CO | B | E | F | P

BLOCK 547 LOT 1 QUALIFICATION CODE C25.41 ADDRESS (SITE) 545 Brick Blvd PERMIT NO. 01-3143

CONSTRUCTION PERMIT APPLICATION COMMERCIAL

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 545 Brick Blvd
2. Name of Owner in Fee: Fleet Bank Tel. ( )
   Address 100 Federal St. Boston MA (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Central Sign + Crane Tel. (856) 234-9915
   Address 1253 N. Church St Moorestown NJ 08057
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 232906059 FAX: ( )
5. Architect or Engineer ____ Tel. ( )
   Address ____
6. Responsible Person in Charge of Work Steve Hamblin
   Tel. (856) 234-9915 FAX (856) 234-9925

Sign

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 117 35		
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	0		
10. Subtotal			
11. Cert. of Occupancy			
12. Other	30 184		
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 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

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd/by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		(1pg)	7/24/01		8-2-01	FM			
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical	175				8-1-01	to			
8. ☐ Asbestos Abat. Subch. 8									
9. ☐ Lead Hazard Abatement									
10. ☐ Demolition		GM	7/25/01		7/25/01	JK			
TOTAL COSTS	2525								

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
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:

IMPORTANT - MANDATORY FEE - A.H.B.T. - COMMERCIAL

Called 8/3/01

LDS BR 10402695

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 Janice BOhne c/o Central Sign + Crane

Address 1253 N. Church ST

Moorestown NJ 08057

Telephone (856) 234-9915

Signature Janice BOhne

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

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									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department 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	_____	Other	_____
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. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

PLAN REVIEW SHEET

NAME: _____ DATE: _____

ADDRESS: _____ NEW SUBMITTAL ( )

DESCRIPTION: _____ REVISION ( )

P	F		
( )	( )	ZONING:	_____
		DATE: _____	
( )	( )	BUILDING:	_____
		DATE: _____	
( )	( )	ELECTRIC:	_____
		DATE: _____	
( )	( )	PLUMBING:	_____
		DATE: _____	
( )	( )	FIRE:	_____
		DATE: _____	
( )	( )	ENVIRONIMENTAL	_____
		DATE: _____	
( )	( )	ENG.:	_____
		DATE: _____	
( )	( )	HEALTH DEPARTMENT:	_____
		DATE: _____	

NOTES:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

08/24/2001 11:02AM 00000004376
X403 SERV.003
$117.00 BUILDING
$35.00 ELECTRIC
$15.00 ZONING
$15.00 FEES
$2.00 DCA
$184.00 CHECK

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 08/24/2001
Control 0
Permit # 01-3143

IDENTIFICATION Block 547 Lot 1 Qual

Work Site Location 545 BRICK BLVD FLEET BANK
SIGN
Owner in Fee FLEET BANK
Address 100 FLORAL ST
BOSTON, MA -
Telephone ( ) -

Contractor CENTRAL SIGN & CRANE
Address 1030 DELSEA DR P O BOX 146
WESTVILLE, NJ 08093-
Telephone (609)384-5711
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2906059

Is hereby granted permission to perform the following work:

[X] BUILDING	[ ] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL	[ ] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:
SIGNS FOR FLEET BANK -WALL 3X15; PYLON 5'1X10'; 4 DIRECTIONALS 1 1/2X2'
3 DIRECTIONALS 1 1/2X2

PAYMENTS (Office Use Only)

Building	117
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other FEE	30
Total	154
Check No.	199
Cash	
Collected By	SC

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 $ 2,525

Construction Official 08/24/2001 SC

08/24/2001
Date

U.C.C. P170 (rev. 3/96)

~~Township of Middletown~~

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/24/01
Date Issued
Control #
Permit # (1-342)

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

Block 211 Lot 1
Work Site Location [illegible]
Owner in Fee Fleet Bank
Address 100 FEDERAL ST
BOSTON MA
Tele. ( )
Contractor [illegible]
Address [illegible]
Tele. (856) 234 9415
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [illegible] or Social Security No.

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.

[illegible]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
(1) WALL SIGN - 3'X15' - 45 SQ FT
(2) PYLON SIGN 5'1" X 10' - 51.3' SQ FT
(3) 4 DIRECTIONALS 1'X2' - 3 SQ FT EACH
(4) 3 - DIRECTIONALS 1'X2' - ~~4 SQ FT~~ 3 SQ FT EACH
NAME CHANGE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-24-01	FJ
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Other
[ ] Demolition
[ ] Miscellaneous
[ ] Fence Height
[X] Sign ~~Total~~ 117.3 Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-110A
1 White - Applicant Copy
2 Canary - Office Copy
3 Pink - Office Copy
4 Manila - Inspector Copy

MTBD 6

[redacted]

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8/24/01
Date Issued
Control #
Permit # 01-3143

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

Block 547 Lot 1
Work Site Location 545 Brick Blvd
Brickdown NJ 08105
Owner in Fee Fleet Bank
Address 100 Federal St.
Boston MA
Tele. ( )
Contractor Central Sign + Crane
Address 263 N Church St
Moorestown NJ 08057
Tele. (856) 234 9415
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 232906059 or Social Security No.

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-2-01	FMK
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing	11/20		12/7/01	JK
Foundation	11/16			
Slab	N/A			
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

NF JK

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

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

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.

