

BLOCK 547 LOT 1 QUALIF /CODE _____ ADDRESS (SITE) 545 Brick Blvd PERMIT NO. 04-4250



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 545 Brick Blvd (Fleet Bank)

2. Name of Owner in Fee: Bank of America Tel. (410) 547-4694
Address: 100 S. Charles St. 3rd Fl.
Baltimore, MD 21201
Municipality zip code

3. Ownership in Fee: Public _____ Private XX

4. Principal Contractor: Philo. Sign Co. Tel. (866) 829-1460
Address: 707 W. Spring Garden St.
Palmyra, NJ 08065

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. 23-0973470 Fax () _____

5. Architect or Engineer _____ Tel. () _____
Address _____

6. Responsible Person in Charge of Work Peggy Fernandez
Tel. (973) 439-6929 Fax 973-439-9155

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>168</u>	
2. Electrical	<u>40</u>	
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	\$	
7. Less 20% for State Plan Review		
8. Subtotal	\$ <u>3</u>	
9. DCA Training Fee		
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other	<u>30</u>	
13. TOTAL	\$ <u>241</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

	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
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									
TOTAL COSTS									

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

UCC/PRO F-100 (REV3/96)
Professional Printing
(856) 468-7933

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Single (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 Peggy Fernandez / Phila. Sign Co.

Address 707 W. Spring Garden St.

Palmyra, NJ 08065

Telephone 973-439-6929

Signature Peggy Fernandez

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			X		X		X		
☐ Planning Board			X		X		X		
☐ Zoning Board			X		X		X		
☐ Sewer Authority			X		X		X		
☐ Water Authority			X		X		X		
☐ Police Department			X		X		X		
☐ Health Department			X		X		X		
☐ Soil Conservation			X		X		X		
☐ N.J. Department of Community Affairs			X		X		X		
☐ N.J. Department of Transportation			X		X		X		
☐ N.J. Department of Environmental Protection			X		X		X		
☐ Utility Dig No.			X		X		X		
☐			X		X		X		
☐			X		X		X		

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. _____	_____	_____	_____

BrickTop / BOA 5571



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 547 Lot 1

Work Site Location 545 Brick Blvd
(Fleet Bank)

Contractor Philadelphia Sign Company

Address 707 West Spring Garden St
Palmyra, NJ 08065

Owner in Fee Bank of America

Address 100 South Charles Street 3rd Floor
Baltimore, MD 21201

Tele. (856) 829-1460

Tele. (410) 547-4644

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. 23-0973470

is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☒ OTHER <u>Signage</u> |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

Replace existing Fleet Bank signs
with new to change the name
to Bank of America

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 \$ 3200.00

PAYMENTS (Office Use Only)

Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA Training Fee	_____
Cert. of Occ.	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected By:	_____

Date _____

CONSTRUCTION OFFICIAL

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

UCC/PRO170 (REV3/96)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

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BrickTop / BOA 5571



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 547 Lot 1

Work Site Location 545 Brick Blvd
/ Fleet Bank

Contractor Philadelphia Sign Company

Address 757 West Spring Garden St

Owner in Fee Bank of America

Palmyra, NJ 08065

Address 100 South Charles Street 3rd Floor

Tele. (856) 829-1460

Baltimore, MD 21201

Lic. No. or Bldrs. Reg. No. _____

Tele. (410) 517-4644

Federal Emp. No. 23-2973470

is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☒ OTHER <u>Signage</u> |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

Replace existing Fleet/Bank signs
with new to change the name
to Bank of America

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 \$ 3200.00

PAYMENTS (Office Use Only)	
Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA Training Fee	_____
Cert. of Occ.	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected By:	_____

Date _____

CONSTRUCTION OFFICIAL

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

UCC/PRO170 (REV3/96)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

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☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

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Professional Printing
(856) 468-7933

Brick Top / Box 557



CONSTRUCTION PERMIT

Date Issued _____
Control # _____
Permit # _____

IDENTIFICATION Block 547 Lot 1

Work Site Location 545 Brick Top

Contractor 1

Address 1

Owner in Fee 3

Address 1

Tele. () 1

Tele. () 1

Lic. No. or Bldrs. Reg. No. 1

Federal Emp. No. 10

is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☒ OTHER <u>1</u> |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

REMOVE EXISTING 1st Floor Windows
AND REBUILD TO ORIGINAL CONDITION
IN CASE OF DAMAGE

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 \$ 1200.00

PAYMENTS (Office Use Only)	
Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA Training Fee	_____
Cert. of Occ.	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected By:	_____

Date _____

CONSTRUCTION OFFICIAL _____

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

UCC/PRO170 (REV3/96)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
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☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

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☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

UCC/PRO170 (REV3/96)
Professional Printing
(856) 468-7933



CONSTRUCTION PERMIT

Date Issued _____
Control # _____
Permit # _____

IDENTIFICATION Block _____ Lot _____

Work Site Location _____ Contractor _____

Address _____

Owner in Fee _____

Address _____

Tele. (____) _____

Lic. No. or Bldrs. Reg. No. _____

Tele. (____) _____

Federal Emp. No. _____

is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER _____ |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

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 \$ _____

PAYMENTS (Office Use Only)

Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA Training Fee	_____
Cert. of Occ.	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected By:	_____

Date _____

CONSTRUCTION OFFICIAL

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

UCC/PRO170 (REV3/96)

REQUIRED INSPECTIONS

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If you do not understand any of this information, please ask.

UCC/PRO170 (REV3/96)
Professional Printing
(856) 468-7933

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 10/01/2004
Control #
Permit # 04-4250

IDENTIFICATION Block 547 Lot 1 Bual

Work Site Location 545 BRICK BLVD-FLEET BANK

SIGN

Owner in Fee BANK OF AMERICA

Address 100 S CHARLES ST 3RD FLOOR

BALTIMORE, MD 21201-

Telephone (410)547-4694

Contractor PHILADELPHIA SIGN COMPANY

Address 707 W SPRING GARDEN STREET

PALMERA, NJ 08065-

Telephone (609)829-1460

Lic. No. or Eiders. Reg. No.

Federal Emp. No. 23-0973470

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:
INSTALL THE FOLLOWING SIGNAGE-REPLACE EXISTING FLEET BANK SIGNS WITH NEW
SIGNS TO CHANGE NAME TO BANK OF AMERICA

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

Estimated Cost of Work \$ 2,075

Construction Official

10/01/2004
Date

B.C.C. #170 (rev. 3/96) NJ ICCANS 5.20E

\$168.00
\$40.00
\$3.00
\$15.00
\$15.00
\$241.00
\$241.00
\$0.00

#4250
BUILDING
ELECTRIC
VOID
PPR
PPR
PPR
TOTAL
PERMIT
CHANGE

10/01/04 11:34AM 001558#3197
XX04 SERV.004

PAYMENTS (Office Use Only)

Building 168
Electrical 40
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 3
Cert. of Occupancy 0
Total 211
Check No. 1711
Cash
Collected By TL

**Township of Brick
Zoning Permit**

Approved: Thursday, September 16, 2004 **Number:** 1413

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

Property Address: 545 Brick Boulevard

Applicant: Peggy Fernandez; Philadelphia Sign Company

Property Owner Bank of America

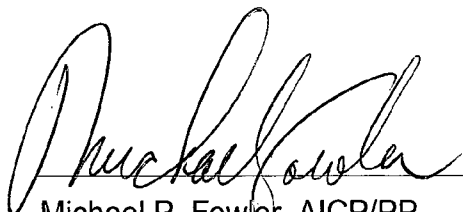
Existing Use: Fleet Bank

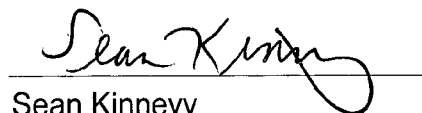
Proposed Use: Bank of America

Proposed Construction: Replacing signs to reflect change of bank name.

Conditions: Same sizes and locations.

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

9-20-04

Township of Brick building subcode
Application review process
Building subcode

Address of application 545 BAICK Blvd.

Please be advised that you have been rejected by the building subcode for the following reasons noted on either the framing checklist or our Township checklist.. OR the items listed below.

Please make any corrections on both sets of plans, as lists of information will be rejected.

No Street #, on Sign

Spoke To Peggy Fernandez

**Township of Brick
Zoning Permit**

Approved: Thursday, September 16, 2004 **Number:** 1413

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

Property Address: 545 Brick Boulevard

Applicant: Peggy Fernandez; Philadelphia Sign Company

Property Owner Bank of America

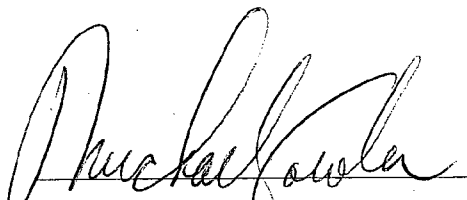
Existing Use: Fleet Bank

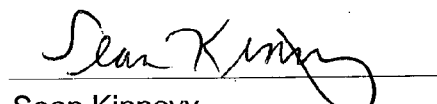
Proposed Use: Bank of America

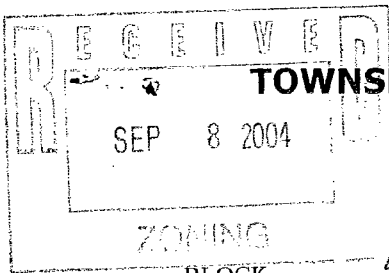
Proposed Construction: Replacing signs to reflect change of bank name.

Conditions: Same sizes and locations.

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



TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

BoA 5571

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information
will delay processing and may be returned to you.

BLOCK 547 LOT 1 QUALIFIER _____

PROPERTY ADDRESS 545 Brick Blvd

PERSONAL NAME OF APPLICANT Peggy Fernandez

BUSINESS NAME OF APPLICANT Philadelphia Sign Co.

MAILING ADDRESS OF APPLICANT 707 W. Spring Garden Pkwy NJ 08065

PROPERTY OWNER'S FULL NAME BANK of America

PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) BANK

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) BANK

PROPOSED CONSTRUCTION (check all that apply)

- ☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration _____
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Sign Replacements

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.

Note: No partial, taped, faxed,
reduced or enlarged copies
can be accepted.

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 Peggy Fernandez Date 9-1-04

Reviewed by Zoning Office [Signature] Date 9/1/04 ☒ Approved () Denied

March 2003-----

COMMERCIAL

TOWNSHIP OF BRICK

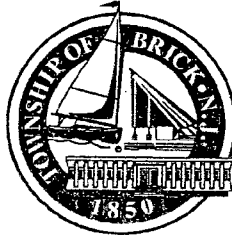
OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:

Kimberley S. Casten — President
Stephen C. Acropolis
Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Anthony R. Shupin
Frederick J. Underwood, Sr.



