

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT
APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Dean National Bank 1501 70 Year Ct #3
Berktown N.J.
2. Owner Name: Dean National Bank Tel. ()
Address: 815 Arnold Ave. E. Mansfield, N.J. 08742
3. Principal Contractor: Timothy Sign Co Tel. ()
Address: 1000 Washington Ave. Craydon Pa 19020
4. Lic. No. or Builder Reg. No. Federal Emp. No. 23 1703187
5. Architect or Engineer: Tel. ()
Address: T.H. Meserup
6. Responsible Person in Charge of Work: T.H. Meserup Tel. () 788-5515

II. PROPOSED WORK

A. TYPE OF WORK	B. CATEGORIES OF WORK	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?																
1. ☐ Minor Work (Single Trade) 2. ☒ Small Job (\$5,000 and no Prior Approvals) Complete only II.B., III and IV.A. and Page 2 3. ☐ New Building 4. ☐ Addition 5. ☐ Alteration 6. ☐ Repair, Replacement 7. ☐ Demolition 8. ☒ Other: <u>Signwork</u>	<table border="1"> <thead> <tr> <th>Permit/Category</th> <th>Estimated</th> </tr> </thead> <tbody> <tr> <td>1. ☐ Building/Structural</td> <td>\$</td> </tr> <tr> <td>2. ☐ Plumbing</td> <td></td> </tr> <tr> <td>3. ☐ Electrical</td> <td></td> </tr> <tr> <td>4. ☐ Fire Protection</td> <td></td> </tr> <tr> <td>5. ☒ Other: <u>Signwork</u></td> <td><u>2900.00</u></td> </tr> <tr> <td>6. ☐ Other</td> <td></td> </tr> <tr> <td colspan="2">TOTAL COST \$ <u>2900.00</u></td> </tr> </tbody> </table>	Permit/Category	Estimated	1. ☐ Building/Structural	\$	2. ☐ Plumbing		3. ☐ Electrical		4. ☐ Fire Protection		5. ☒ Other: <u>Signwork</u>	<u>2900.00</u>	6. ☐ Other		TOTAL COST \$ <u>2900.00</u>		1. ☐ Elevators/Dumbwaiters 2. ☐ High-Pressure Boilers 3. ☐ Refrigeration Systems 4. ☐ Pressure Vessels 5. ☐ Hazardous Uses/Places of Assembly 6. ☐ Cross-connections/Backflow Preventors 7. ☐ Sprinklers 8. ☐ Smoke Control Systems in Open Wells
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TOTAL COST \$ <u>2900.00</u>																		
C. DO YOU WANT: 1. ☐ Partial Releases 2. ☐ Prototype Processing																		

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL	B. NON-RESIDENTIAL
1. ☐ Hotels (R-1) 2. ☐ Multi-Family (R-2) HMD Reg. No.: 3. ☐ Two Family (R-3b) 4. ☐ One-Family (R-3a)	5. ☐ Theatres with Stage (A-1-A) 6. ☐ Movie Theatres (A-1-B) 7. ☐ Night Clubs (A-2) 8. ☐ Restaurants, Libraries, Museums (A-3) 9. ☐ Religious Assembly (A-4) 10. ☐ Outdoor Assembly (A-5) 11. ☒ Business (B) 12. ☐ Educational (E) 13. ☐ Moderate-Hazard Factory (F-1) 14. ☐ Low-Hazard Factory (F-2) 15. ☐ High-Hazard (H)
If new construction, enter no. of dwelling units: If other than new construction, enter no. of dwelling units: Before Construction: _____ After Construction: _____ Net Gain (or loss): _____	16. ☐ Institutional Detention Center (I-1) 17. ☐ Hospitals, Infirmeries (I-2) 18. ☐ Group Homes (I-3) 19. ☐ Mercantile (M) 20. ☐ Moderate-Hazard Warehouse (S-1) 21. ☐ Low-Hazard Warehouse (S-2) 22. ☐ Temporary, Misc. (U) 23. ☐ Other