Janice B Ohne
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
(1) WALL SIGN - 34'5" - 45 SQ FT
(2) PYLON SIGN 5'1" X 10' - 51.3' SQ FT
(3) 4 Directionals 1½ x 2' - 3 S.F each
(4) 3 - Directionals 1½ x 8' - ~~45 S.F each~~ 3 S.F each
NAME CHANGE

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [X] Sign ~~10'x5'~~ 117.3 Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-110A 1 White - Applicant Copy 2 Canary - Office Copy 3 Pink - Office Copy 4 Manila - Inspector Copy

MTBD 6

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8/24/01
Control #
Permit # 01-3143

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

Block 547 Lot 1
Work Site Location First Bank
545 Brick Blvd
Owner in Fee/Occupant First Bank
Address 100 Federal St
Boston MA
Tele. ( )
Contractor JEM Electric
Address 700 Tosh Hill Rd
Randolph, NJ 07078
Tele. (856) 989-3445 Fax (856) 939-1197
Lic. No. 12305
Federal Emp. No. 22-333-8114

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 225

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 8-1-01
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW 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/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
2		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

UCC/PRO F-120 (REV3/96)
Professional Printing
(856) 468-7933

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8/24/01
Control #
Permit # 01-3143

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

Block 547 Lot 1
Work Site Location Fleet Bank
545 Brick Blvd
Owner in Fee/Occupant Fleet Bank
Address 100 Federal St.
Boston MA
Tele. ( )
Contractor JEM Electric
Address 700 Irish Hill Rd
Runnemede, NJ 08078
Tele. (856) 939-3443 Fax (856) 939-1197
Lic. No. 12308
Federal Emp. No. 22-333-8114

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 225

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 8-6-01
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW 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/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
2		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

UCC/PRO F-120 (REV3/96)
Professional Printing
(856) 468-7933

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: July 25, 2001 **No. 1.1204**

Block: 547 **Lot:** 1 **Zone:** B-2, General Business

Property Address: 545 Brick Boulevard

Applicant: Judith Bohne; Fleet Bank

Property Owner: Fleet Bank

Existing Use: Bank.

Proposed Use: Same.

Proposed Construction: Replacing signs: (1) wall sign, 3' x 15', 45 square feet; (2) pylon sign, 5'1" x 10', 51.3 square feet; (3) 4 directionals, 1.5' x 2', 3 square feet each; (4) 3 directionals, 1.5' x 2', 3 square feet.

Conditions: Replacing existing signs to change name from Summit Bank to Fleet Bank.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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

RECEIVED
JUL 25 2001
ZONING

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

Block 517 Lot 1 Qualifer

PROPERTY ADDRESS 515 Brick Blvd

PERSONAL NAME OF APPLICANT Judith Bohne

BUSINESS NAME OF APPLICANT Fleet Bank

PROPERTY OWNER Fleet Bank

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) SIGNS - NAME CHANGE Bank

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please decribe) Bank Sign - NAME CHANGE

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe)
☐ Addition
☐ Alteration
☐ Porch or deck (state heights)
☐ Shed (state height)
☐ Fence (state type & height)
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Signs

COMMERCIAL

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

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 Judith Bohne Date 6-14-01

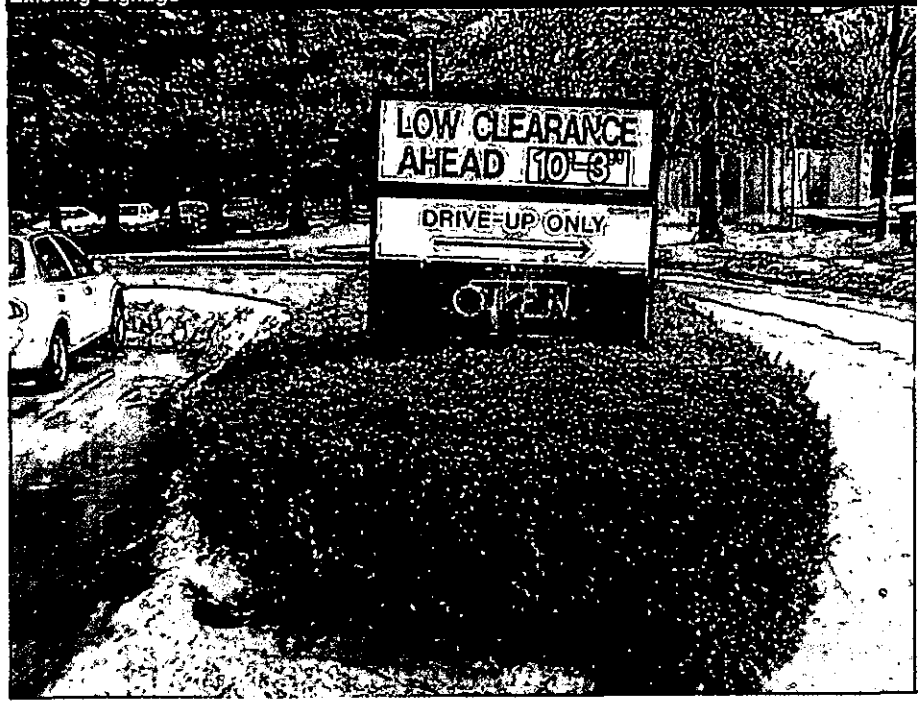
Reviewed by Zoning Office JK Date 7/26/ (✓) Approved ( ) Denied

Signage Recommend.

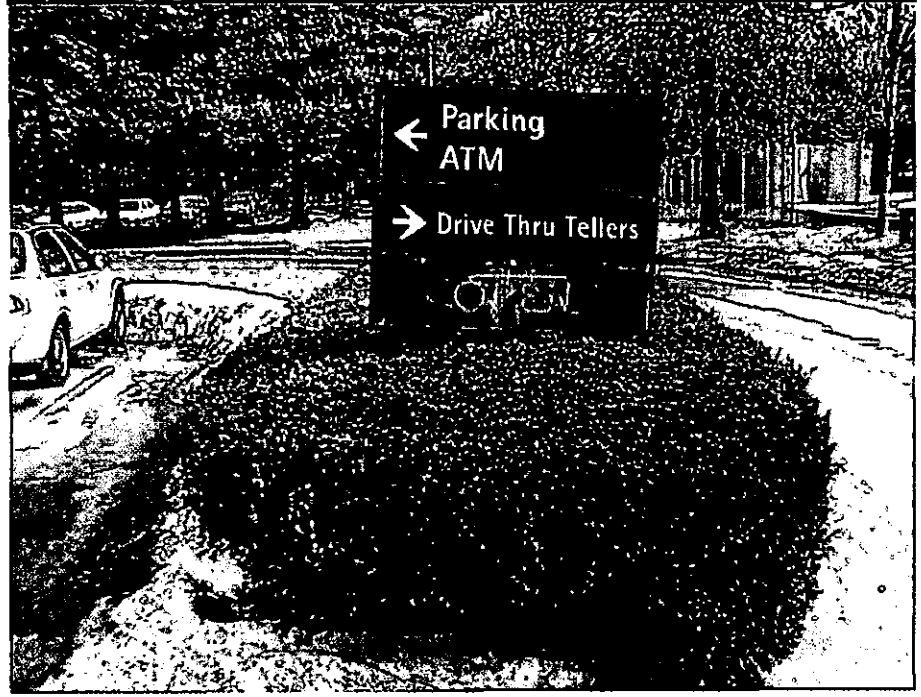
Facility Name: Brick Boulevard **Facility Type:** Branch - Full Service **Address:** 545 Brick Blvd **Facility No:** 5571