Department of Administration & Finance

Division of Inspections

Daniel F. Newman Jr.
Construction Official
(732) 262-1030

Fax: (732) 262-8954

<http://www.twp.brick.nj.us>

FAX CORRESPONDENCE

DATE:

09.01.04

FAX NUMBER

973-439-9155

ATTENTION:

Peggy
- 1 -

PAGES TO FOLLOW

FROM:

Allison - Building dept

732-262-1031

MESSAGE

per our phone call this morning

Regarding zoning permit application
to be completed for each sign app'l

- 545 Brick blvd

- 150 Chambers bridge rd

do not fax back to me. zoning officer only
accepts originals, please mail to the
above circled address.

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information
will delay processing and may be returned to you.

BLOCK _____ LOT _____ QUALIFIER _____

PROPERTY ADDRESS _____

PERSONAL NAME OF APPLICANT _____

BUSINESS NAME OF APPLICANT _____

MAILING ADDRESS OF APPLICANT _____

PROPERTY OWNER'S FULL NAME _____

PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) _____

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION (check all that apply)

- ☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration _____
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

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.

**Note: No partial, taped, faxed,
reduced or enlarged copies
can be accepted.**

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 _____ Date _____

Reviewed by Zoning Office _____ Date _____ () Approved () Denied

March 2003-----

1179
Brick Top / BOA 557



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 547 Lot 1
Work Site Location 545 Brick Blvd. (Fleet Bank)

Owner in Fee/Occupant Board of America
Address 100 S. Camden St. 3201
Baltimore MD 21201

Tele (410) 547-4694
Contractor Math Knick Electric

Address 309 Chestnut Ave.
Haddon Township, NJ 08033

Tele [redacted] Fax (856) 858-2649
Lic. No. 0605 Federal Emp. No. 223488502

B. ELECTRICAL CHARACTERISTICS
Use Group Present Proposed
☐ Pole/Rad # ☐ Temporary ☐ Other

Building Occupied as BANK Utility Co.
Est. Cost of Elec. Work \$ 575.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure Failure Approval Initial
Joint Plan Review Required:				
☐ Building ☐ Plumbing			Rough	
☐ File ☐ Elevator			Temp. Serv.	
☒ Elec. Plans Approved			Const. Serv.	
Date: <u>9/22/11</u>			TCO	
Approved by: <u>[signature]</u>			Other	
			Service	
			Final	
SUBCODE APPROVAL			Temp. Cut-In-Card Date Issued	
☐ CO ☐ CCO ☐ CA			Final Cut-In-Card Date Issued	
Date: <u> </u>				
Approved by: <u> </u>				

C. CERTIFICATION/WITNESS 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
		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 1/4 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	\$

PHILA. SIGN CO.
Peggy Fernandez
973-439-6929

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

FEE (Office Use Only)

04-4250



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

04-42)

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 (Fleet Bank)

Owner in Fee/Occupant Lea S. Canessa
Address 100 S. Canessa St 2100 Fl.

Tele (410) 547-4694
Contractor Math Knorh Electric

Address 300 Crestwood Ave
Haddon Township, NJ

Tele (856) 858-3649
Lic. No 0605 Federal Emp. No. 223488502

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as BANK Utility Co. _____
Est. Cost of Elec. Work \$ 575.00

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>9-22-01</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: <u>_____</u>				
Approved by: <u>_____</u>				

C. CERTIFICATION AND OATH

I, the undersigned, being the agent of the owner of record and am authorized to make this representation and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Electrical Contractor ☐ Exempt Applicant

PHILA. SIGN CO.
Teggy Tene H22
973-439-6929

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

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
KW Elec. Sign/Outline Light

FEE (Office Use Only)

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

UCC/PRO F-120 (REV3/96)

Professional Printing

(856) 468-7933

DATE _____

JOB CONDITION / COMMENTS

Back Top/BoA5571



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 10/1/04
Date Issued
Control # 04-4250
Permit #

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 Back Blvd Fleet Board

Owner in Fee Bank of America

Address 100 South Charles Street, 3rd Floor
Baltimore MD 21201

Tele. (410) 547-4644

Contractor Philadelphia Sign Co.

Address 707 West Spring Garden Street
Palmira PA 17352

Tele. (856) 824-1400 Fax (856) 824-8549

Lic. No. or Bldgs. Reg. No. 23-0973470

Federal Emp. No. 23-0973470

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Required			Type: <u>Footings</u>	Failure	Approval
☒ All	<u>9/20/04</u>	<u>ITW</u>	Foundation		
☐ Footing			Slab		
☐ Foundation			Frame		
☐ Frame			Barrier-Free		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date: <u>11-22-04</u>			Other		
Approved by: <u>[Signature]</u>			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK INSTALL the following

signage:

Replace existing Fleet Bank
signs with new signs to
change name to
Bank of America
street Address must be on sign

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]

FEE (Office Use Only)

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

- TYPE OF WORK:
- ☐ New Building
 - ☐ Addition
 - ☐ Alteration
 - ☐ Roofing
 - ☐ Siding
 - ☐ Fence
 - ☒ Sign 167.94 Sq. Ft. total for all signs
 - ☐ Pool
 - ☐ Asbestos Abatement Subchapter 8
 - ☐ Lead Haz. Abatement NJAC 5:17
 - ☐ Other
 - ☐ Demolition

UCC/PRO F-110 (REV/3/96)

Professional Printing (856) 468-7933

1. White/Inspector Copy
2. Canary/Office Copy
3. Pink/ Office Copy
4. White Tag



707 West Spring Garden Street Palmyra, New Jersey 08065
(856) 829-1460 Fax (856) 829-8549

Peggy Fernandez
Office (973) 439-6929 Fax (973) 439-9155 Mobile (609) 217-7908

Transmittal

Date: 9-29-04
To: CONSTRUCTION DEPT
Company: BRICK TWP

From: Peggy Fernandez
Subject: Bank of America, 5571
Sign Permit FEE

Enclosed is ck# 1711 in the amt of \$241.00 for the bldg & elec permit fees for Bank of America 545 Brick Blvd. (B-547, L-1)

Please call me with any questions or comments.

Enclosed also is a self addressed stamped envelope for permit approval return.

Thanks for your help,

Peggy



NJ
NEW JERSEY
UNIFORM CONSTRUCTION
CODE

4. White lag

Back Top/BCA 5571



**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 547 Lot 1
Work Site Location 545 BRICK BLVD (Fleet Bank)
Owner in Fee BANK OF AMERICA
Address 100 SOUTH CHARLES STREET, 3rd Floor
Baltimore MD 21201
Telephone (410) 547-4644
Contractor Philadelphia Sign Co.
Address 701 West Spring Garden Street
Philadelphia, PA 19106
Telephone (856) 824-1400 Fax (856) 824-8549
Lic. No. or Bldgs. Reg. No. 23-0713470
Federal Emp. No. 23-0713470

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	Date Initial
☒ No Plans Required	<u>9/20/04</u>
☒ All	<u>9/20/04</u>
☐ Footing	_____
☐ Foundation	_____
☐ Frame	_____
☐ Other	_____
Joint Plan Review Required:	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____
SUBCODE APPROVAL	
☐ CO ☐ CCO ☐ CA	_____
Date: _____	_____
Approved by: _____	_____

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg.	\$ _____
2. Alteration	\$ _____
3. Total (1+2)	\$ _____



Date Received 10/11/04
Date Issued _____
Control # 04-4250
Permit # _____

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.
10/11/04
Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL the following
signage:
Replace existing Fleet Bank
signs with new signs to
change name to
Bank of America
Street Address must be on sign

TYPE OF WORK:	FEE (Office Use Only)
☐ New Building	\$ _____
☐ Addition	_____
☐ Alteration	_____
☐ Roofing	_____
☐ Siding	_____
☐ Fence	_____
☒ Sign	_____
☐ Pool	_____
☐ Asbestos Abatement Subchapter 8	_____
☐ Lead Haz. Abatement NJAC 5:17	_____
☐ Other	_____
☐ Demolition	_____

FEE (Office Use Only)	
Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____

DATE _____

JOB CONDITION / COMMENTS



Philadelphia Sign C O M P A N Y

707 West Spring Garden Street Palmyra, New Jersey 08065
(856) 829-1460 Fax (856) 829-8549

Peggy Fernandez

Office (973) 439-6929 Fax (973) 439-9155 Mobile (609) 217-7908

Transmittal

Date: 9-24-04
To: ALLISON, CONSTRUCTION DEPT
Company: BRICK TWP

From: Peggy Fernandez
Subject: Bank of America, 5571
Sign Permit
Bank of America, 545 Brick Blvd
Block, 547, Lot-, 1

Allison,
Attached is a drawing showing the address on the pylon as requested to be added to application for approval. I hope you can expedite as soon as possible due to the national renaming grand opening from Fleet to Bank of America in just a few weeks.

Please call me with any questions or comments.

Thanks so much for your help,

Peggy

Exterior Recommendations

Site Number: 005571

Existing Signage

Sign No: 003
Sign Type: Pylon
Face Material: Flat Plastic
Graphic Material: Vinyl
Height: 61
Width: 120
Depth: 5-24
Overall Above Height: 241
Illuminated: Internally Illuminated
Electrical: Electrical Power within 5'
Wall Material:

**Proposed Signage**

Action Code: Remove/Replace
Sign Type: AS
Description: 18'-10" Pylon

Required Site Work

Message Face A:

Message Face B:

Restoration:

Perform utility locates and verify setbacks prior to fabrication / installation. Install new signage using existing primary electrical. Verify if additional circuits are required for new sign. Restore ground material to base of new sign.



VINYL
WHITE
REFLECTIVE
BUILDING
ADDRESS

Comments:

*See last page For Legal Disclaimer
Monite Associates, SignChart

Exterior Recommendations

Site Number: 005571

Existing Signage

Sign: No: 003
Sign Type: Pylon
Face Material: Flat Plastic
Graphic Material: Vinyl
Height: 61
Width: 120
Depth: 5-24
Overall Above Height: 241
Illuminated: Internally Illuminated
Electrical: Electrical Power within 6'
Wall Material :

**Proposed Signage**

Action Code: Remove/Replace
Sign Type: A3
Description: 18'-10" Pylon

Required Site Work

Message Face A:

Message Face B:

Restoration:

Perform utility locates and verify setbacks prior to fabrication / installation. Install new signage using existing primary electrical. Verify if additional circuits are required for new sign. Restore ground material to base of new sign.

