C547-1

BLOCK 547 LOT 1 ADDRESS(site) 545 BRICK BLVD. PERMIT NO. 98-0306

RECEIVED
JAN 0 2 1998
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work-site at: 545 Brick Blvd. SUMMIT BANK
2. Name of Owner SUMMIT BANK Tel. (609) 987-3184
   Address 4469-RT 27 S (street) KINGSTOWN (municipality) NJ (zip code) 08528
3. Ownership Public ✓ Private
4. Principal Contractor: NW SIGN INDUSTRIES Tel. ( )
   Address 360 Crider Ave. Moorestown, NJ 08057
   License No. OR, if new home, Builder Reg. No. (609) 802-1677 Exp. Date
   Federal Emp. No. 22317 6338 Social Security No.
5. Architect or Engineer Tel. ( )
   Address
6. Responsible Person in Charge of Work Theresa Fiori Tel. (609) 802-1677

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	95-		
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		6-		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other 2K		$101-		
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 sq. ft.	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☑ Minor work (single trade)	2000
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	2000

SIGN

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
MP			2-3-98	FM			
EVC	1/15/98		1/15/98				

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:

VOID

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

AL

LDS BR 10206291

HBT PRE

2nd mail in

1/14/98 called spoke to Theresa

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 New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

(✓ Check if contractor.

Agent Name NW SIGN INDUSTRIES

Address 360 Crider Ave.
Moorestown, NJ 08057
(609) 802-1677

Telephone ( )

Signature Theresa Frenn Date 12/31/97

OFFICE DATE RECEIVED: _____

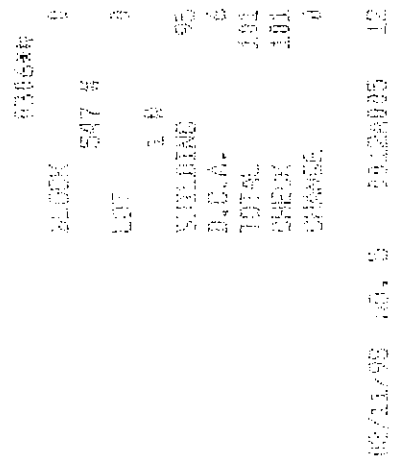
VIII. PRIOR APPROVALS CHECKLIST **(office use only)**	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ 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.				



TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/11/98
Control #
Permit # 98-0306

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 547 Lot 1

Work Site Location 545 BRICK BLVD
SIGN
Owner in Fee SUMMIT BANK
Address 4469 RT27 S
KINGSTON, NJ 08528-
Telephone (609)987-3184

Contractor NW SIGN INDUSTRIES
Address 360 CRIDER AVE
MOORESTOWN, NJ 08057-
Telephone (609)802-1677
Lic. No. or Bldrs. Reg. No. Exp. Date / /
Federal Emp. No. 22-1736638
or Social Security No.

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
SIGN

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 7,000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	95
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	6
Cert. of Occ.	0
Other	
Total	101
Check No.	10568
Cash	
Collected By:	TL

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
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 SUMMIT BANK
545 BRICK BLV., BRICK NJ
Owner in Fee SUMMIT BANK
Address 4469 RT 27
KINGSTON NJ 08528
Tele. (609 987-3384
Contractor NW SIGN INDUSTRIES
Address 360 Crider Ave.
Moorestown, NJ 08057
Tele. (___) (609) 802-1677
Lic. No. or Bldrs. Reg. No. 9217 ~~6338~~
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	2-3-96	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____
Approved By: _____

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
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.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 7000 —
2. Alteration $ _____
3. Total (1+2) $ 7000 —

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

(A) REFACE EXISTING SIGN 4'X12'
(B) REPLACE LETTERS WITH 3'X14' SIGN BOX.
(C) REFACE (10) EXISTING DIRECTIONALS.

APPROVED

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[X] Sign 95 Sq. Ft. Total
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE

$ _____

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

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: January 14, 1998 1998 - 0027

Block 547 Lot 1 Zone B-2, G.B.