Company: Summit Bank **City, State, Zip:** Bricktown, NJ 08105 **Site ID:** 340341

Existing Signage



Proposed Signage



Item Number:	E-09
Sign Type:	Directional
Height:	36
Width:	36
Sq Footage:	9.000
Depth:	3
Overall Height:	72
Illumination:	Internally illuminated
# of Faces:	Single Faced
Text (side a):	LOW CLEARANCE / AHEAD 10'-3" / DRIVE-UP ONLY / --> / OPEN/CLO
Text (side b):	N/A

		Side A:	Side B:
Product:	Custom Reface	← Parking	
Action:	RF	ATM	
Height:	36	→ Drive Thru Tellers	
Letter Height:	N/A		
Width:	36		
Depth:	N/A		
Overall Height:	72		
Sq. Footage:	9		
Illumination:	Internally illumin		
# of Faces:	Single Faced		
Comments	VIF Required		

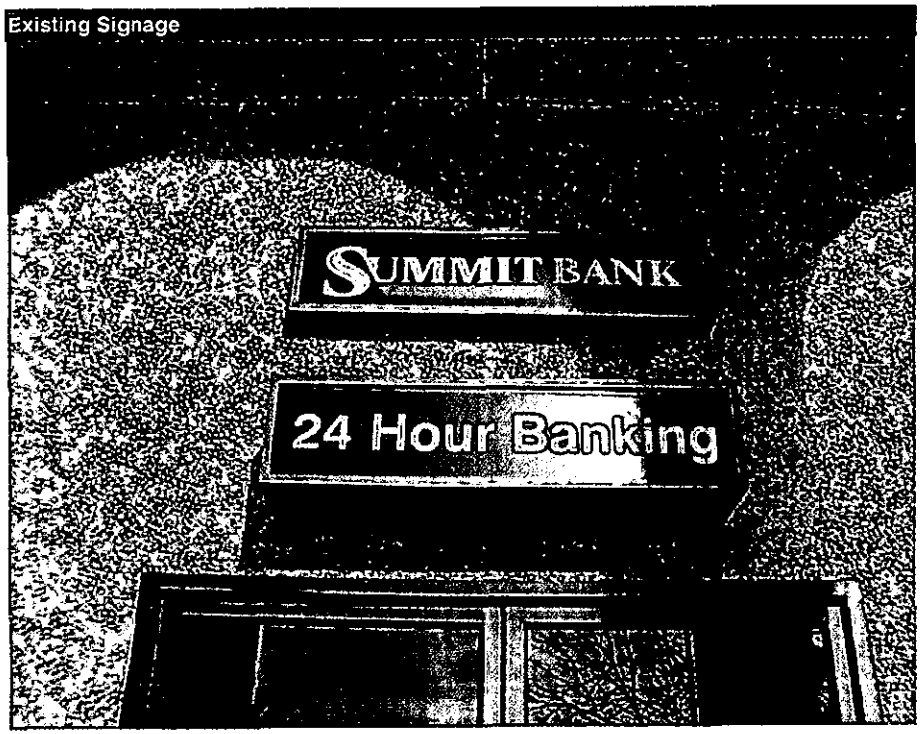
"r" designates reface "a" designates white backgrounds for directional sign types and alternative logo format for letter sets

Signage Recommend.

Facility Name: Brick Boulevard **Facility Type:** Branch - Full Service **Address:** 545 Brick Blvd **Facility No:** 5571

Company: Summit Bank **City, State, Zip:** Bricktown, NJ 08105 **Site ID:** 340341

Existing Signage



Proposed Signage

Item Number:	E-14
Sign Type:	Box/Wall
Height:	12
Width:	48
Sq Footage:	4.000
Depth:	12
Overall Height:	120
Illumination:	Internally illuminated
# of Faces:	Single Faced
Text (side a):	24 Hour Banking
Text (side b):	N/A

		Side A:	Side B:
Product:	FS-4	Logo Fleet	
Action:	RR		
Height:	24		
Letter Height:	N/A		
Width:	50		
Depth:	N/A		
Overall Height:	N/A		
Sq. Footage:	8.333		
Illumination:	Internally illumin		
# of Faces:	Single Faced		

Comments VIF Required

"r" designates reface "a" designates white backgrounds for directional sign types and alternative logo format for letter sets

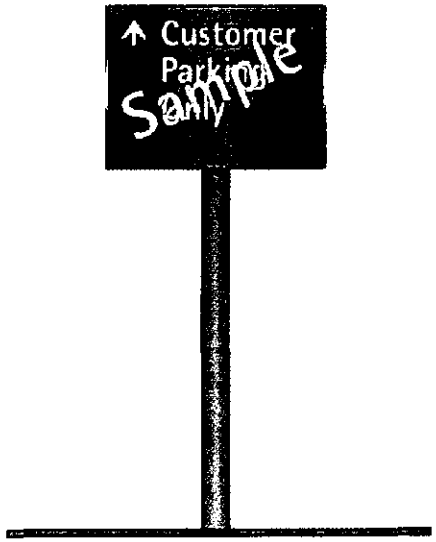
Signage Recommend.