Bank of America



WHITE VINYL
REFLECTIVE
ADDRESS

Comments:

*See last page For Legal Disclaimer
Monite Associates, SignChart

Exterior Recommendations

Site Number: 005571

Existing Signage

Sign: No: 003
Sign Type: Pylon
Face Material: Flat Plastic
Graphic Material: Vinyl
Height: 61
Width: 120
Depth: 5-24
Overall Above Height: 241
Illuminated: Internally Illuminated
Electrical: Electrical Power within 8'
Wall Material :



Proposed Signage

Action Code: Remove/Replace
Sign Type: A3
Description: 18'-10" Pylon

Required Site Work

Message Face A:

Message Face B:

Restoration:

Perform utility locates and verify setbacks prior to fabrication / installation. Install new signage using existing primary electrical. Verify if additional circuits are required for new sign. Restore ground material to base of new sign.

Bank of America



543

WHITE VINYL
REFLECTIVE
ADDRESS



Comments:

*See last page For Legal Disclaimer
Monigle Associates, SignChart

REVISIONS		
#	Date	Description
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

DRAWING TYPE:

PERMITS

SIGN TYPE:

SITE PLAN

LOCATION:

LOC#005571

BRICK TOWN, NJ

DATE:

7-28-04

DRAWN BY:

DJB

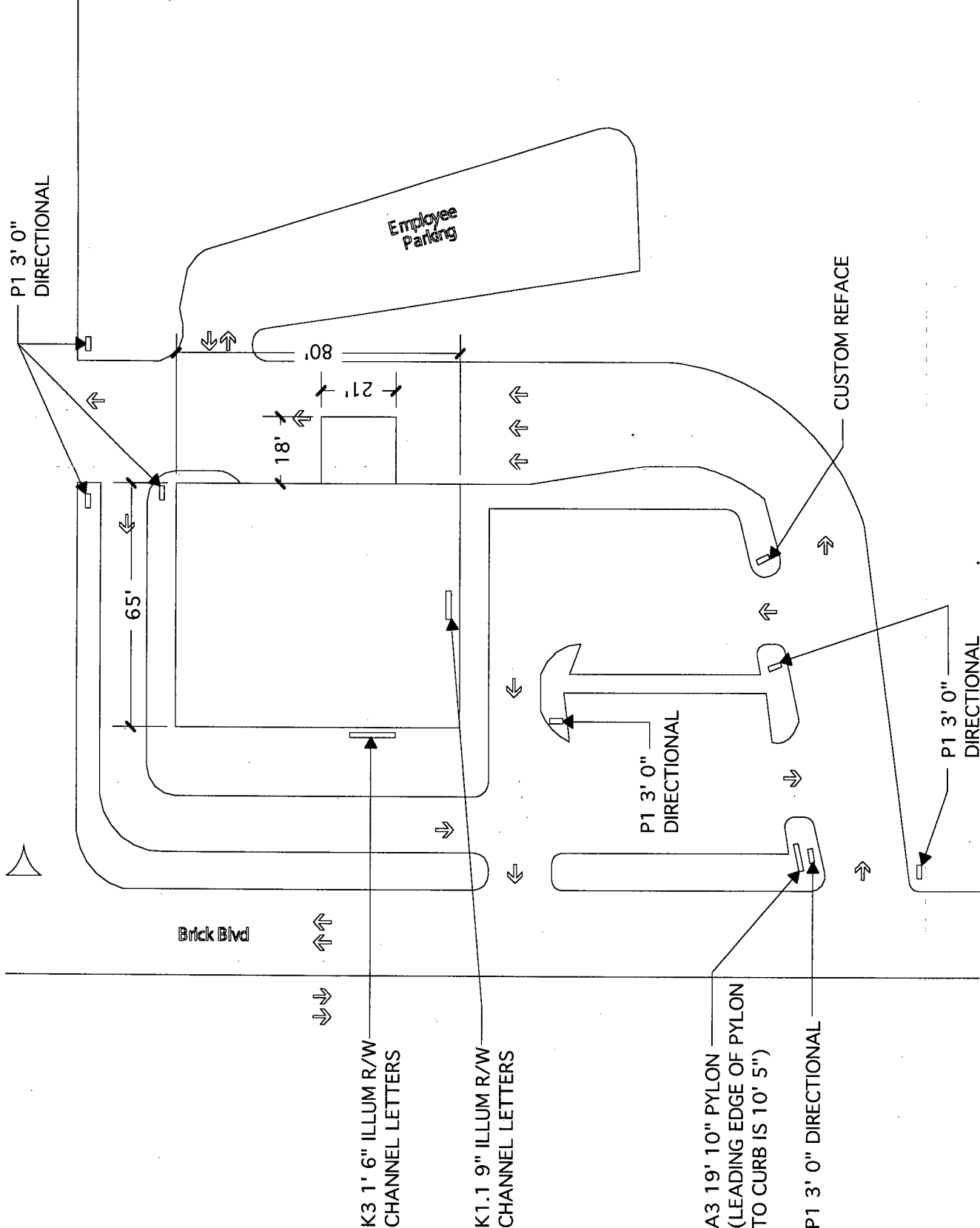
SHEET:

2 of 2

DWG NUMBER:

B-16940

THIS IS AN ORIGINAL UNPUBLISHED
DRAWING CREATED BY P.S.C.O. IT
IS SUBMITTED FOR YOUR PERSONAL
USE IN CONJUNCTION WITH A PROJECT
BEING PLANNED FOR YOU BY P.S.C.O.
IT IS NOT TO BE SHOWN TO ANYONE
OUTSIDE YOUR ORGANIZATION NOR
IS IT TO BE USED, COPIED, REPRODUCED
OR EXHIBITED IN ANY FASHION.



SITE PLAN
SCALE: 1" = 40' 0"



Philadelphia Sign
C O M P A N Y

707 West Spring Garden S
Palmyra, New Jersey 08065

Phone: 856 829 1460
Fax: 856 829 8549
E-mail: mail@philadelphia-sign.com

CUSTOMER:

Bank of America

JOB #:

(Enter Here)

REVISIONS

#	Date	Description
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

DRAWING TYPE:

PERMITS

SIGN TYPE:

A3 PYLON

LOCATION:

VARIOUS

DATE:

5-21-04

DRAWN BY:

GA

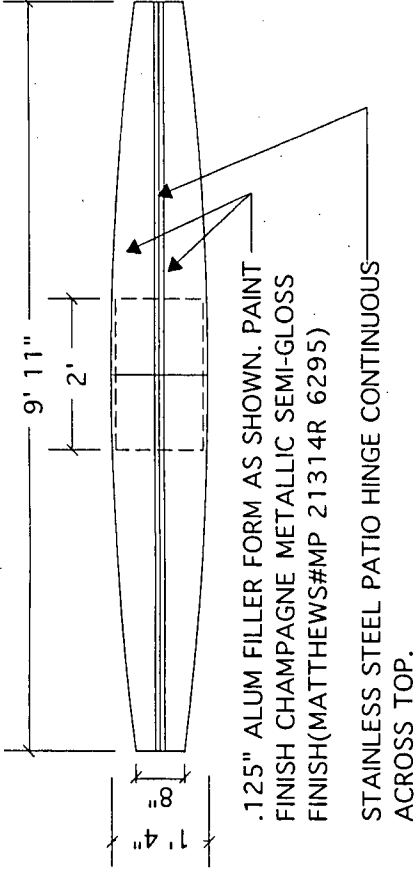
SHEET:

1 of 1

DWG NUMBER:

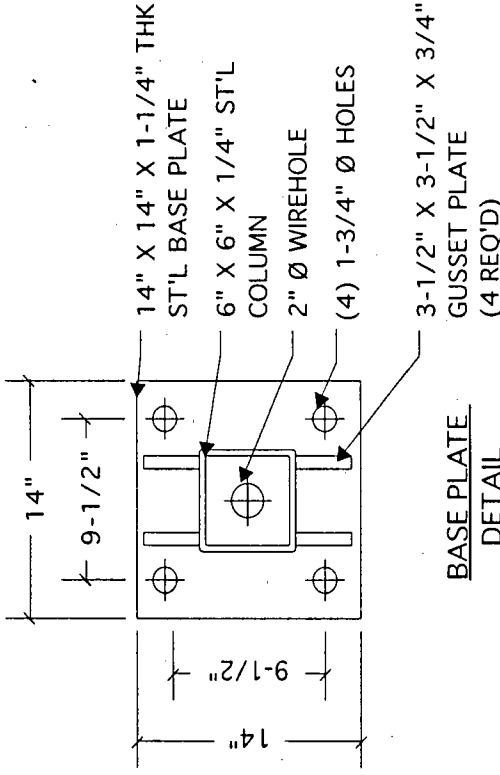
B-16441

THIS IS AN ORIGINAL UNPUBLISHED
DRAWING CREATED BY P.S.C.O.
IS SUBMITTED FOR YOUR PERSONAL
USE IN CONJUNCTION WITH A PERMIT
BEING PLANNED FOR YOU BY P.S.C.O.
IT IS NOT TO BE SHOWN TO ANY
OUTSIDE YOUR ORGANIZATION
OR EXHIBITED IN ANY FASHION.



TOP VIEW

SCALE: 3/8" = 1' 0"



