

BLOCK 1149 LOT 4

QUALIFICATION CODE

ADDRESS (SITE)

PERMIT NO.

RECEIVED

OCT 0 0 1998

CONSTRUCTION PERMIT
APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 133 VAN ZILE ROAD BRICK, NJ
2. Name of Owner in Fee: FIRST UNION Tel. (800) 555-3272
Address 133 VAN ZILE ROAD BRICK, NJ
street municipality zip code
3. Ownership in Fee: Public Private
4. Principal Contractor: EAST COAST SIGN & MORE Tel. (215) 781-8500
Address 5058 RT. 13N BRISTOL PA 19007
License No. OR, if new home, Builder Reg. No. Exp. Date
Federal Employee No. 232 180 296 FAX: (215) 781-2400
5. Architect or Engineer ROBERT HENRY Tel. ()
Address LANSDALE, PA
6. Responsible Person in Charge of Work CHUCK McFARLANE
Tel. (215) 570-1809 FAX ()

V. FEE SUMMARY (for office use only)

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

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 (Signs) <u>50</u> | 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 | |

II. PROPOSED WORK

- | | Est. Cost |
|---|-----------|
| 1. ☐ Minor Work | |
| 2. ☐ New Building | |
| 3. ☐ Addition | |
| 4. ☐ Alteration | 9500 |
| 5. ☐ Fire Protection | |
| 6. ☐ Plumbing | |
| 7. ☒ Electrical | 800 |
| 8. ☐ Elevator Devices | |
| 9. ☐ Asbestos Abat. Subch. 8 | |
| 10. ☐ Lead Hazard Abatement | |
| 11. ☐ Demolition | 14300 |

TOTAL COSTS

OPTIONAL (for office use only)

Plans Req'd by	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates Approval Rejection	Re- viewer
<u>10/19/98</u>			<u>10/29/98</u>	<u>FW</u>	<u>8/3/99</u>	<u>FW</u>
<u>10/19/98</u>			<u>11/9/98</u>	<u>FW</u>		
<u>10/19/98</u>			<u>10/18/98</u>	<u>FW</u>		

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

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:

HABIT PRELIMINARY APPROVAL

LDS BR 10516358

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.

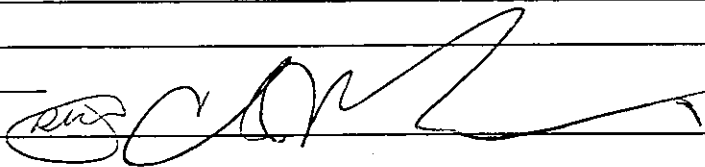
I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name CHUCK McLAUGHLIN

Address 5058 RT. 13N BRISTOL, PA 19007

Telephone (215) 570-1809

Signature CHUCK McLAUGHLIN 

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

[illegible]

Building	_____	Energy	_____
Electrical	_____	Barrier Free	_____
Plumbing	_____	Flood Hazard	_____
Fire Protection	_____	As Built Elevation Cert.	_____
Mechanical	_____	Other	_____

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

UCC NEW JERSEY
CONSTRUCTION
PERMIT

0004
3898##

BLOCK	1149 #	0.00
LOT	4 #	0.00
BUILDING		50.00
ELECTRIC*		35.00
D.C.A.		9.00
ZONEPLOT		15.00
TOTAL		109.00
CHECK		109.00
CHANGE		0.00

11/06/98 NO. 5 0035A005 14:58

Date Issued 11/06/98
Control #
Permit # 98-3898

IDENTIFICATION Block 1149 Lot 4

Work Site Location 133 VAN ZILE RD
SIGNS

Owner in Fee FIRST UNION

Address SAME

BRICK, NJ 08724-

Telephone (800)355-3272

Contractor EAST COAST SIGN
Address 5058 RTE 13 N

BRISTOL, PA 19007-

Telephone (215)781-8500

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 23-2180296

Is hereby granted permission to perform the following work:

[X] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT

[X] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION

[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

REMOVE EXISTING SIGNS AND REPLACE WITH NEW

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 \$ 10,300

Construction Official [Signature] 11/06/98
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building 50

Electrical 35

Plumbing 0

Fire Protection 0

Elevator Devices 0

Other

DCA Training Fee 9

Cert. of Occupancy 0

Other 204

Total 109-15

Check No. 6598

Cash

Collected By TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/09/98
Date Issued 11/6/98
Control # 98-49
Permit # 98-3898

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 Qual
Work Site Location 133 VAN ZILE RD