Facility Name: Brick Boulevard **Facility Type:** Branch - Full Service **Address:** 545 Brick Blvd **Facility No:** 5571

Company: Summit Bank **City, State, Zip:** Bricktown, NJ 08105 **Site ID:** 340341

Existing Signage

Proposed Signage



Item Number:	E-05
Sign Type:	Directional
Height:	12
Width:	36
Sq Footage:	3.000
Depth:	.0625
Overall Height:	30
Illumination:	Non-illuminated
# of Faces:	Double Faced
Text (side a):	Entrance
Text (side b):	Left Turn Only

		Side A:	**Side B:**
Product:	DPD-2	Entrance	Left Turn Only
Action:	RR		
Height:	18		
Letter Height:	N/A		
Width:	24		
Depth:	2 to 4		
Overall Height:	57		
Sq. Footage:	3		
Illumination:	Non-illuminated		
# of Faces:	Double Faced		

Comments VIF Required

"r" designates reface "a" designates white backgrounds for directional sign types and alternative logo format for letter sets

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 541 LOT 1 SITE ADDRESS 545 Sussex Ave.
TYPE OF SITE Residential / Commercial NAME OF BUSINESS [illegible]
APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible] NJ. 08551

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
Market Rate	No Fee Required	

NO FEE REQUIRED

MANDATORY DEVELOPER FEES

APPROVED BY [signature] DATE 7/26/01

◊ Residential is .005 %

X Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ _____

[signature]
Frederick R. Millman, CTA, Tax Assessor

7/26/01
Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ _____

_____ _____
Frederick R. Millman, CTA, Tax Assessor Date

Prelininary Fee Required _____ Date _____
Preliminary Paid _____ Check # _____
Receipt # _____

Final Total Fee Required _____
Preliminary Paid _____ Date _____
Final Paid _____ Check# _____
Balance Due _____ Receipt # _____

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.

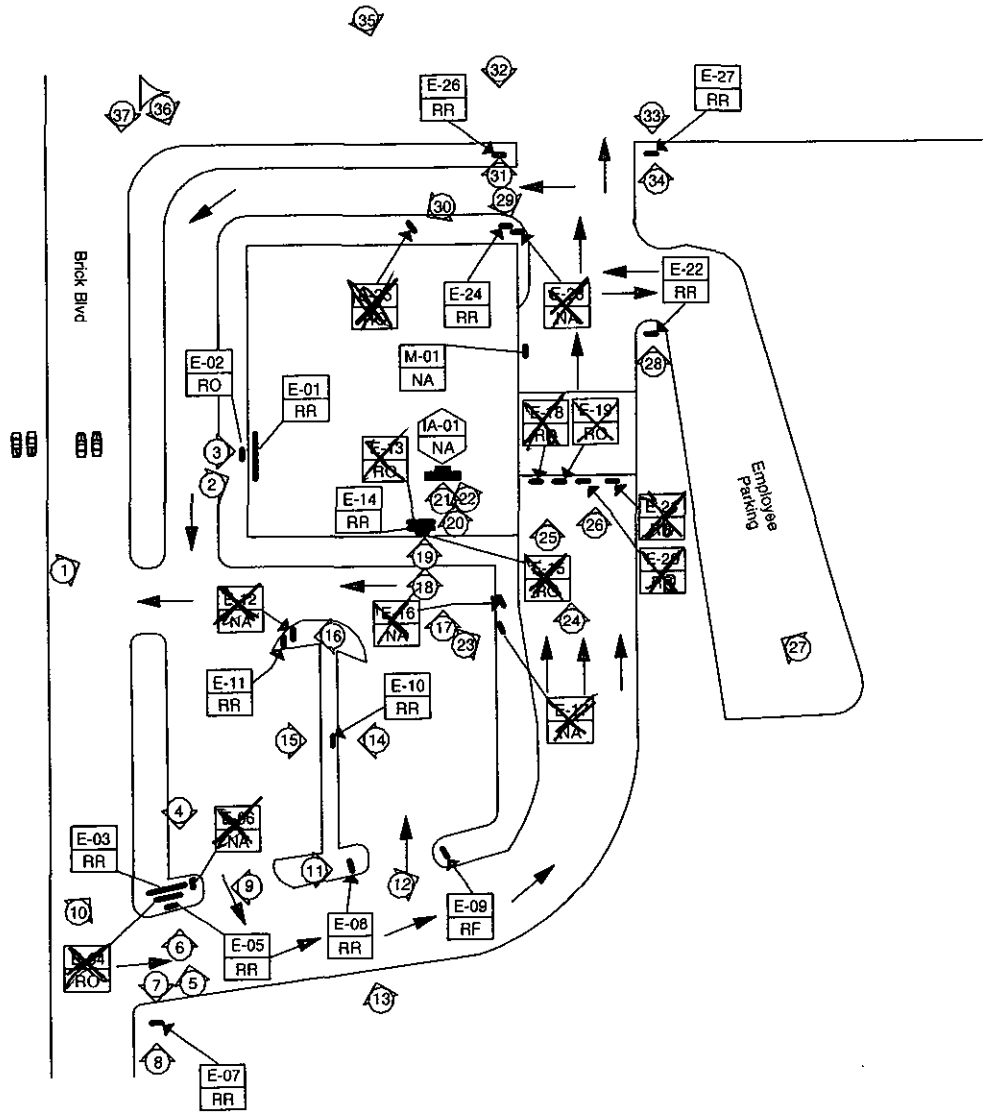
7/26/01 - To process

_____
Office of Affordable Housing

Site Plan

Facility Name: Brick Boulevard **Facility Type:** Branch - Full Service **Address:** 545 Brick Blvd **Facility No:** 5571

Company: Summit Bank **City, State, Zip:** Bricktown, NJ 08105 **Site ID:** 340341



Sign Recommendation Summary:

No.	Existing	Action	Recommend
E-01	Box/Wall	RR	F-1
~~E-02~~	~~Decal/Vinyl~~	~~RO~~	~~None~~
E-03	Pylon	RR	P-2
~~E-04~~	~~Box/Wall~~	~~RO~~	~~None~~
E-05	Directional	RR	DPD-2
~~E-06~~	~~Directional~~	~~N/A~~	~~None~~
E-07	Directional	RR	DPD-1
E-08	Directional	RR	DPD-2
E-09	Directional	RF	Custom Reface
E-10	Directional	RR	DPD-2
E-11	Directional	RR	DPS-2
~~E-12~~	~~Directional~~	~~N/A~~	~~None~~
~~E-13~~	~~Box/Wall~~	~~RO~~	~~None~~
E-14	Box/Wall	RR	FS-4
~~E-15~~	~~Decal/Vinyl~~	~~RO~~	~~None~~
~~E-16~~	~~Directional~~	~~N/A~~	~~None~~
~~E-17~~	~~Directional~~	~~N/A~~	~~None~~
~~E-18~~	~~Directional~~	~~RR~~	~~DSS-2~~
~~E-19~~	~~Directional~~	~~RO~~	~~None~~
~~E-20~~	~~Directional~~	~~RR~~	~~DSS-2~~
~~E-21~~	~~Directional~~	~~RR~~	~~DSS-2~~
E-22	Directional	RR	DPS-2
~~E-23~~	~~Directional~~	~~N/A~~	~~None~~
E-24	Directional	RR	DPS-1
~~E-25~~	~~Directional~~	~~RO~~	~~None~~
E-26	Directional	RR	DPD-1
E-27	Directional	RR	DPD-1

ATM Recommendation Summary:

Symbol Key:

E-01 Signage Designator | 1 Photo Keys | Signage Symbol

EA-02 ATM Designator | ATM Symbol

Action Codes:

RO Remove Only	RB Refurbish	NA No Action
RF Reface	RR Remove and Replace	RS Remove -Save Sign
RP Repaint	NEW New Product	RSL Remove - Save Log

"r" designates reface

"a" designates white backgrounds for directional sign types and alternative logo format for letter sets

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering

Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: _____

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 547 Lot: 1

Property Address: 545 Brick Blvd

I, _____ of _____,
(name) (address)

Request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, part B.

_____
Applicant's Signature

COMMERCIAL

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.

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

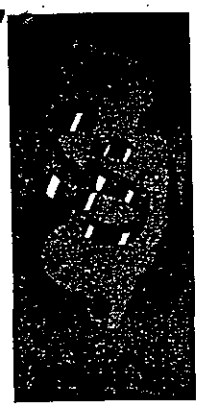
Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

OFFICE USE

Approved: 7/25/01 Signed: _____

Rejected: _____ Signed: _____

Comments: _____



Central
Sign & Crane

1253 N. Church St.,
Moorestown, NJ 08057
Phone No. 856-234-9915
Fax No. 856-234-9925

To whom it may concern:

On behalf on Central Sign & Crane, Judith Bohne and Janice Bohne will be handling permitting for all the Fleet Bank locations. Any correspondence in regard to any and all of these locations should be sent to the following location:

Judith Bohne
2121 Julia Goldbach Ave
Ronkonkoma, NY 11779

Any questions please feel free to call (516)981-5175

Sincerely,

Steven Hamblin
President

COLLINS SIGNS

4255 Napier Field Road
Dothan, Alabama 36303
334.983-6518 Phone
334.983-1379 Fax
http://www.collinssigns.com

Tuesday, Mar 15, 2001 2:58:03 PM

Central Sign and Crane
1253 N. Church St.
Moorestown NJ 08057
Attn: Patti Fritz

Dear Patti,

This letter is authorizing Central Sign and Crane to be Collins Signs authorized agent in obtaining signage permits for all Fleet Bank facilities.

Should you have any questions or problems, please contact us at the number above.

Regards,

Patti Medley
Senior Program Manager

Fleet

Letter of Authorization

Please be advised that Fleet Bank authorizes Ms. Patti Medley to act on our behalf to apply for and acquire sign permits at Fleet Bank locations/properties. Ms. Medley is also authorized to sign as the owner for any bank-owned property for sign related issues.

Marc Rosenthal
Managing Director
Facilities and Project Management

As subscribed and sworn to before me on 1/29/01
(Date)

Gail E. Blanchard, Notary Public
Signature

GAIL E. BLANCHARD
Print Name

My commission expires: July 27, 2001
Month/Day/Year

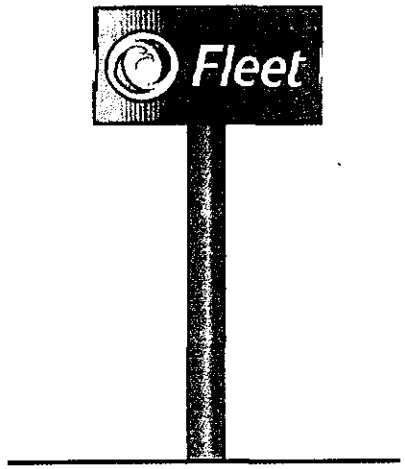
Signage Recommend.