PERMITS
ONLY

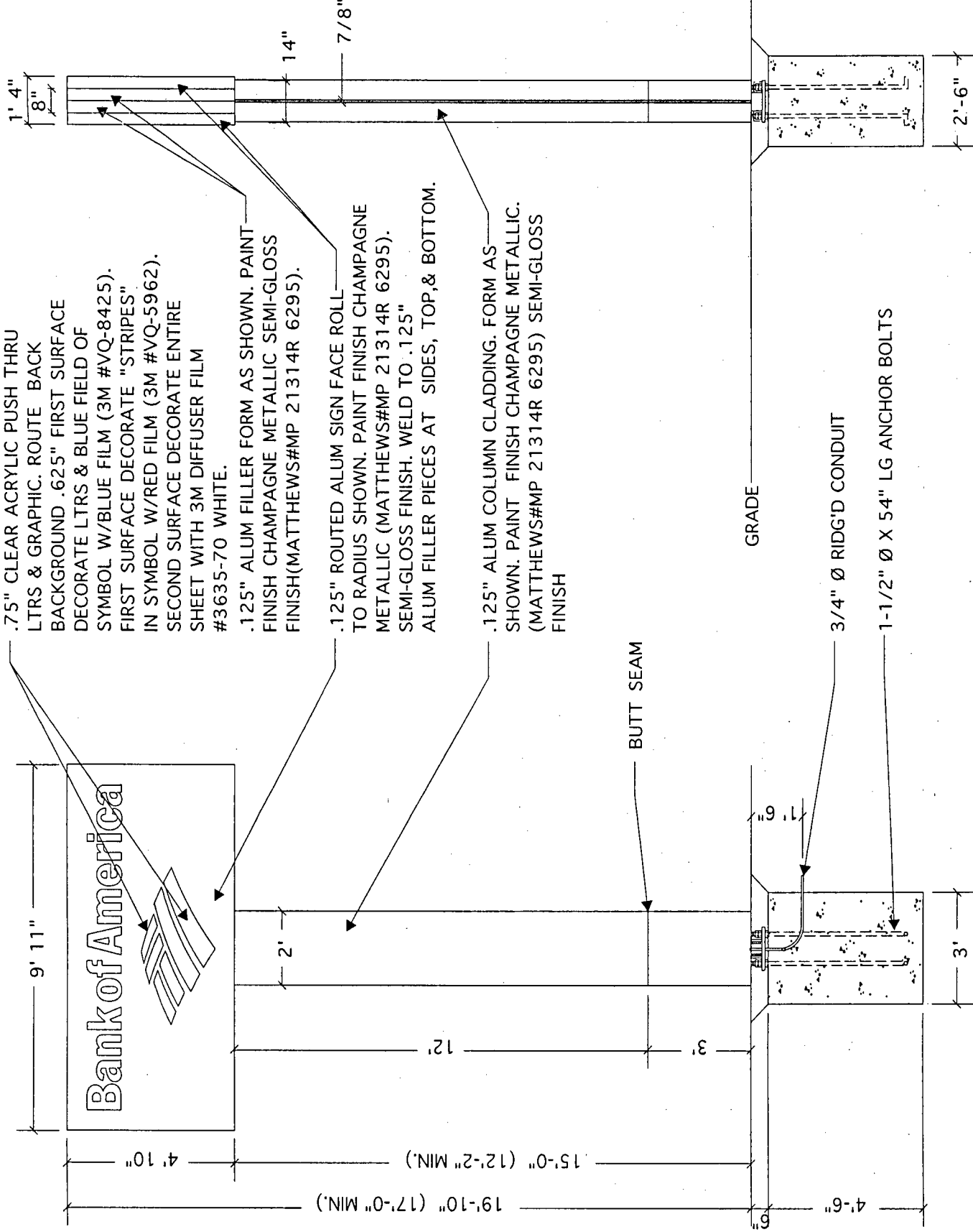
30lb/ft² WINDLOAD (90 MPH)

ELECTRICAL LOAD
6.8 AMPS @ 120 VOLTS

ELECTRICAL REQ'TS
(1) 20 AMP/120 VOLT CIRCUIT

STANDARD PYLON NOTES:

1. SUFFICIENT PRIMARY CIRCUIT IN VICINITY OF SIGN BY OTHERS.
2. FINAL PRIMARY HOOK-UP BY SIGN INSTALLER, WHERE ALLOWED BY LOCAL CODES.
3. SIGN SHALL BE U.L. LISTED.
4. SOIL ASSUMED TO BE MEDIUM CLAY, OR BETTER, WITH MINIMUM SOIL BEARING CAPACITY OF 2,500 PSF.
5. CONCRETE 3,000 PSI @ 28 DAYS.
6. REINFORCING STEEL SHALL BE ASTM A615 GR-40.
7. STRUCTURAL STEEL SHALL BE ASTM A 36.
8. ALL WELDS SHALL CONFORM TO A.W.S. STANDARDS.



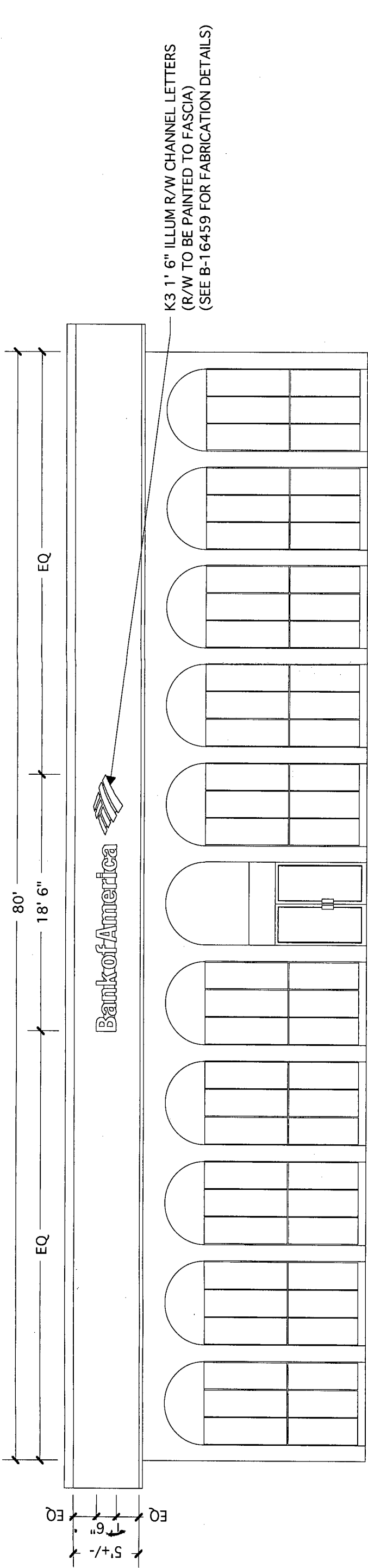
A3-19'-10" ILLUMINATED PYLON

SCALE: 1/4" = 1' 0"

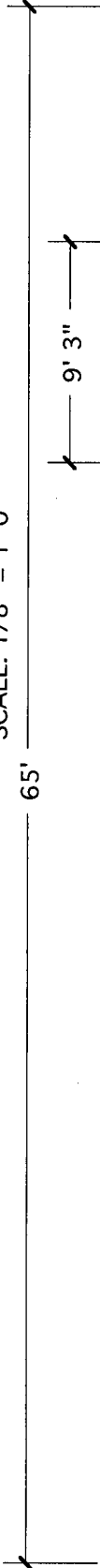
SIDE VIEW

SCALE: 1/4" = 1' 0"

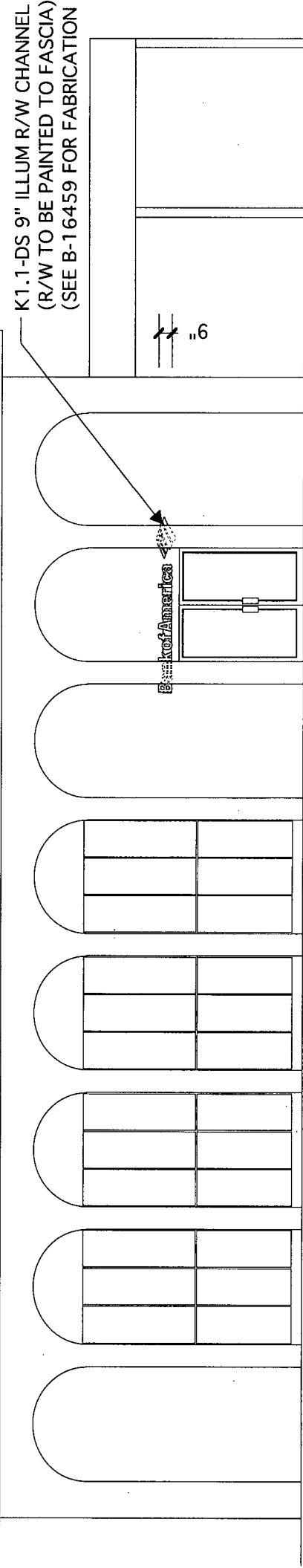
Paul Kuch



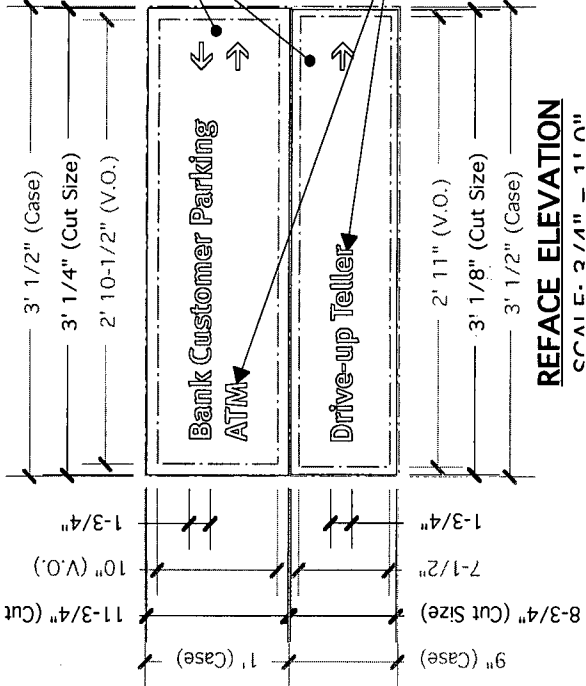
FRONT ELEVATION
SCALE: 1/8" = 1' 0"



K1.1-DS 9" ILLUM R/W CHANNEL LETTERS
(R/W TO BE PAINTED TO FASCIA)
(SEE B-16459 FOR FABRICATION DETAILS)



RIGHT ELEVATION
SCALE: 1/8" = 1' 0"

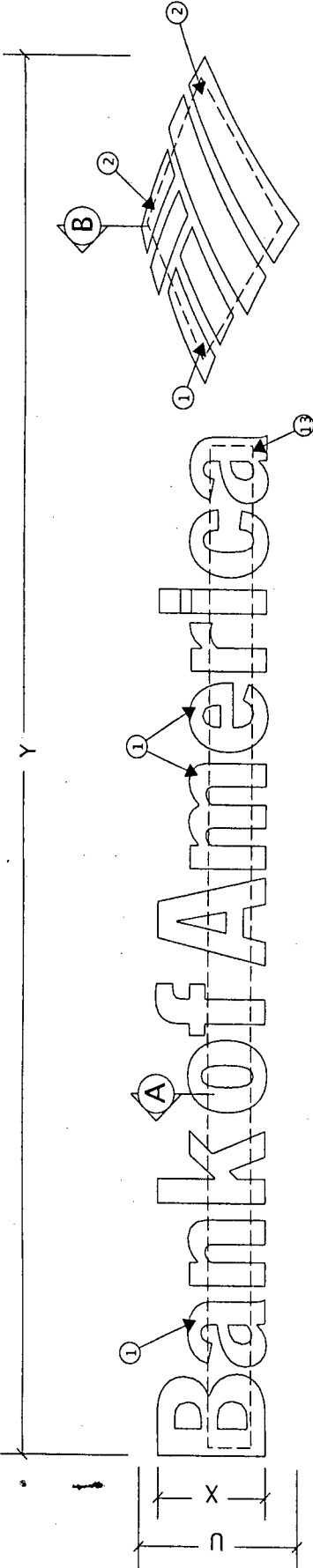


PERMITS ONLY

ELECTRICAL LOAD
4.80 AMPS @ 120 VOLTS
ELECTRICAL REQ'MTS
(1) 20 AMP/120 VOLT CIRCUITS

STANDARD WALL SIGN NOTES:
1. SUFFICIENT PRIMARY CIRCUIT IN VICINITY OF SIGN BY OTHERS
2. FINAL PRIMARY HOOK-UP BY SIGN INSTALLER, WHERE ALLOWED BY LOCAL CODES
3. SIGN SHALL BE U.L. LISTED
4. MOUNTING HARDWARE BY SIGN INSTALLER

- REVISIONS
- | # | Date | Description |
|----|------|-------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
- DRAWING TYPE:
PERMIT
- SIGN TYPE:
G-K RW LTRS
- LOCATION:
VARIOUS
- DATE:
5-21-04
- DRAWN BY:
GA
- SHEET:
1 of 1
- DWG NUMBER:
B-16459
- THIS IS AN ORIGINAL UNPUBLISHED DRAWING CREATED BY P.S.C.O. IT IS SUBMITTED FOR YOUR PERSONAL USE IN CONJUNCTION WITH A PROJECT BEING PLANNED FOR YOU BY P.S.C. IT IS NOT TO BE SHOWN TO ANYONE OUTSIDE YOUR ORGANIZATION NOR IS IT TO BE USED, COPIED, REPRODUCED OR EXHIBITED IN ANY FASHION.