SIGNS

Owner in Fee FIRST UNION
Address SAME

BRICK, NJ 08724-

Tele. (800) 355-3272

Contractor EAST COAST SIGN

Address 5058 RIE 13 N

BRISTOL, PA 19007-

Tele. (215) 781-8500

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 23-2180296

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

REMOVE EXISTING SIGNS AND REPLACE WITH NEW

Direct Replacement

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCA ☐ CA

Date: 10-29-98

Approved by: [Signature]

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

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Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☒ Sign 50 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Other

☐ Demolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

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\$ 0

1149 4



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**

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 Bucks 1st Union Rd
Owner in Fee/Occupant 133 Van Zile Rd
Address Bucks 1st Union Rd
Tele. (800) 355-3272
Contractor SKI ELECTRICAL CONT.
Address P.O. BOX 114
National Park, N.J. 08063
Tele. (609) 848-4070 Fax ()
Lic. No. 11387
Federal Emp. No. 223875420

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as Bonus Utility Co. _____
Est. Cost of Elec. Work \$ 800

JOB SUMMARY (Office Use Only)

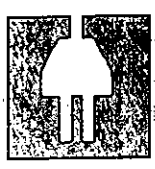
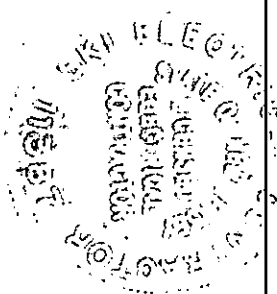
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
			Type:	Failure Failure Approval Initial
☒ No Plans Required			Rough	
Joint Plan Review Required:			Temp. Serv.	
☐ Building ☐ Plumbing			Constr. Serv.	
☐ Fire ☐ Elevator			TCO	
☐ Elec. Plans Approved			Other	
Date: <u>11/4/98</u>			Service	
Approved by: <u>[Signature]</u>			Final	
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued	
☐ CO ☐ CCO ☐ CA			Final Cut-in-Card Date Issued	
Date: _____				
Approved by: _____				

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



Date Received _____
Date Issued _____
Control # _____
Permit # _____

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		Panel
		TOTAL NUMBERS
		Pool Permit/with UV Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/4 HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

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

FEE (Office Use Only)

UCC/PRO F-120 (REV/3/96)
Professional Printing
(609) 468-7933

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: October 14, 1998 1998 - 1694

Block 1149 Lot 4 Zone B-3, H.D.

Property Address: 133 Van Zile Road

Owner: First Union (Phone): (800) 355-3272

Applicant: Chuck McLaughlin (Phone): (215) 510-1809

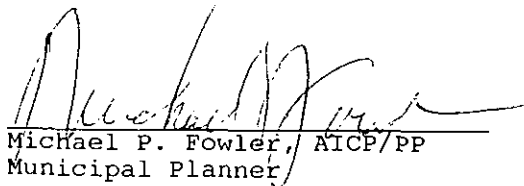
Existing Use: Bank.

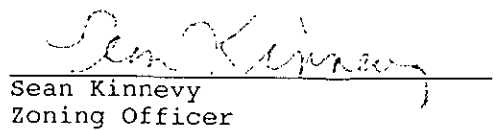
Proposed Use: Bank.

Proposed Construction (if any): Replace wall signs, directional signs and
parking signs.

Conditions: Existing signs to be removed.

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

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

BLOCK 1149 LOT 4
PROPERTY ADDRESS 1149 1st Avenue S.
NAME OF OWNER 1149 1st Avenue S. OWNER'S PHONE ()
NAME OF APPLICANT 1149 1st Avenue S.
APPLICANT'S COMPLETE ADDRESS 1149 1st Avenue S.
APPLICANT'S PHONE NUMBER () APPLICANT'S BUSINESS NAME

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
☒ Commercial (please describe) 3 AM
☐ Other (please describe)

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
☐ Commercial (please describe)
☐ Other (please describe)

PROPOSED CONSTRUCTION

All Dimensions 1st 6 ft W 3 ft L 7 ft H 1st Avenue S.
Deck or Garage ☐ Attached ☐ Detached 7 ft H 1st Avenue S.
Fence 2nd Type 6 ft 3 ft 7 ft H 1st Avenue S.