Facility Name: Brick Boulevard **Facility Type:** Branch - Full Service **Address:** 545 Brick Blvd **Facility No:** 5571

Company: Summit Bank **City, State, Zip:** Bricktown, NJ 08105 **Site ID:** 340341

Existing Signage

Proposed Signage



Item Number:	E-03
Sign Type:	Pylon
Height:	48
Width:	120
Sq Footage:	40.000
Depth:	12
Overall Height:	144
Illumination:	Internally illuminated
# of Faces:	Double Faced
Text (side a):	SUMMIT BANK
Text (side b):	SUMMIT BANK

		Side A:	Side B:
Product:	P-2	Logo Fleet	Logo Fleet
Action:	RR		
Height:	61.625		
Letter Height:	N/A		
Width:	120		
Depth:	5.125 to 24		
Overall Height:	241.625		
Sq. Footage:	51.354		
Illumination:	Internally illumin		
# of Faces:	Double Faced		

Comments VIF Required

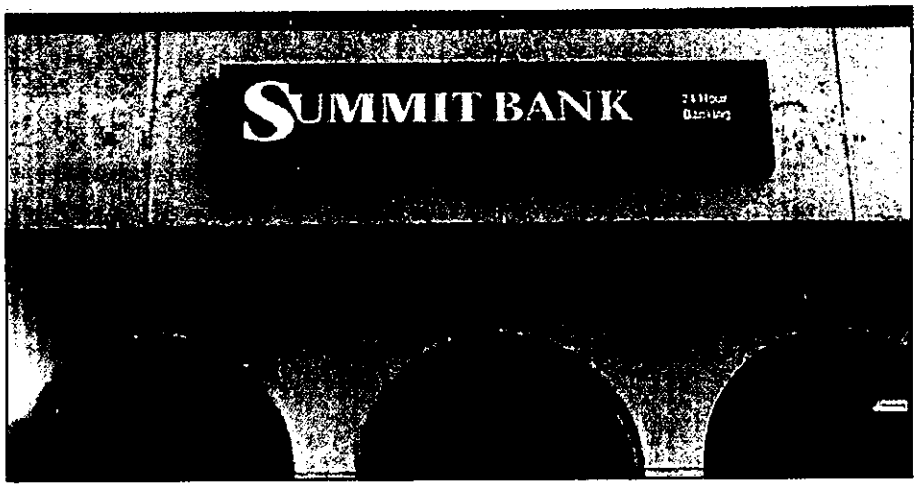
"r" designates reface "a" designates white backgrounds for directional sign types and alternative logo format for letter sets

Signage Recommend.

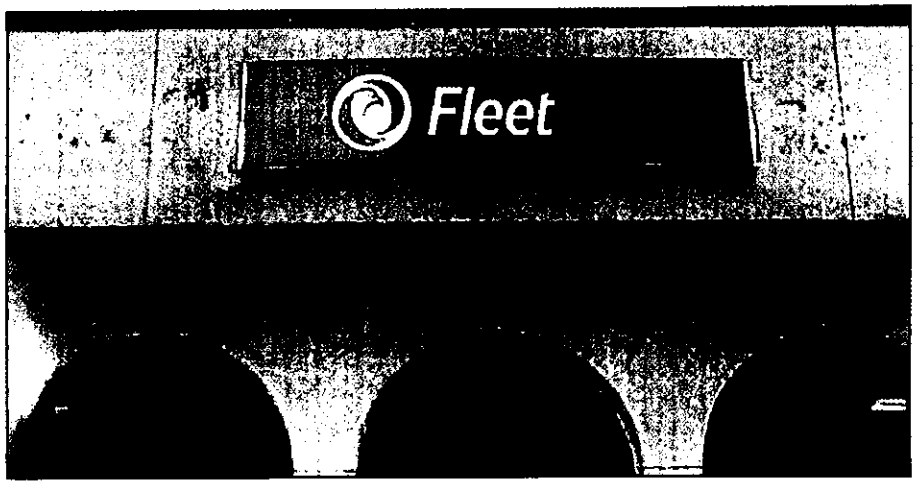
Facility Name: Brick Boulevard **Facility Type:** Branch - Full Service **Address:** 545 Brick Blvd **Facility No:** 5571

Company: Summit Bank **City, State, Zip:** Bricktown, NJ 08105 **Site ID:** 340341

Existing Signage



Proposed Signage



Item Number:	E-01
Sign Type:	Box/Wall
Height:	36
Width:	190
Sq Footage:	47.500
Depth:	6
Overall Height:	240
Illumination:	Internally illuminated
# of Faces:	Single Faced
Text (side a):	SUMMIT BANK 24 Hour / Banking
Text (side b):	N/A

		Side A:	**Side B:**
Product:	F-1	Logo Fleet	
Action:	RR		
Height:	36		
Letter Height:	N/A		
Width:	180		
Depth:	N/A		
Overall Height:	N/A		
Sq. Footage:	45		
Illumination:	Internally illumin		
# of Faces:	Single Faced		

Comments VIF Required

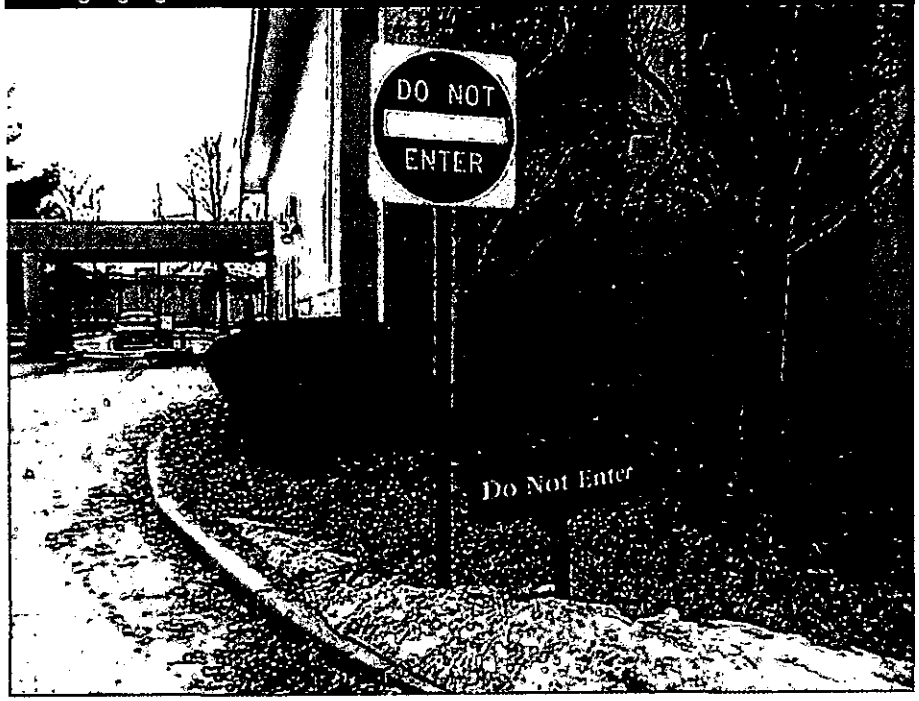
"r" designates reface "a" designates white backgrounds for directional sign types and alternative logo format for letter sets

Signage Recommend.