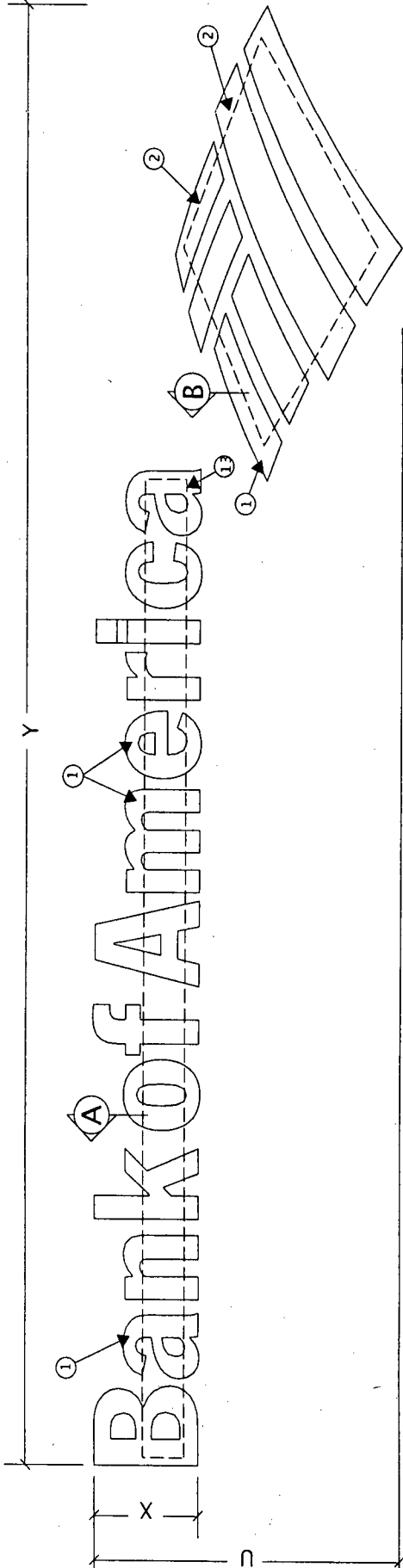


1 K-TYPE CHANNEL LETTERS SPECIAL HORIZONTAL FORMAT ON RACEWAY

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

SIGN TYPE	DESCRIPTION CODE	U	X	Y	Z1	Z2	SIDE WALL a	ACRYLIC THICKNESS b	DEAD SOFT TRIM CAP	JEWEL LITE TRIM CAP	AMPS@ 120 VOLTS
K6	36" CAP HEIGHT	4'-5"	36"	37'-0"	5"	8"	.040	.150	*	X	(1) CIRCUIT 7.2
K5	30" CAP HEIGHT	3'-7"	30"	30'-11"	5"	8"	.040	.150	*	X	(1) CIRCUIT 4.8
K4	24" CAP HEIGHT	2'-11"	24"	24'-8"	5"	8"	.040	.150	*	X	(1) CIRCUIT 4.8
K3	18" CAP HEIGHT	2'-3"	18"	18'-6"	5"	8"	.040	.150	*	X	(1) CIRCUIT 2.4
K2	15" CAP HEIGHT	1'-10"	15"	15'-4"	5"	8"	.040	.150	*	X	(1) CIRCUIT 2.4
K1	12" CAP HEIGHT	1'-6"	12"	12'-4"	5"	8"	.040	.150	*	X	(1) CIRCUIT 2.4
K1.1	9" CAP HEIGHT	1'-1"	9"	9'-3"	5"	8"	.040	.150	*	X	(1) CIRCUIT 2.4

* USE DEAD SOFT ONLY IF LETTERS ARE VIEWED CLOSE UP FROM STREET LEVEL, LESS THAN 12'-0" FROM GRADE.

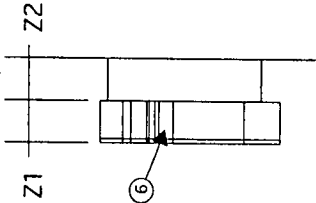


3 G-TYPE CHANNEL LETTERS ON RACEWAY

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

SIGN TYPE	DESCRIPTION CODE	U	X	Y	Z1	Z2	SIDE WALL a	ACRYLIC THICKNESS b	DEAD SOFT TRIM CAP	JEWEL LITE TRIM CAP
G6	36" CAP HEIGHT	8'-10"	36"	39'-9"	5"	8"	.040	.150	*	X
G5	30" CAP HEIGHT	7'-5"	30"	33'-2"	5"	8"	.040	.150	*	X
G4	24" CAP HEIGHT	5'-11"	24"	26'-6"	5"	8"	.040	.150	*	X
G3	18" CAP HEIGHT	4'-5"	18"	19'-10"	5"	8"	.040	.150	*	X
G2	15" CAP HEIGHT	3'-9"	15"	16'-7"	5"	8"	.040	.150	*	X
G1	12" CAP HEIGHT	2'-11"	12"	13'-3"	5"	8"	.040	.150	*	X
G1.1	9" CAP HEIGHT	2'-3"	9"	9'-11"	5"	8"	.040	.150	*	X

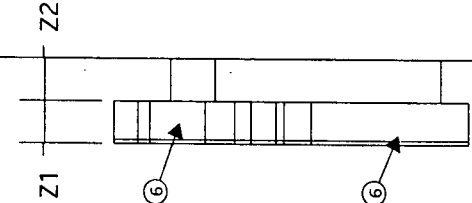
* USE DEAD SOFT ONLY IF LETTERS ARE VIEWED CLOSE UP FROM STREET LEVEL, LESS THAN 12'-0" FROM GRADE.



2 SIDE VIEW

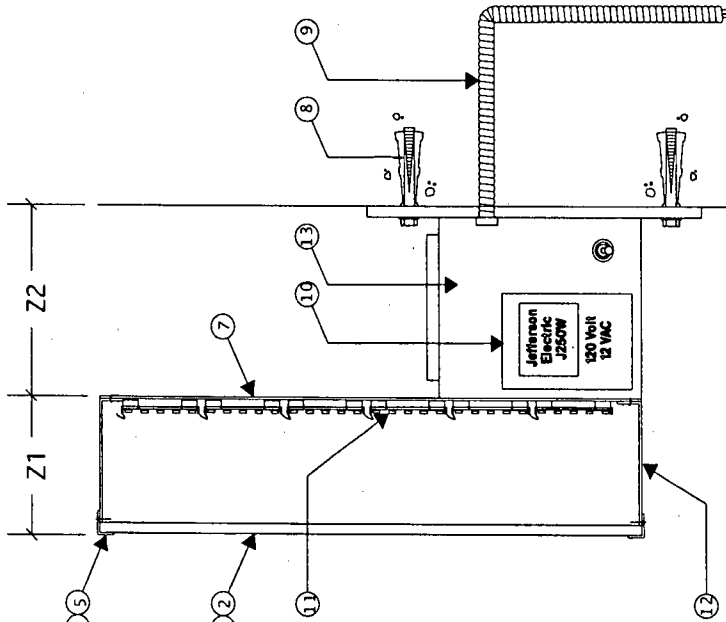
SCALE: 1/2"=1'-0"

- NOTES:
- LETTER SYMBOL FACE TO BE WHITE TRANSLUCENT ACRYLIC #2447 THICKNESS PER TABLE. FIRST SURFACE DECORATE WITH 3M FILM BLUE.
 - SYMBOL FACE TO BE WHITE TRANSLUCENT ACRYLIC #2447 THICKNESS PER TABLE. FIRST SURFACE DECORATE WITH 3M FILM RED.
 - DEAD SOFT ALUMINUM TRIM CAP FORM AS SHOWN. USE WHEN LETTERS TO BE MOUNTED AT 12'-0" O.C. OR LOWER. PAINT FINISH TO MATCH LETTER FACE.
 - 1" JEWELITE TRIM CAP #6112A INTENSE BLUE. USE ON LETTERS AND BLUE PORTION OF SYMBOL WHEN LETTER SET IS MOUNTED ABOVE 12'-0"
 - 1" JEWELITE TRIM CAP #78246 RED. USE ON RED PORTION OF SYMBOL WHEN LETTER SET IS MOUNTED ABOVE 12'-0"
 - .040" ALUM. LETTER/ SYMBOL RETURNS. PAINT FINISH ALL EXPOSED EXTERIOR SURFACES WHITE. GLOSS FINISH.
 - .063" ALUM. LETTER/ SYMBOL BACKS. PAINT FINISH EXTERIOR WHITE. GLOSS FINISH. PAINT INTERIOR SURFACES WITH SPRAY-LAT STARBRITE WHITE LIGHT ENHANCEMENT PAINT OR APPROVED EQUAL.
 - SECURE TO EXISTING WALL AS REQUIRED. 1/2"Ø LAG WITH NON-CORROSIVE ANCHORS.
 - 1/2" SEAL TITE FLEXIBLE CONDUIT AS NEEDED TO MEET ALL U.L. REQUIREMENTS FOR WET LOCATIONS.
 - TRANSFORMER TO BE JEFFERSON ELECTRIC POWERFORMER 120VAC TO 24 VAC LOW VOLTAGE POWER UNIT.
 - NOTE: MOUNT INSIDE RACEWAY ON STAND-OFF FROM BOTTOM OF RACEWAY 1/2" MIN.
 - L.E.D. LIGHTING SYSTEM TO BE ELECTRICAL 24 SERIES RED AND BLUE UNITS PER ELECTRICAL DRAWING SPECIFICATION.
 - SEE ELECTRICAL DRAWINGS G1.1R-G6R AND K1.1R-K6R FOR SPECIFICATION AND LAYOUT.
 - 8"x8" ALUM. (FABRICATED OR EXTRUDED) RACEWAY WITH ACCESS COVER AND WELDED WALL ATTACHMENT CLIPS.
 - PAINT ALL EXPOSED SURFACES TO MATCH EXISTING WALL.