Property Address: 545 Brick Boulevard

Owner: Summit Bank (Phone): (609) 987-3184

Applicant: Theresa Freni; NW Signs (Phone): (609) 802-1677

Existing Use: Bank.

Proposed Use: Bank.

Proposed Construction (if any): Reface 4' by 12' pylon sign.
Remove letters, replace with sign box.
Replace directional signs.
Changing bank name from "Collective" to "Summit".

Conditions: All signs to be same size and location as previous signs.
The street address number must be posted on the pylon sign as per Chapter 170 of the Township Code.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

LISA ROCE

TOWNSHIP OF BRICK

ZONING PERMIT APPLICATION
(Please type or print NEATLY)

Property Address: SUMMIT BANK 545 BRICK BLV.

Block: 547 Lot: 1

Name of Property Owner: SUMMIT BANK, 4469 RT 27

Name of person making application: THERESA FRENI

Company Name: NW SIGN INDUSTRIES

Mailing Address: 360 CRIDER AVE.

Telephone Number: 609-802-1677

Present or most recent use property(Check One): _____ Vacant Lot

_____ Single Family Dwelling _____ Residential Condominium Unit or Apt.

✓ Commercial (Please Describe) COMMERCIAL BANKING

_____ Other (Please Describe) _____

Proposed Use: _____ Single-Family Dwelling _____ Residential Condo. or Apt.

✓ Commercial (Please Describe) COMMERCIAL BANKING

_____ Other (Please Describe) _____

Proposed construction (include height and other dimensions of proposed structure or addition; if proposed fence, include type as well as height): _____

(A) REFACE 4'X12' D/F PYLON.

(B) REMOVE 2' LETTERS, REPLACE WITH NEW SIGN BOX

Please submit with application 2 accurate plot plans either drawn by a surveyor or engineer, or hand-drawn on an 8 1/2" by 11" sheet of paper by the owner or applicant, neatly and to scale. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways.

If approval was granted by the Zoning Board of Adjustment or Planning Board, include a copy of the Resolution.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other municipal approvals and ordinances, and all county, state and federal regulations.

This application will not be accepted unless it is COMPLETELY filled out.

Signature of Applicant Theresa Freni Date 1/13/98

Received by Zoning Office: Date 1/14 Complete ✓ Incomplete _____

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 547 LOT 1 SITE ADDRESS 549 Bay Ave
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Bar

APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # _____ NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

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

MANDATORY DEVELOPER FEES

- ◊ Residential is .005 %
- ◊ Commercial is .01 %

Estimated Assessment $ 3000.00 Date 12.6.78

Estimated Required Fee $ 30.00

Required Deposit on Estimate $ 15.00 Date 2-2-79

Check # 10515 Receipt # 3291

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

_____

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

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

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

CASE # ______________________

APPROVAL DATE: ______________________
(Planning Board/BOA)

DATE: 1-13-03

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 547 LOT 1 SITE ADDRESS 547 Brick Blvd

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS [illegible]

APPLICANT [illegible] CITY & STATE Moorestown NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ ______________________

____
Frederick R. Millman, CTA, Tax Assessor

____
Date

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

$ ______________________

____
Frederick R. Millman, CTA, Tax Assessor

____
Date

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
FAX (732) 262-8954 or (732) 920-1456
http://www.twp.brick.nj.us

January 27, 1998

Ms. Theresa Freni
NW Sign Industries
360 Crider Avenue
Moorestown, NJ 08057

RE: Mandatory Development Fee
Block 547 Lot 1; Summit Bank 545 Brick Blvd.

Dear Ms. Freni:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on January 2, 1998, for the above block and lot at $3,000.00, resulting in an estimated fee of $30.00.