Facility Name: Brick Boulevard **Facility Type:** Branch - Full Service **Address:** 545 Brick Blvd **Facility No:** 5571

Company: Summit Bank **City, State, Zip:** Bricktown, NJ 08105 **Site ID:** 340341

Existing Signage



Proposed Signage

Item Number:	E-24
Sign Type:	Directional
Height:	12
Width:	36
Sq Footage:	3.000
Depth:	.0625
Overall Height:	30
Illumination:	Non-illuminated
# of Faces:	Single Faced
Text (side a):	Do Not Enter
Text (side b):	N/A

		Side A:	**Side B:**
Product:	DPS-R	← Entrance	
Action:	RR		
Height:	18		
Letter Height:	N/A		
Width:	~~36~~ 24"		
Depth:	2 to 5		
Overall Height:	57		
Sq. Footage:	~~3~~ 3		
Illumination:	Non-illuminated		
# of Faces:	Single Faced		
Comments	VIF Required		

"r" designates reface "a" designates white backgrounds for directional sign types and alternative logo format for letter sets

Signage Recommend.

Facility Name: Brick Boulevard **Facility Type:** Branch - Full Service **Address:** 545 Brick Blvd **Facility No:** 5571

Company: Summit Bank **City, State, Zip:** Bricktown, NJ 08105 **Site ID:** 340341

Existing Signage

Proposed Signage

Item Number:	E-22
Sign Type:	Directional
Height:	12
Width:	36
Sq Footage:	3.000
Depth:	.0625
Overall Height:	30
Illumination:	Non-illuminated
# of Faces:	Single Faced
Text (side a):	Employee Parking
Text (side b):	N/A

		Side A:	**Side B:**
Product:	DPS-2	Parking for Fleet	
Action:	RR	*Employess Only*	
Height:	18		
Letter Height:	N/A		
Width:	24		
Depth:	2 to 4		
Overall Height:	57		
Sq. Footage:	3		
Illumination:	Non-illuminated		
# of Faces:	Single Faced		

Comments VIF Required

"r" designates reface "a" designates white backgrounds for directional sign types and alternative logo format for letter sets

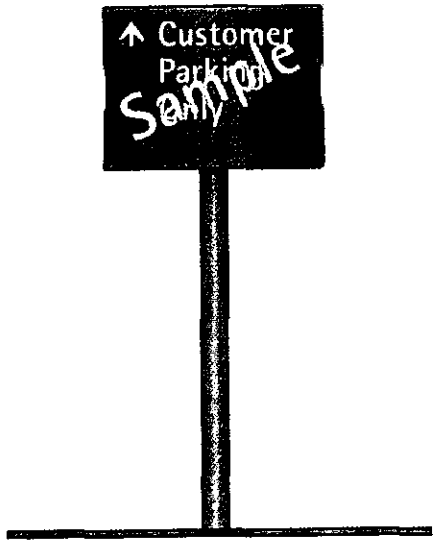
Signage Recommend.

Facility Name: Brick Boulevard **Facility Type:** Branch - Full Service **Address:** 545 Brick Blvd **Facility No:** 5571

Company: Summit Bank **City, State, Zip:** Bricktown, NJ 08105 **Site ID:** 340341

Existing Signage

Proposed Signage



		Side A:	Side B:
Item Number:	E-11		
Sign Type:	Directional		
Height:	12		
Width:	36		
Sq Footage:	3.000		
Depth:	.0625		
Overall Height:	30		
Illumination:	Non-illuminated		
# of Faces:	Single Faced		
Text (side a):	Exit		
Text (side b):	N/A		
Product:	DPS-2	↑ Exit	
Action:	RR		
Height:	18		
Letter Height:	N/A		
Width:	24		
Depth:	2 to 4		
Overall Height:	57		
Sq. Footage:	3		
Illumination:	Non-illuminated		
# of Faces:	Single Faced		
Comments	VIF Required		

"r" designates reface "a" designates white backgrounds for directional sign types and alternative logo format for letter sets

Signage Recommend.

Facility Name: Brick Boulevard **Facility Type:** Branch - Full Service **Address:** 545 Brick Blvd **Facility No:** 5571

Company: Summit Bank **City, State, Zip:** Bricktown, NJ 08105 **Site ID:** 340341

Existing Signage

Proposed Signage

Item Number:	E-10
Sign Type:	Directional
Height:	12
Width:	36
Sq Footage:	3.000
Depth:	.0625
Overall Height:	24
Illumination:	Non-illuminated
# of Faces:	Double Faced
Text (side a):	Parking
Text (side b):	Parking

		Side A:	**Side B:**
Product:	DPD-2	Customer Parking Only	Customer Parking Only
Action:	RR		
Height:	18		
Letter Height:	N/A		
Width:	24		
Depth:	2 to 4		
Overall Height:	57		
Sq. Footage:	3		
Illumination:	Non-illuminated		
# of Faces:	Double Faced		

Comments VIF Required

"r" designates reface "a" designates white backgrounds for directional sign types and alternative logo format for letter sets

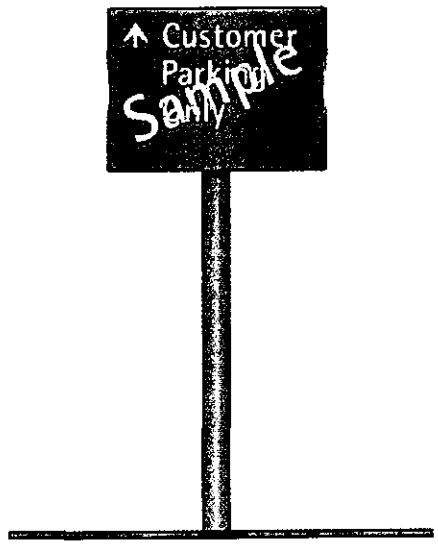
Signage Recommend.