State Specific Use: BANKING InstitutionIf Change in Use Group, Indicate Former: Same

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP	B. HEATING FUEL	C. TYPE OF SEWAGE DISPOSAL	D. TYPE OF WATER SUPPLY	E. BUILDING CHARACTERISTICS																								
1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.) 2. ☐ Public (State, County or Local Govt.)	<table border="1"> <thead> <tr> <th>Principal</th> <th>Secondary</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>3. ☐</td> <td>☐</td> <td>Gas</td> </tr> <tr> <td>4. ☐</td> <td>☐</td> <td>Oil</td> </tr> <tr> <td>5. ☐</td> <td>☐</td> <td>Electric</td> </tr> <tr> <td>6. ☐</td> <td>☐</td> <td>Solid (Wood, Coal, Etc.)</td> </tr> <tr> <td>7. ☐</td> <td>☐</td> <td>Propane</td> </tr> <tr> <td>8. ☐</td> <td>☐</td> <td>Solar</td> </tr> <tr> <td>9. ☐</td> <td>☐</td> <td>Other</td> </tr> </tbody> </table>	Principal	Secondary	Type	3. ☐	☐	Gas	4. ☐	☐	Oil	5. ☐	☐	Electric	6. ☐	☐	Solid (Wood, Coal, Etc.)	7. ☐	☐	Propane	8. ☐	☐	Solar	9. ☐	☐	Other	10. ☐ Public or Private Company 11. ☐ Private (Septic Tank, Etc.)	12. ☐ Public or Private Company 13. ☐ Private (Well, Etc.)	14. No. of Stories _____ 15. Height of Structure _____ Ft. 16. Area—Largest Floor _____ Sq. Ft. 17. Bldg. Area—All Fls. _____ Sq. Ft. 18. Volume of Structure _____ Cu. Ft. 19. Total Land Area Disturbed _____ Sq. Ft.
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9. ☐	☐	Other																										

LDS BR 10213878

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
 B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 Limpson Lgh Co TEL. (215) 288-5315

ADDRESS 1000 Washington Ave

SIGNATURE [Signature]

Drug # 194-88

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

- ☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date Receiver	Approval Date	Reviewer	Comments
☐	BUILDING				
	Footings/Foundations				
	Framing				
	Architectural <u>2</u>		4/21/88	JK	
	Other				
☐	PLUMBING				
☐	ELECTRICAL				
☐	FIRE PROTECTION				
☐	OTHER				

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING			
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other			
_____	PLUMBING			
_____	ELECTRICAL			
_____	FIRE PROTECTION			
_____	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy	_____
Date Expired _____	
☐ Temporary Certificate of Occupancy	_____
Date Expired _____	
☐ Certificate of Occupancy	_____
No. _____	
☐ Certificate of Continued Occupancy	_____
No. _____	
☐ Certificate of Approval	_____
No. _____	
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Ticker
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ _____
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER	_____
SUBTOTAL	\$ _____
- LESS: 20% of subtotal (when plan review performed by state agency).	(_____)
D.C.A. TRAINING FEE .0006 x _____	= _____
CERTIFICATE OF OCCUPANCY	_____
OTHER	_____
OTHER	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ <u>59.00</u>
DATE <u>5/2/88</u> Collected By <u>Palo</u>	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	_____	_____	_____
OTHER	_____	_____	_____
OTHER	_____	_____	_____
- LESS: Refunds	_____	_____	(_____)
TOTAL COLLECTED AFTER PERMIT ISSUED			\$ _____

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ _____
COLLECTED AFTER PERMIT (VB)	_____
TOTAL	\$ _____



PERMIT UPDATE

Date Update Issued 12-8-92
 Control #
 Permit # 2201-92
 Date Permit Issued 10-22-92

