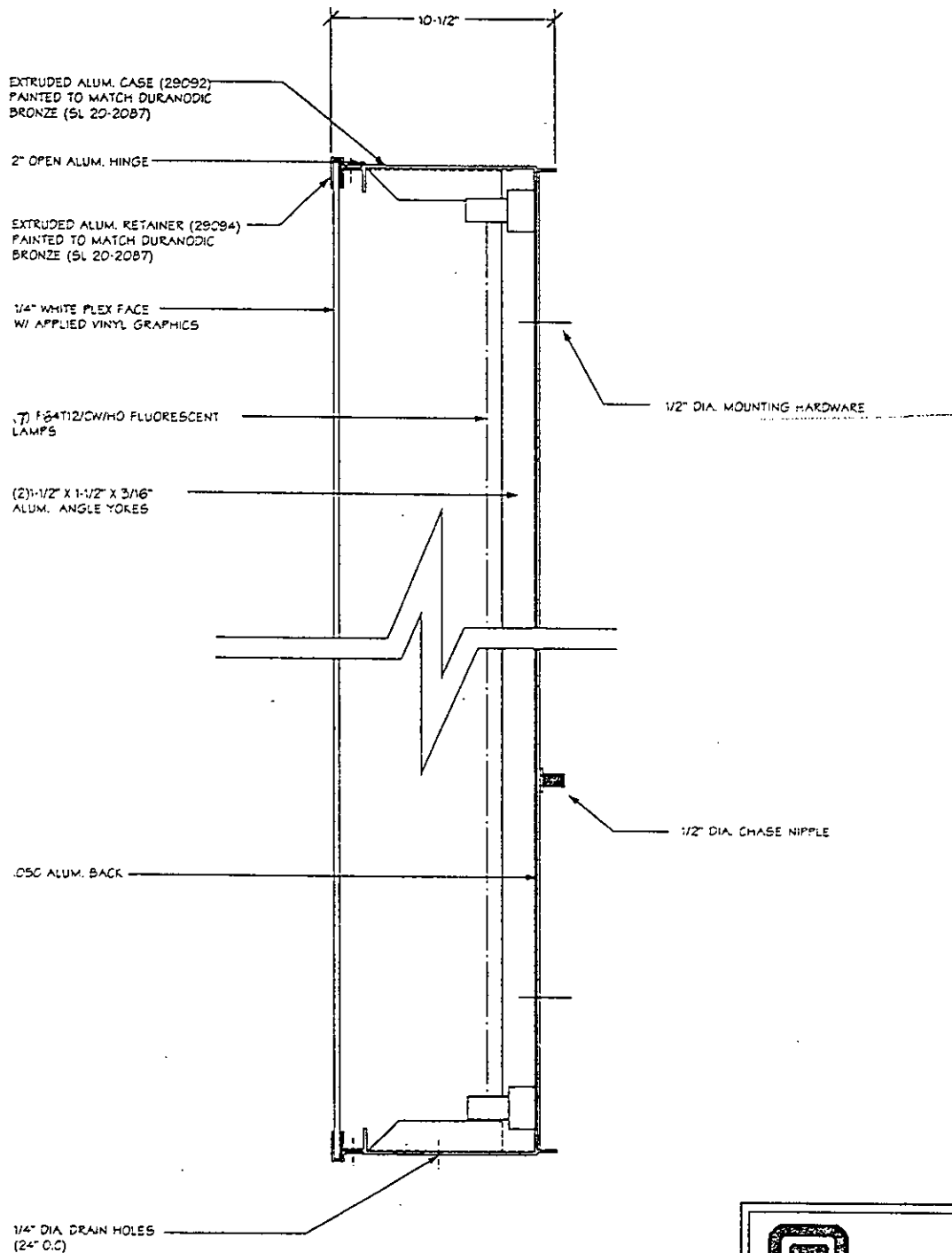
NORTH ELEVATION

SCALE: 1/8" = 1'-0"



EXISTING SPLIT FACE CMU



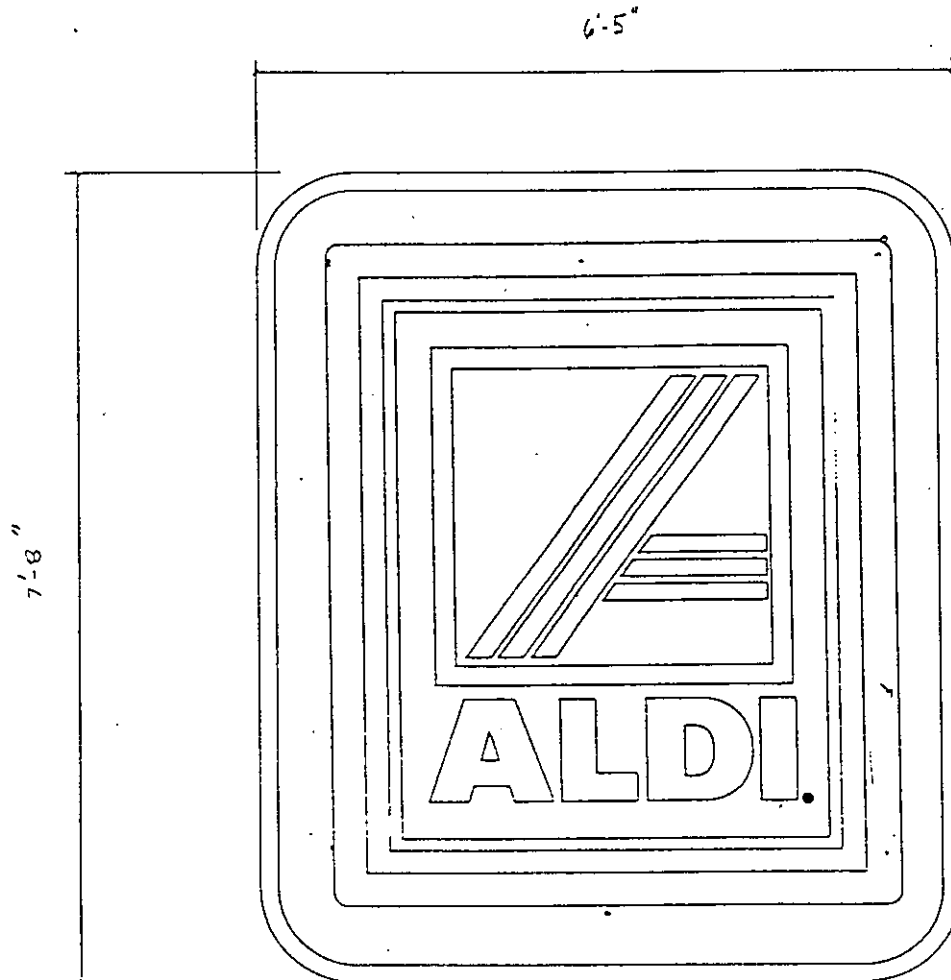


CROSS SECTION
SCALE: 1-1/2" = 1'-0"



Philadelphia Sign Company
707 West Spring Garden Street
Palmira, New Jersey 08065-1798

REV.	DATE	DESCRIPTION
TITLE: ALDI FOOD STORE 78' x 65' BY ALUM. SIGN		JOB NO:
LOCATION: VARIOUS		SHEET NO: 1 OF 1
DRAWN BY: DATE: 11-10-88	CL. BY: LUC	DWG. NO: D-5311
		REV.



FRONT ELEVATION

ELECTRICAL LOAD

6.5 AMPS @ 120 VOLTS

ELECTRICAL REQ'MTS

(1) 20 AMP/120 VOLT
CIRCUITS