

BLOCK 1149 LOT 4 QUALIFICATION CODE C27-11 ADDRESS (SITE) 133 Van Zile Rd Brick, NJ PERMIT NO. 03-1218

Called 4/2/03



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

Block: 1149 Lot: 4

1. Proposed Work Site: 133 Van Zile Rd

2. Name of Owner in Address: Wachovia

Owner in Fee: Wachovia

Address: 401 S Tryon St, 18th Flr, Charlotte, NC 28202

Tele: 704-383-3572

Ownership in Fee: Public: Private: X

Principal Contractor: NW Sign Industries

Address: 360 Crider Ave, Moorestown, NJ 08057

Tele: (800) 998-6366 Fax: (856) 802-0412

Responsible Person: Tel. () Federal Employee No.: 22-3176338

Responsible Person in Charge of Work: Andrew Poole

Tel: (856) 802-1677 Fax: (856) 802-0412

285353

Sign

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>17</u>		
2. Electrical	<u>35</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	<u>2</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>114</u>		

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

II. PROPOSED WORK

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

Est. Cost

1750

200

1950

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>3/26</u>		<u>3.31.03</u>	<u>W</u>			
			<u>4.2.03</u>	<u>W</u>			

TOTAL COSTS

1950

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

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:

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: NW Sign Industries

Address: 360 Crider Ave

Moorestown, NJ 08057

Telephone: (800) 998-6366

Signature Daryl Bruckman

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



BUILDING 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 _____	Lot _____
Work Site Location _____	Block: 1149 Lot: 4
Owner in Fee _____	Proposed Work Site: 133 Van Zile Rd
Address _____	Owner in Fee: Wachovia
Tele. (____) _____	Address: 401 S Tryon St, 18th Flr, Charlotte, NC 28202
Contractor _____	Tele: 704-383-3572
Address _____	Contractor: NW Sign Industries
Tele. (____) _____	Address: 360 Crider Ave, Moorestown, NJ 08057
Lic. No. or Bldrs. Reg _____	Tele: (800) 998-6366 Fax: (856) 802-0412
Federal Emp. No. _____	Federal Employee No.: 22-3176338
	285353



Date Received
Date Issued
Control #
Permit #

4/8/03
03-1218

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 Samuel Buckner

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

See drawings
Sign

elec.

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☒ Sign 76 sq. ft. Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other _____
☐ Demolition

FEE (Office Use Only)

\$	_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☒ No Plans Required			Type:				
☒ All	3-31-03	EW	Footing				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes				
SUBCODE APPROVAL:			Energy				
☐ CO ☐ CCO ☐ CA			Mechanical				
Date: _____			TCO				
Approved by: _____			Other				
			Final				
			Barrier-Free				

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. | \$ | _____ |
| 2. Alteration | \$ | 1750 |
| 3. Total (1+2) | \$ | 1750 |

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

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



Letter Of Transmittal

Re: Laurelton Office		
133 Van Zile Rd		
Brick	NJ	08724

We Are Sending You:

[illegible]

☐ For Approval

☒ For Your Use

☒ As Requested

☐ For Bid Due

☐ Response Requested

☐ Returned for Corrections

☐ For Review

☐ For Your Records Only

☐ Other

Project Manager

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/08/2003
Control #
Permit # 03-1218

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1149 Lot 4 Qual

Work Site Location 133 VAN ZILE RD
SIGN

Owner in Fee WACHOVIA

Address 401 S TRYON ST 18TH FLOOR
CHARLOTTE, NC 28202-

Telephone (704)383-3572

Contractor N.W. SSIGN INDUSTRIES

Address 6985 AIRPORT HWY LANE
PENNSAUKEN, NJ 07710-

Telephone ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3176338

Is hereby granted permission to perform the following works:

☒ BUILDING	☐ PLUMBING	☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL	☐ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER <u> </u>

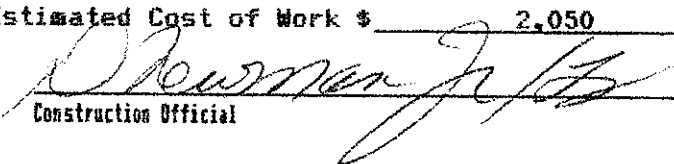
(Subchapter 8 only)

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 \$ 2,050


Construction Official

04/08/2003
Date

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

PAYMENTS (Office Use Only)

Building	<u>77</u>
Electrical	<u>35</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices	<u>0</u>
Other	<u> </u>
DCA State Permit Fee	<u>2</u>
Cert. of Occupancy	<u>0</u>
Other	<u> </u>
Total	<u>114</u>
Check No.	<u>52700</u>
Cash	<u> </u>
Collected By	<u>TL</u>

VOID
PERMIT
ELECTRIC
DCA
CHECK
CHANGE

\$114.00
\$114.00
\$0.00

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