IDENTIFICATION Block 1149 Lot 1
 Work Site Location SEWING - 1070 4th
1/100 file
 Owner in Fee CHARLES FRANK V. LUTY 4055
 Address 1167-B VICTORIA BLVD.
STATE - N.J. 07034
 Tele. (718) 816-2800

Contractor FRANK MICHAEL MONT
 Address 1035 HADSON AVE.
TEANECK RIVER NJ
 Tele. (908) 2403433
 Lic. No. or Bldrs. Reg. No. 88000288
 Federal Emp. No. 220188
 or Social Security No. BLOCK

is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☒ Other SEWING
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

100' SURFACE MTG SEWING
4' X 28' UNILLUMINATED - SEE PLAN
100' -

Estimated Cost of Work \$ 1000.00

AA Cioffi
 CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

	1 H	
Building		0.00
Plumbing	STONE	12.00
Electrical	TOTAL	12.00
Fire Protection	CHECK	12.00
Other	<u>112.00</u>	0.00
Other	<u>12/08/92 NO. 5 00111000</u>	11.52
DCA Training Fee		
Cert. of Occ.		
Other		
Total		
Check No.	<u>1474</u>	
Cash		
Collected By:		



Date Received 12-8-92
Date Issued
Control #
Permit # 2201-92

REVISOR FEARS ON FILE

update

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 SEARS OUTLET STORE
RT 88 & WILSON RD.
Owner in Fee SEARS OUTLET STORE
Address 10888 VICTORY BLVD., 10314
Tele. (718) 616-3880
Contractor ACCTEKT, INC. 1835 HOPKINS AVE.
Address TOMAS RIVER N.J. 08753
Tele. 908 240 3433
Lic. No. or Bldg. Reg. No. — or Social Security No. — C-7475
Federal Emp. No. —

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Failure	Approval	Initial
☒	No Plans Req.					Type:					
☒	All			11/17/92		Roofing					
☐	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 P2 Proposed B
Constr. Class Present 2B Proposed 2B
No. of Stories 1
Height of Structure 80 FT. Ft.
Area—Largest Floor 55,643 Sq. Ft.
Total Bldg. Area/All Floors 55,643 Sq. Ft.
Volume of Structure 1033,095 Cu. Ft.
Total Land Area Disturbed 112 Sq. Ft.
5400

Est. Cost of Bldg. Work:
1. New Bldg. \$ 1200
2. Alteration \$ 1200
3. Total (1+2) \$ 1200

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 [Signature] 11/17/92
Architect.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SIGN TO DETAILS TO BSS ADDED
TO ORIGINAL APPLICATION
5400 4'x28'. 2000 ILLUSTRATED.
3% of FACADE - SEE PLAN
ATTACHED.

TYPE OF WORK:		(Office Use Only)	
☐	New Building		
☐	Addition		
☒	Alteration		
☐	Roofing		
☐	Sliding		
☒	Other	Sign	112.00
☐	Demolition		
☐	Miscellaneous		
☐	Fence	Height	
☒	Sign	Sq. Ft.	
☐	Pool		
☐	Elevator		
☐	Asbestos Abatement		
☐	Other		

Administrative Surcharge	
Paid ☐	Check #
Collected by:	Minimum Fee
	TOTAL FEE



**SIMPSON
SIGN COMPANY**

April 25, 1988

Mr. John Kinnevy, Zoning Officer
BRICK TOWNSHIP
Municipal Building
401 Chambersburg Road
Bricktown, NJ 08723

Re: Ocean National Bank
U.S. Route 70 near Route 88
Bricktown, NJ
LWO #7042

Dear Mr. Kinnevy:

In reference to my letter of April 12, I am enclosing our check in the amount of \$59.00 to cover the cost of sign permits, in accordance with our Drawing #194-88, which was submitted to you previously. Also enclosed is the completed application. I will appreciate it if you will send the permits to my attention.

Sincerely,

SIMPSON SIGN COMPANY

T. R. Alesczyk
Operations Manager

TRA/djf
Enclosures