4 SIDE VIEW

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



A B VERTICAL SECTION

SCALE: NTS

APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER
DATE 9-6-19 SK



Philadelphia Signs

C O M P A N Y

707 West Spring Garden Street
Palmyra, New Jersey 08065

Phone: 856 829 1460
Fax: 856 829 9549
E-mail: mail@philadelphiasign.com

CUSTOMER:

Bank of America

JOB #:

(Enter Here)

REVISIONS

#	Date	Description	By
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

DRAWING TYPE:

PERMITS

SIGN TYPE:

SITE PLAN

LOCATION:

LOC#005571
BRICK TOWN, NJ

DATE:

7-28-04

DRAWN BY:

DJB

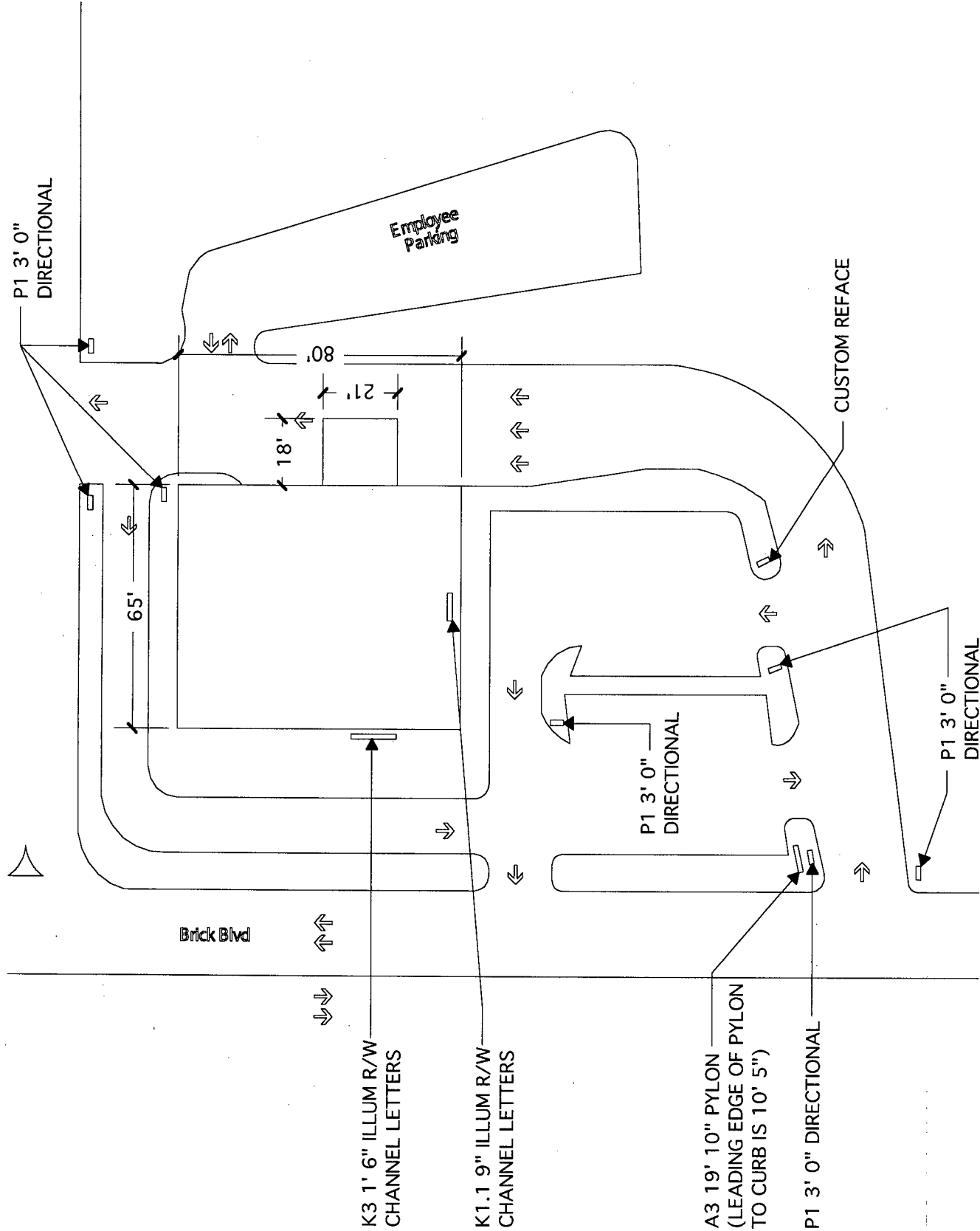
SHEET:

2 of 2

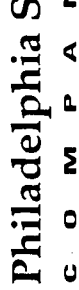
DWG NUMBER:

B-16940

THIS IS AN ORIGINAL UNPUBLISHED
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IS SUBMITTED FOR YOUR PERSONAL
USE IN CONJUNCTION WITH A PROJECT
BEING PLANNED FOR YOU BY P.S.C.O.
IT IS NOT TO BE SHOWN TO ANYONE
OUTSIDE YOUR ORGANIZATION NOR
IS IT TO BE USED, COPIED, REPRODUCED
OR EXHIBITED IN ANY FASHION.



SITE PLAN
SCALE: 1" = 40' 0"



707 West Spring Garden St
Palmyra, New Jersey 08066

Phone: 856 829 1460
Fax: 856 829 8549
E-mail: mail@philadelphisign.com

CUSTOMER:

Bank of America

JOB #:

(Enter Here)

REVISIONS

#	Date	Description
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

DRAWING TYPE:

PERMITS

SIGN TYPE:

A3 PYLON

LOCATION:

VARIOUS

DATE:

5-21-04

DRAWN BY:

GA

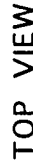
SHEET: 133HS

1 of 1

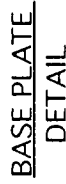
DWG NUMBER:

B-16441

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SCALE: $\frac{3}{8}" = 1' 0"$



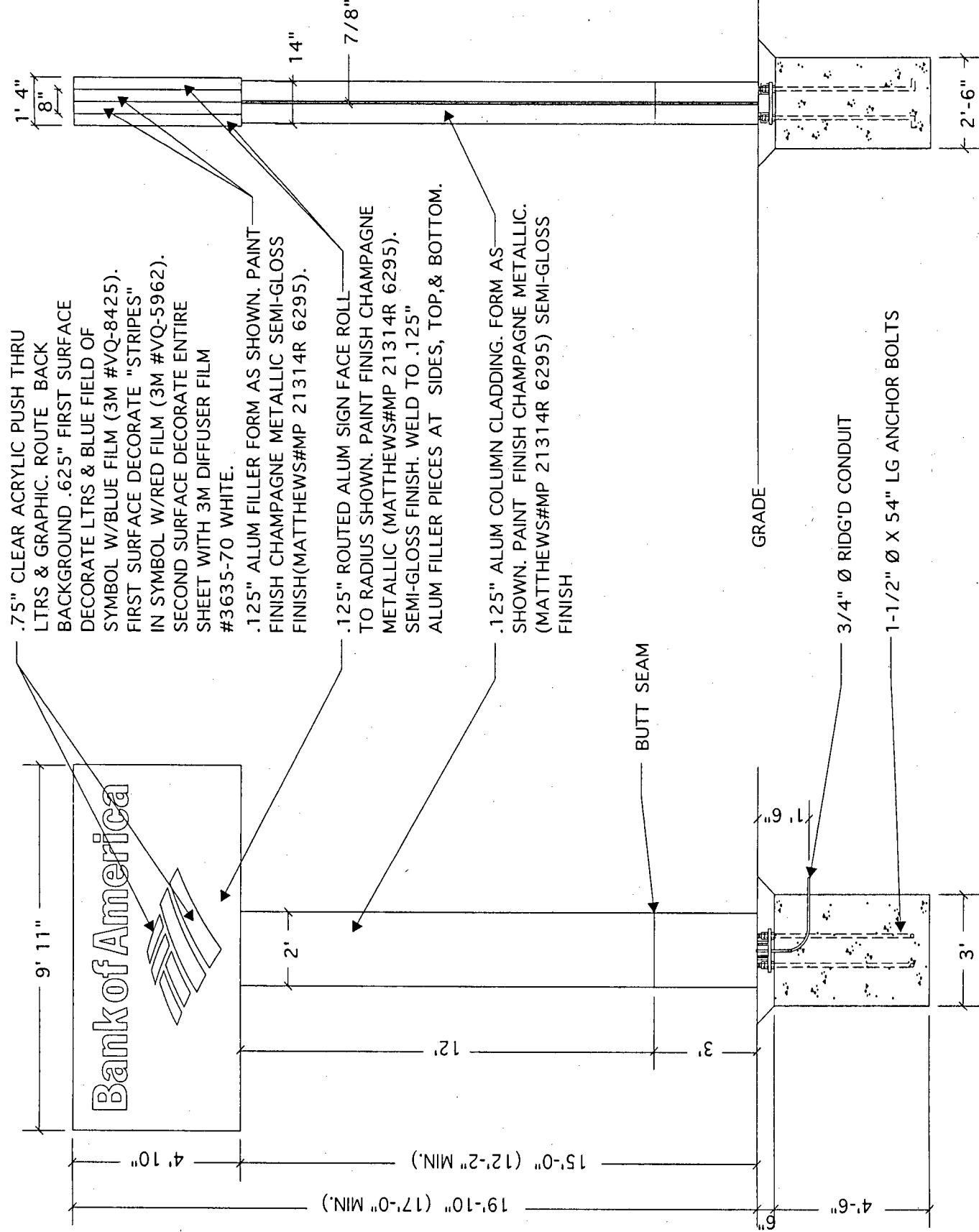
SCALE: 1" = 1' 0"

30lb/ft² WINDLOAD (90 MPH)

**PERMITS
ONLY**

STANDARD PYLON NOTES:

1. SUFFICIENT PRIMARY CIRCUIT IN VICINITY OF SIGN BY OTHERS.
2. FINAL PRIMARY HOOK-UP BY SIGN INSTALLER, WHERE ALLOWED BY LOCAL CODES.
3. SIGN SHALL BE U.L. LISTED.
4. SOIL ASSUMED TO BE MEDIUM CLAY, OR BETTER, WITH MINIMUM SOIL BEARING CAPACITY OF 2,500 PSF.
5. CONCRETE 3,000 PSI @ 28 DAYS.
6. REINFORCING STEEL SHALL BE ASTM A615 GR-40.
7. STRUCTURAL STEEL SHALL BE ASTM A 36.
8. ALL WELDS SHALL CONFORM TO A.W.S. STANDARDS.