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 are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of Applicant

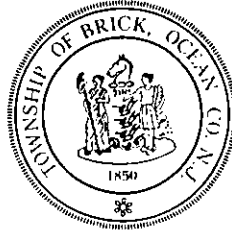
Charles McQueen

Date 12-6-78

Reviewed by Zoning Officer Date

☐ Approved ☐ Rejected

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



Joseph C. Scarpelli, Mayor

Township Council:

Victor Cantillo – President
Martin J. Anton
Helen Fayad
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

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>

October 23, 1998

First Union
133 Van Zile Road
Brick, NJ 08724

RE: Mandatory Development Fee
Block 1149, Lot 4; First Union ~ signs

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 amount of 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 October 6, 1998, for the above block and lot at \$6,000.00, resulting in an estimated fee of \$60.00.

Therefore, you are required to submit half of the estimated fee (\$30.00) in the form of a check made 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.

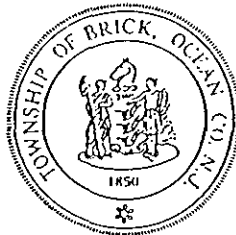
Sincerely,

Carol A. Wolfe 

Carol A. Wolfe
Affordable Housing Administrator

CAW/da

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



Joseph C. Scarpelli, Mayor

Township Council:

Victor Cantillo - President
Martin J. Anton
Helen Fayad
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Department of Administration & Finance

Division of Inspections

Joseph Curiazza

Construction Official

(732) 262-1024

Fax (732) 262-8954

<http://www.gbshost.com/brick>

Date: 10-6-98

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 1149 Lot: 4

I, Charles McNamee (name) of 5058 Rt 13N, Bristol PA (address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is is not located in a flood zone.

FIRST UNOWN

Com Agent EAST Coast Survey
Bristol PA 19007

Respectfully yours,

[Signature]
applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved ☒ Date: 10/19/98 By: [Signature]

Rejected Date: _____ By: _____

Remarks: _____

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 1149 LOT 4 SITE ADDRESS 133 Van Zile Rd
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Slans
APPLICANT First Union PHONE NUMBER 215-540-1709
APPLICANT ADDRESS 133 Van Zile Rd CITY & STATE B. K. NJ
PERMIT # _____ NAME OF BUSINESS First Union

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 %
- ☐ Commercial is .01 %

Estimated Assessment \$ 6,000.00 Date 10-1-98
Estimated Required Fee \$ 100.00
Required Deposit on Estimate \$ 100.00 Date 10-2-98
Check # 6629 Receipt # 16471
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

TOWNSHIP OF BRICK

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



Joseph C. Scarpelli, Mayor

Township Council:

Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 10-19-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1149 LOT 4 SITE ADDRESS 133 Van Zile Road
Signs
TYPE OF SITE Commercial TYPE OF BUSINESS First Union
(Residential/Commercial)

APPLICANT First Union CITY & STATE Brick, 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:

\$ 6,000
Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor
10-22-98

Date

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

\$ 6,000 60
Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor
3/18/99
Date

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 11-1-1 LOT 4 SITE ADDRESS 135 Van Zandt Rd
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Signs
APPLICANT F. A. Wilson PHONE NUMBER 602 307 3276
APPLICANT ADDRESS 135 Van Zandt Rd CITY & STATE Brock, NJ
PERMIT # _____ NAME OF BUSINESS F. A. Wilson

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 %
✕ Commercial is .01 %

Estimated Assessment \$ 600.00 Date 1-1-00
Estimated Required Fee \$ 600.00
Required Deposit on Estimate \$ 600.00 Date 1-1-00
Check # 1000 Receipt # 1000
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