Facility Name: Brick Boulevard **Facility Type:** Branch - Full Service **Address:** 545 Brick Blvd **Facility No:** *5571*

Company: Summit Bank **City, State, Zip:** Bricktown, NJ 08105 **Site ID:** *340341*

Existing Signage

Proposed Signage



Item Number:	E-08
Sign Type:	Directional
Height:	12
Width:	36
Sq Footage:	3.000
Depth:	.0625
Overall Height:	30
Illumination:	Non-illuminated
# of Faces:	Single Faced
Text (side a):	Entrance
Text (side b):	N/A

		Side A:	**Side B:**
Product:	DPD-2	Entrance	One Way Do Not Enter
Action:	RR		
Height:	18		
Letter Height:	N/A		
Width:	24		
Depth:	2 to 4		
Overall Height:	57		
Sq. Footage:	3		
Illumination:	Non-illuminated		
# of Faces:	Single Faced		

Comments VIF Required

Make sign double faced for better traffic control.

"r" designates reface "a" designates white backgrounds for directional sign types and alternative logo format for letter sets

Signage Recommend.

Facility Name: Brick Boulevard **Facility Type:** Branch - Full Service **Address:** 545 Brick Blvd **Facility No:** 5571

Company: Summit Bank **City, State, Zip:** Bricktown, NJ 08105 **Site ID:** 340341

Existing Signage

Proposed Signage

Item Number:	E-07
Sign Type:	Directional
Height:	12
Width:	36
Sq Footage:	3.000
Depth:	.0625
Overall Height:	36
Illumination:	Non-illuminated
# of Faces:	Double Faced
Text (side a):	Entrance
Text (side b):	Entrance

		Side A:	Side B:
Product:	DPD-~~1~~ 2	Entrance	Entrance
Action:	RR		
Height:	18		
Letter Height:	N/A		
Width:	~~36~~ 24"		
Depth:	2 to 5		
Overall Height:	57		
Sq. Footage:	~~4.5~~ 3		
Illumination:	Non-illuminated		
# of Faces:	Double Faced		
Comments	VIF Required		

"r" designates reface "a" designates white backgrounds for directional sign types and alternative logo format for letter sets

Signage Recommend.

Facility Name: Brick Boulevard **Facility Type:** Branch - Full Service **Address:** 545 Brick Blvd **Facility No:** 5571

Company: Summit Bank **City, State, Zip:** Bricktown, NJ 08105 **Site ID:** 340341

Existing Signage

Proposed Signage

Item Number:	E-26
Sign Type:	Directional
Height:	12
Width:	36
Sq Footage:	3.000
Depth:	.0625
Overall Height:	24
Illumination:	Non-illuminated
# of Faces:	Double Faced
Text (side a):	Exit
Text (side b):	Entrance

		Side A:	**Side B:**
Product:	DPD~~4~~	↗ Entrance	↖ Entrance
Action:	RR		
Height:	18		
Letter Height:	N/A		
Width:	~~96~~ 24"		
Depth:	2 to 5		
Overall Height:	57		
Sq. Footage:	~~4.5~~ 3		
Illumination:	Non-illuminated		
# of Faces:	Double Faced		
Comments	VIF Required		

"r" designates reface "a" designates white backgrounds for directional sign types and alternative logo format for letter sets

Signage Recommend.

Facility Name: Brick Boulevard **Facility Type:** Branch - Full Service **Address:** 545 Brick Blvd **Facility No:** 5571

Company: Summit Bank **City, State, Zip:** Bricktown, NJ 08105 **Site ID:** 340341

Existing Signage

Proposed Signage

Item Number:	E-27
Sign Type:	Directional
Height:	12
Width:	36
Sq Footage:	3.000
Depth:	.0625
Overall Height:	24
Illumination:	Non-illuminated
# of Faces:	Double Faced
Text (side a):	Exit
Text (side b):	Entrance

		Side A:	**Side B:**
Product:	DPD-2	Exit	Exit
Action:	RR		
Height:	18		
Letter Height:	N/A		
Width:	~~36~~ 24"		
Depth:	2 to 5		
Overall Height:	57		
Sq. Footage:	~~3~~ 3		
Illumination:	Non-illuminated		
# of Faces:	Double Faced		
Comments	VIF Required		

"r" designates reface "a" designates white backgrounds for directional sign types and alternative logo format for letter sets

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 7-30-01

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION 545 Brick Blvd
(Street address)

BUILDING DESCRIPTION _____

_____

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	Missing Drawings	
	Called & spoke to Sign Co 9:15	

06/93

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: Fleet Bank #5571 - 545 Brick Blvd
Block: 547 Lot: 1
Owner's Name: Fleet Bank
Owner's Mailing Address: 100 Federal Street
Boston MA
Phone: (____)_____

BUILDING

Contractor: Central Sign & Crane
Address: 1253 N. Church St
Moorestown NJ 08057
Phone#: 856-234-9915
Lis #_____
Federal Emp # or SSN 232 906059

Technical Data

Description of Work:

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
___Demolition
/ Sign 117.3 sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Building:_____
Volume of Structure:_____
Total Land Disturbed:_____

Cost of Alteration: 2300 + 225 Elec

Cost of New Building:_____

Total Cost of Building Work: 2525.

Signature: Judith A Bohne
Please Print Name JUDITH A BOHNE

ELECTRICAL

Contractor:_____
Address:_____
_____
Phone#:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:_____

Signature:_____
Please Print Name_____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

ontractor:_____
.ddress:_____
_____
hone #:_____
is #:_____
ederal Emp # or SSN_____

Technical Data

ixtures Quantity

Vater Closets_____
Jrinals/Bidets_____
3ath Tub_____
.avatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

CONTRACTOR'S SEAL