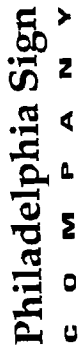
A3-19'-10" ILLUMINATED PYLON

SCALE: 1/4" = 1' 0"

SIDE VIEW

SCALE: 1/4" = 1' 0"

Wellbut



**707 West Spring Garden Street
Palmyra, New Jersey 08065**

Phone: 856 829 1460
Fax: 856 829 8549
E-mail: mail@philadelphisign.com

CUSTOMER:

Bank of America

JOB #:

(Enter Here)

REVISIONS

#	Date	Description	By
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

DRAWING TYPE:

PERMITS

SIGN TYPE:

ELEVATION

LOCATION:
LOC#005571
BRICK TOWN, NJ

DATE:

7-28-04

DRAWN BY:

D.B.

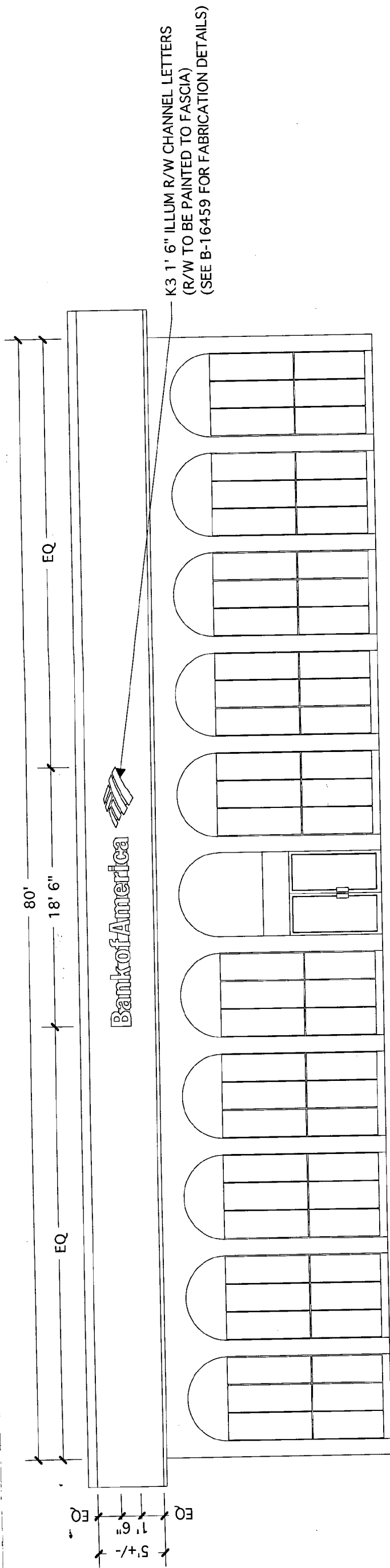
SHEET:

1 of 2

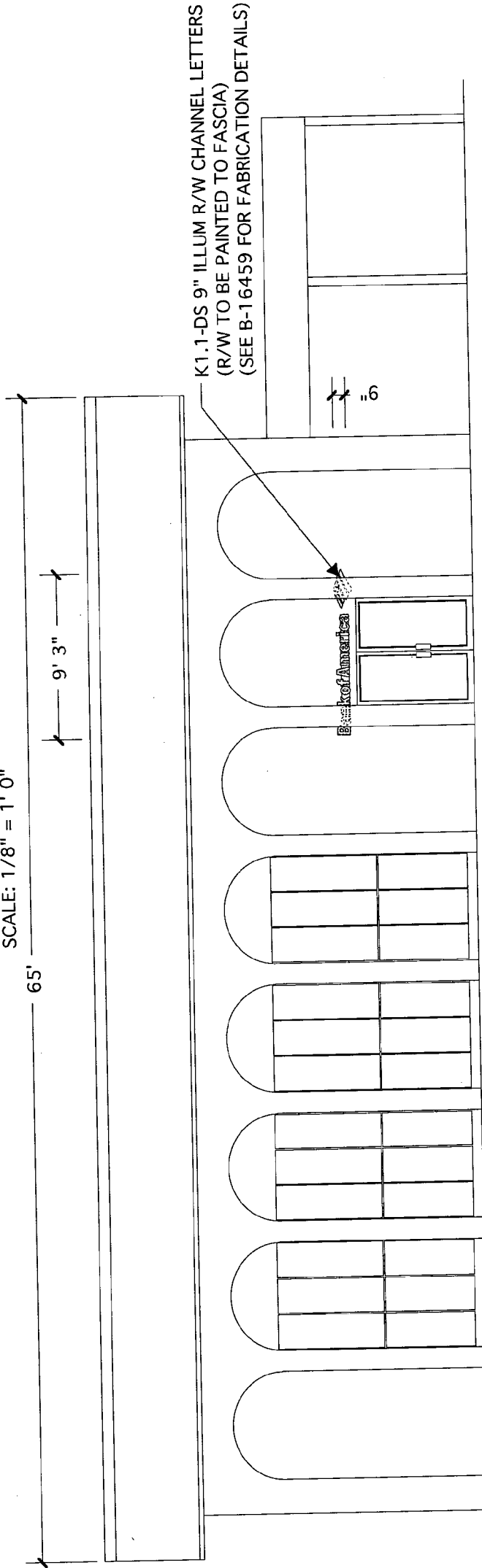
DWG NUMBER:

B-16940

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IS IT TO BE USED, COPIED, REPRODUCED
OR EXHIBITED IN ANY FASHION.



FRONT ELEVATION
SCALE: 1/8" = 1' 0"



RIGHT ELEVATION
SCALE: 1/8" = 1' 0"

CUSTOM REFERENCE

1/8" WHITE ACRYLIC (7328) PAINTED
CHAMPAGNE METALLIC FIRST SURFACE PAINT
(BACKGROUND TO BE OPAQUE) LEAVE 1/16"
OUTLINE AROUND COPY AND SYMBOL TO
CREATE A HALO EFFECT

COPY TO BE 3M #VQ-8425 BLUE VINYL
(1st SURFACE)

REFFACE ELEVATION

SCALE: 3/1" = 1' 0"

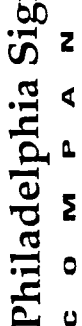
STANDARD WALL SIGN NOTES:

1. SUFFICIENT PRIMARY CIRCUIT IN VICINITY OF SIGN BY OTHERS
2. FINAL PRIMARY HOOK-UP BY SIGN INSTALLER, WHERE ALLOWED BY LOCAL CODES
3. SIGN SHALL BE U.L. LISTED
4. MOUNTING HARDWARE BY SIGN INSTALLER

ELECTRICAL LOAD
4.80 AMPS @ 120 VOLTS
ELECTRICAL REQ'TS

(1) 20 AMP/120 VOLT CIRCUITS

**PERMITS
ONLY**



707 West Spring Garden Street
Palmyra, New Jersey 08065

Phone: 856 829 1460
Fax: 856 829 8549
E-mail: mail@philadelphiaign.com

CUSTOMER:

BANK OF AMERICA

JOB #:

REVISIONS		
#	Date	Description
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

DRAWING TYPE:

PERMIT

SIGN TYPE: C K P/W I TBS

LOCATION:
VARIOUS

DATE:

5-21-04

DRAWN BY:

GA

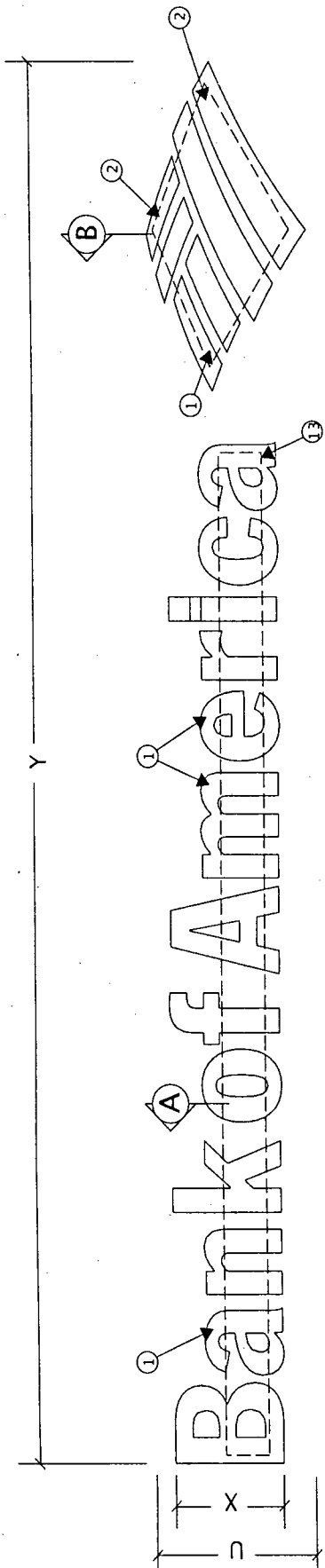
SHEET:

1 of 1

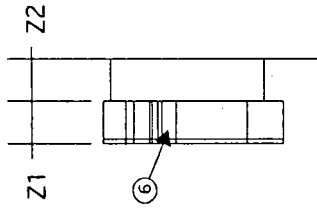
DWG NUMBER:

B-16459

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© K-TYPE CHANNEL LETTERS SPECIAL HORIZONTAL FORMAT ON RACEWAY

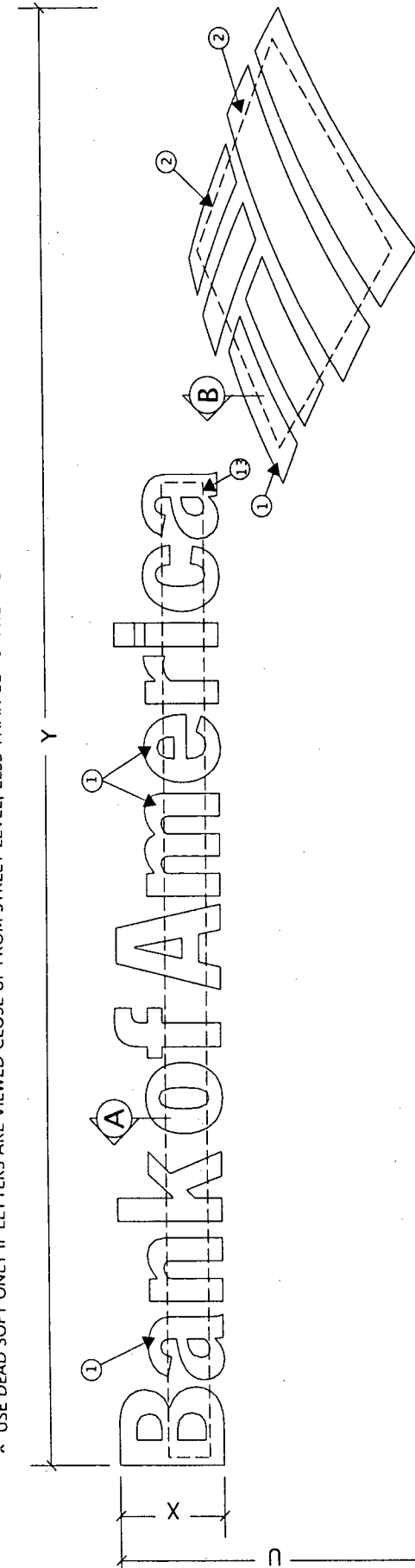


⑤ SIDE VIEW

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

SIGN TYPE	DESCRIPTION CODE	U	X	Y	Z1	Z2	SIDE WALL	ACRYLIC THICKNESS	DEAD SOFT TRIM CAP	JEWEL LITE TRIM CAP	AMPS@ 120 VOLTS
							a	b			
K6	36" CAP HEIGHT	4'-5"	36"	37'-0"	5"	8"	.040	.150	* X	X	(1) CIRCUIT 7.2
K5	30" CAP HEIGHT	3'-7"	30"	30'-11"	5"	8"	.040	.150	* X	X	(1) CIRCUIT 4.8
K4	24" CAP HEIGHT	2'-11"	24"	24'-8"	5"	8"	.040	.150	* X	X	(1) CIRCUIT 4.8
K3	18" CAP HEIGHT	2'-3"	18"	18'-6"	5"	8"	.040	.150	* X	X	(1) CIRCUIT 2.4
K2	15" CAP HEIGHT	1'-10"	15"	15'-4"	5"	8"	.040	.150		X	(1) CIRCUIT 2.4
K1	12" CAP HEIGHT	1'-6"	12"	12'-4"	5"	8"	.040	.150		X	(1) CIRCUIT 2.4
K1.1	9" CAP HEIGHT	1'-1"	9"	9'-3"	5"	8"	.040	.150		X	(1) CIRCUIT 2.4

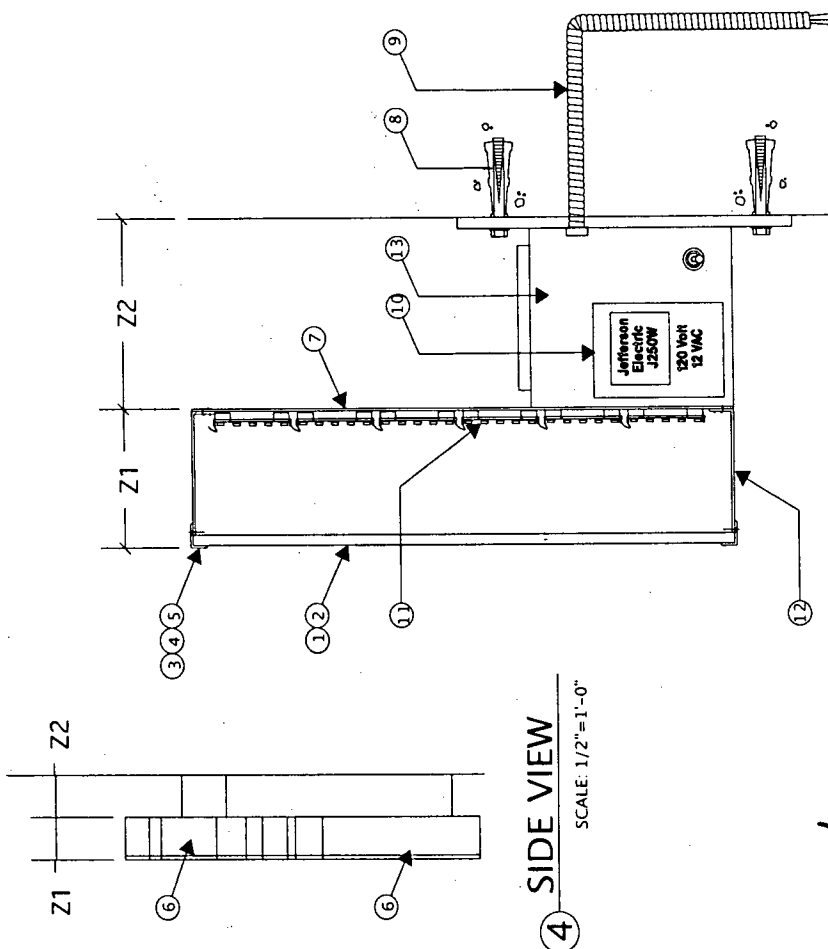
* USE DEAD SOFT ONLY IF LETTERS ARE VIEWED CLOSE UP FROM STREET LEVEL, LESS THAN 12'-0" FROM GRADE.



© G-TYPE CHANNEL LETTERS ON RACEWAY

SIGN TYPE	DESCRIPTION CODE	U	X	Y	Z1	Z2	SIDE WALL	ACRYLIC THICKNESS ^b	DEAD SOFT TRIM CAP	JEWEL LITE TRIM CAP
G6	36" CAP HEIGHT	8'-10"	36"	39'-9"	5"	8"	.040	.150	*	X
G5	30" CAP HEIGHT	7'-5"	30"	33'-2"	5"	8"	.040	.150	*	X
G4	24" CAP HEIGHT	5'-11"	24"	26'-6"	5"	8"	.040	.150	*	X
G3	18" CAP HEIGHT	4'-5"	18"	19'-10"	5"	8"	.040	.150	*	X
G2	15" CAP HEIGHT	3'-9"	15"	16'-7"	5"	8"	.040	.150		X
G1	12" CAP HEIGHT	2'-11"	12"	13'-3"	5"	8"	.040	.150		X
G11	9" CAP HEIGHT	2'-3"	9"	9'-11"	5"	8"	.040	.150		X

* USE DEAD SOFT ONLY IF LETTERS ARE VIEWED CLOSE UP FROM STREET LEVEL. LESS THAN 12'-0" FROM GRADE.



SIDE VIEW

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

VERTICAL SECTION

SCALE: NTS

Withheld

APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER
DATE 9-16-9 SK

FAX CORRESPONDENCE

DATE: 09.01.04

FAX NUMBER 973-439-9155

ATTENTION: Peggy

PAGES TO FOLLOW - 1 -

FROM: Allison - Building dept 732-262-1031

MESSAGE per our phone call this morning

Regarding zoning permit application
to be completed for each sign app'l

- 545 Brick blvd

- 150 Chambers bridge Rd

do not fax back to me. zoning officer only
accepts originals, please mail to the
above circled address.

19734399155	NORMAL	1,12:12	1,09"	2	* O K	Note
Telephone Number	Mode	Start	Time	Page	Result	

P.1
Sep 1 2004 12:14

** Transmit Conf. Report **



707 West Spring Garden Street Palmyra, New Jersey 08065
(856) 829-1460 Fax (856) 829-8549

Peggy Fernandez
Office (973) 439-6929 **Fax** (973) 439-9155 **Mobile** (609) 217-7908

Transmittal

Date: 8-17-04
To: Sean Kinnevy, Zoning Officer
Company: Brick Township

From: Peggy Fernandez
Subject: Bank of America, 5571
Sign Permit Application

The Fleet Bank located at 545 Brick Blvd has been bought by Bank of America and they need to change the name on their signs.

We need to replace the existing signs with new signs as shown in the attached sign package to change the name.

I spoke with someone in your office who said I need to get approval from you prior to application of building permits enclosed.

Can you please help?

Please call me with any questions or comments.

Enclosed also is a self addressed stamped envelope for permit approval return.

Thanks for your help,

Peggy

BoA 5571

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 545 Brick Blvd, Brick, NJ 08723 (Fleet Bank)
Block: 547 Lot: 1
Owner's Name: Bank of America
Owner's Mailing Address: 100 S. Charles St. 3rd FL
Baltimore, MD 21201
Phone: (410) 547-4694

BUILDING

Contractor: DEBBY FERNANDEZ
PHILA. SIGN CO
Address: 707 W. Spring Garden St
Palmira NJ 08065
Phone#: 973-439-6929 / 856-829+1460
Lis # _____
Federal Emp # or SSN 22-348850

Technical Data

Description of Work:

Replace existing Fleet Bank
signs with new to
change name to
Bank of America

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☒ Sign 167.94 sq ft
☐ Fireplace wd/gas

Building Characteristics

Use Group Present: BANK Proposed: BANK
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____
Cost of Alteration: \$ _____
Cost of New Building: \$ _____
Cost of ~~Site~~ ^{Sign} Work \$ 3200.00

Total Cost of New Building Work: \$ 3200.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Peggy Fernandez
Please Print Name Peggy Fernandez

ELECTRICAL

Contractor: Matt. Kondra Electric
Address: 300 Crestwood Ave
Haddon Twp, NJ 08033
Phone#: 856-858-3649
Lis #: 10605
Federal Emp # or SSN 223488502

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 (Receptacles, Switches, Lights, Motor 1HP) _____
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
Sprinkler System _____
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light 2 KW
Furnace _____
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: 575.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Peggy Fernandez
Please Print Name Peggy Fernandez

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____
Phone #: _____ N/A
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	_____
Urinals/Bidets	_____
Bath Tub (w/or w/out shower head)	_____
Lavatory (BR Sink)	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping _____ No. of outlets _____	
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Air Conditioner (Condensate Drain)	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sump Pump	_____
Pool Heater	_____
Other:	_____

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____
Phone #: _____ N/A
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: _____

Tank Removal _____
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	_____
CO Detectors	_____
Heat Detectors	_____
Total	_____

Stand Pipes _____
Kitchen Hood Exhaust System Commercial _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

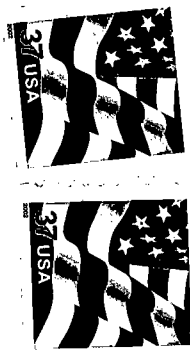
I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: _____



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



Leggy Hermonberg
707 Passaic Ave
West Caldwell, NJ 07076

PE: B0A5571/PERMIT

Fleet Global Work Place-New England Region

MADE 10015A

100 Federal Street, Boston MA 02110

617.434.5844

Fax 617.434.5841

Dear Permit Officer,

As you may be aware, Bank America and Fleet/Boston Financial will merge and become Bank of America on April 2, 2004. One very important part of the merger effort is the installation of new signage on all Fleet/Boston Financial Banking Centers. We will be removing all old signage and installing new signage with Bank of America's identity.

Bank of America (or Fleet/Boston Financial) has authorized Philadelphia Sign Company to act as their legal representative to assist them in their efforts to implement this name/brand change. Philadelphia Sign Company will in turn be working with local sign companies in your market area for installation of all signage.

If you have any questions about this letter or the information given to you when our team members delivered it please feel free to call me.

Thank you,

Roland Barrie
Manager of Approvals and Permitting
For Fleet National Bank
Phone #: 617.434.5844