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK

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

Site Location: 133 VAN ZILE ROAD Date Rec'd.:
Block: 1149 Lot: 4 Date Issued:
Owner in Fee: FIRST UNION Control #:
Address: 133 VAN ZILE RD. Permit #:
BRICK
State: NJ Zip: Phone: (800) 355-3372
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE		BUILDING SUBCODE	
CONTRACTOR:		CONTRACTOR: EASTERN SIGN AND TRADING	
ADDRESS:		ADDRESS: 5058 RT 13 A1 BRISTOL, PA 19007	
PHONE:		PHONE: 215-781-8500	
LIC #:		LIC #:	
LIC. EXPIRATION DATE:		LIC. EXPIRATION DATE:	
FEDERAL EMP. # (or S.S. #):		FEDERAL EMP. # (or S.S. #): 232 180 296	
TECHNICAL SITE DATA (LIST ALL FIXTURES)		TECHNICAL SITE DATA	
NO.	FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:	
	Water Closet	REMOVE EXISTING SIGNS REPLACE WITH NEW Clearance sign Directional sign 215 Union Sign (wall signs)	
	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: \$		TYPE OF WORK	
Signature:		☐ New Building ☐ Addition ☐ Alteration ☐ Roofing ☐ Siding ☐ Other: ☐ Other:	
Owner ☐ Contractor ☐		☐ Fence: Height (6' or More) ☒ Sign: 50 Sq. Ft. ☐ Pool (In Ground) ☐ Pool (Above Ground) ☐ Asbestos Abatement ☐ Demolition	
SUBCODE APPROVAL:		BUILDING CHARACTERISTICS	
PLANS: Required ☐ Approved ☐		USE GROUP Present: Proposed:	
Approved by:		CONSTR. CLASS Present: Proposed:	
Date:		No. of Stories:	
CONTRACTOR AFFIX SEAL:		Height of Structure:	
		Area - Largest Floor:	
		New Building Area / All Floors:	
		Volume of Structure: Total Land Disturbed:	
		Signature:	
		Estimated Cost of Building Work: \$9,500.00	
		New Building (1): \$	
		Alteration (2): \$	
		TOTAL (1+2): \$	
		SUBCODE APPROVAL:	
		PLANS: Required ☐ Approved ☐	
		Approved by:	
		Date:	

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE	FIRE PROTECTION SUBCODE
CONTRACTOR:	CONTRACTOR:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
LIC. #: EXP. DATE:	LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):	FEDERAL EMPL. #: (or S.S. #):
TECHNICAL DATA (LIST ALL FIXTURES)	TECHNICAL DATA (DESCRIPTION OF WORK)
DESCRIPTION QTY SIZE	
ITEMS	
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors - Fract. HP	
Emergency & Exit Lights	
Communications Points	
Alarm Devices/E.A.C. Panel	
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	Smoke Detectors
AMP Motor Control Center AMP	Heat Detectors
AMP Elec. Sign/Outline Light KW	Total
Other	
Other	
Other	Stand Pipes
Other	Kitchen Hood Exhaust Systems
Estimated Cost of Electrical Work: \$	
Signature (print name):	Pre-Engineered Systems
Estimated Cost of Electrical Work: \$	Co2 Suppression
Signature (print name):	Halon Suppression
Owner ☐ Contractor ☐	Foam Suppression
SUBCODE APPROVAL:	Dry Chemical
PLANS: Required ☐ Approved ☐	Wet Chemical
Approved by:	
Date:	Gas or Oil Fired Appliance
CONTRACTOR AFFIX SEAL:	Other
	Other
	Estimated Cost of Fire Protection Work: \$
	Signature:
	Owner ☐ Contractor ☐
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by:
	Date:

EAST COAST SIGN ADVERTISING CO., INC.
PERMIT ACCOUNT
5058 ROUTE 13 NORTH AT PA TURNPIKE
BRISTOL, PA 19007

6629

3-50/310
96241

PAY TO THE
ORDER OF

Oct 23 1998

Township of Brick
Party and

\$ 30.00

00/100

DOLLARS

FIRST
UNION

First Union National Bank
Huntingdon Valley, PA

FOR JOB 7112 PARTIAL PAYMENT AFFORDABLE HOUSING

W. W. Wolshayn

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

Date: 10-26-98

Business/Development: First Union

Owner/Applicant: East Coast Sign Advertising Co., Inc.

Property Address: 133 Van Zile Rd

Block: 1149 Lot: 4

DEPOSIT RECEIVED

Mandatory Development Fee

Commercial

Residential

Inclusionary Development Fee

Check Number 6629

Estimated Fee \$ 60.00

Deposit Amount \$ 30.00

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 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

Date

10-26-98

FIRST UNION

Center for Disbursements Processing
Telephone 1-804-361-7243 or 361 PAID

First Union Corporation
P.O. Box 45032 Jacksonville, FL 32232

867211

101615260

VENDOR	DATE	CHECK AMOUNT
0086779	04/21/99	\$30.00

VOID AFTER 360 DAYS

PAY: Thirty and 00/100 Dollars

PAY TO THE ORDER OF

TOWNSHIP OF BRICK
AFFORDABLE HOUSING ADMIN
401 CHAMBERS BRIDGE RD
BRICK NJ 08723

James H. Hatch
SENIOR VICE PRESIDENT

Date 4-29-99

Business/Development First Union

Owner/Applicant First Union

Property Address 133 Van Zile Rd

Block 1149 Lot 4

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 101615260

Final Fee \$ 60.00

Less Deposit \$ 30.00

Final Payment \$ 30.00

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

Aileen G. Smith
Signature

4-29-99
Date