Therefore, it is required that one half of the estimated fee ($15.00) be submitted in the form of a check payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. The balance is to be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe
Affordable Housing Administrator
CAW/da

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 547 LOT 1 SITE ADDRESS 545 [illegible]
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required ____ Date ____
- Down Payment ____ Date ____
- Balance ____ Date ____
- Paid In Full ____ Date ____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ 3000 00 Date 1-26-98

Estimated Required Fee $ 30 00

Required Deposit on Estimate $ 15.00 Date 2-2-98

Check # 10515 Receipt # 3291

Actual Assessment $ 3000.00 Date 3-16-99

Actual Required Fee $ 30.00

Minus Deposit of Estimate $ 15 00

Balance Due $ 15 00 Date [illegible]

Check # [illegible] Receipt # [illegible]

Amount Paid In Full $ ____

Fees Imposed To Date ____
Fees Reached $15,000 ____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 1-15-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 547 LOT 1 SITE ADDRESS 545 Brick Blvd

TYPE OF SITE Commercial TYPE OF BUSINESS Summit Bank-Sign
(Residential/Commercial)

APPLICANT NW Sign Industries CITY & STATE Moorestown NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ [redacted]

Frederick R. Millman, CTA, Tax Assessor

1/15

Date

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

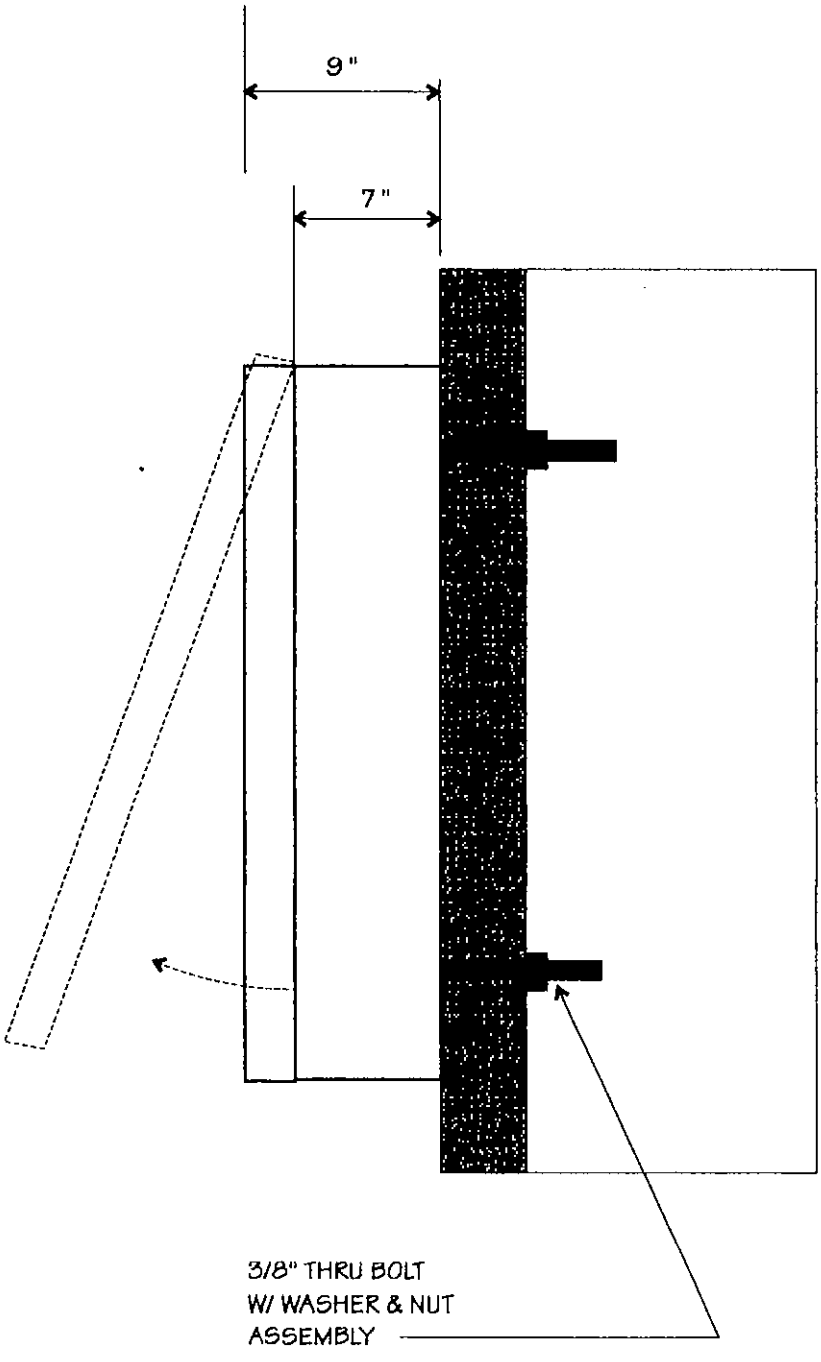
$ 3100 EA

Frederick R. Millman, CTA, Tax Assessor

1/15/98

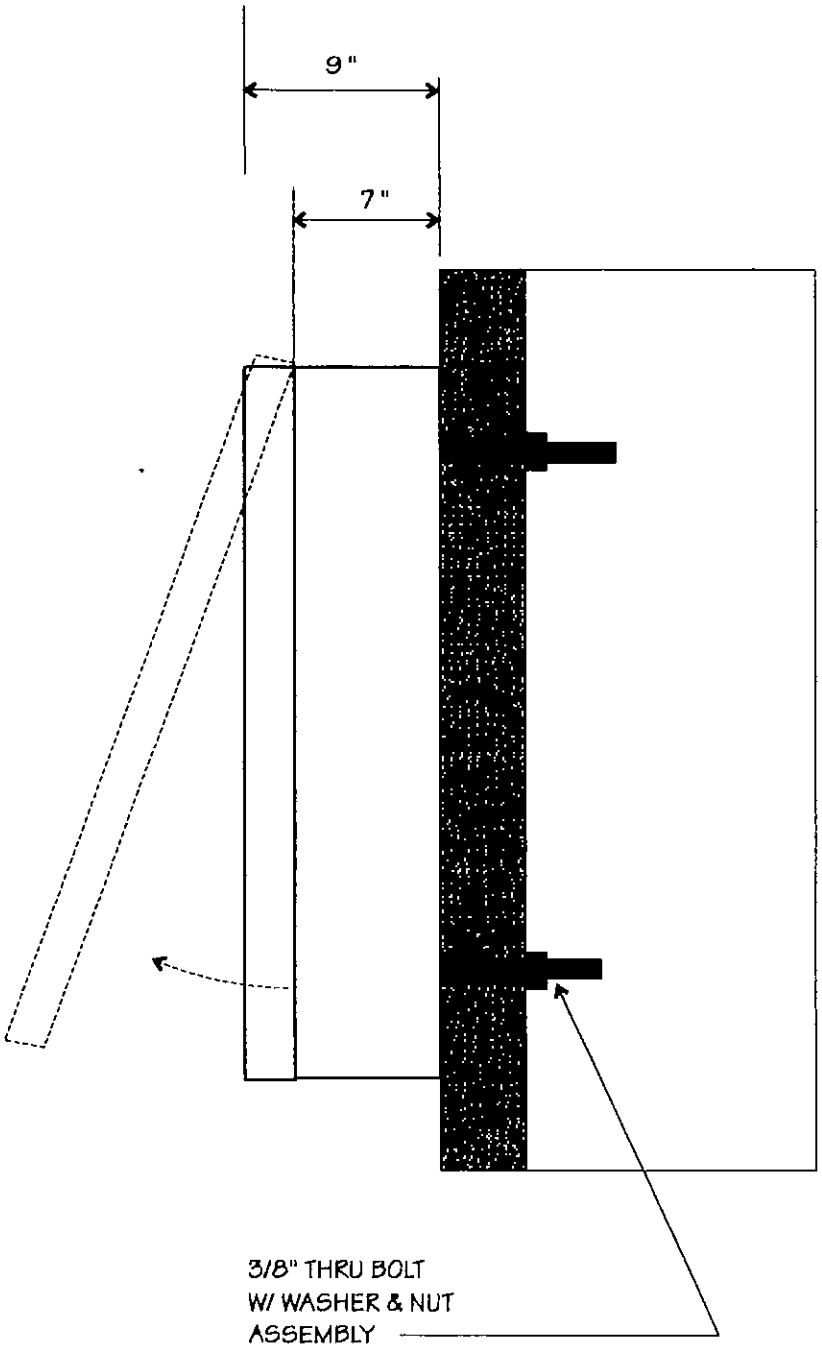
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold



MTG. DETAIL/PROFILE

NW SIGN INDUSTRIES
360 Crider Ave.
Moorestown, NJ 08057
(609) 802-1677

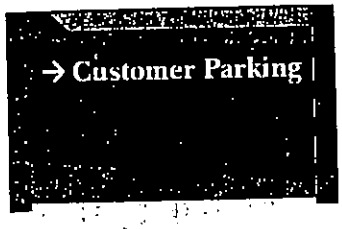


MTG. DETAIL/PROFILE

NW SIGN INDUSTRIES
360 Crider Ave.
Moorestown, NJ 08057
(609) 802-1677

REFACE ALL EXISTING DIRECTIONALS.
10 TOTAL.

REFACE ALL EXISTING DIRECTIONALS.
10 TOTAL.



A.

SUMMIT BANK

TYPE 1

RETACE EXISTING.
4' X 12'

(A)

SET BACK 18'
FROM ROAD CURB.

A.

SUMMIT BANK

TYPE 1

RETACE EXISTING.
4' X 12'

(A)

SET BACK 18'
FROM ROAD CURB.

NW SIGN INDUSTRIES
360 CRIDER AVENUE
MOORESTOWN NJ 08057
609-488-6366

PNC BANK N.A
NEW JERSEY 060
55-760/312 630

10515
010515
01/30/98

PAY TO THE ORDER OF BRICK TOWNSHIP $ ******15 00*

*FIFTEEN DOLLARS AND NO CENTS DOLLARS

BRICK TOWNSHIP
AFFORDABLE HOUSING TRUST FUND
401 CHAMBERSBRIDGE ROAD
BRICK NJ 08723

MEMO

AUTHORIZED SIGNATURE

"010515" 1031207607: 8103665642"

SECURITY FEATURES INCLUDED DETAILS ON BACK

Michael A Thulen

To Scott M Pezarras Chief Financial Officer

From Carol A Wolfe Affordable Housing Administrator

Re Affordable Housing Fees

Dat 2 2 98

Business/Development Summit Bank

Owner/Applicant NW Sign Industries

Property Address 545 Brick Blvd

Block 547 Lot 1

DEPOSIT RECEIVED

Mandatory Development Fee

(Commercial)

Residential

Inclusionary Development Fee

Check Number 10515

Estimated Fee $ 3000

Deposit Amount $ 15 00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Rec 2/2/98 CAW

Mandatory Development Fee

Commercial

Residential

Inclusionary Development Fee

Check Number _____

Final Fee $_____

Less Deposit $_____

Final Payment $_____

FOR DEPOSIT ONLY AFFORDABLE HOUSING TRUST ACCOUNT # 4880071456

Collection of said fees as authorized by Township Ordinance 354-2C 93 is pursuant to N J S A 52 27D 301 et seq And N J A C 5 92 18 et seq

Received in Treasurer s Office by

_____ _____

Signature Date

NW SIGN INDUSTRIES
360 CRIDER AVENUE
MOORESTOWN NJ 08057
609-488-6366

PNC BANK N.A
NEW JERSEY 060
55-760/312 630

13789

013789
04/08/99

SIGN INDUSTRIES

PAY TO THE ORDER OF BRICK TOWNSHIP **$*****15 00*

*FIFTEEN DOLLARS AND NO CENTS DOLLARS

BRICK TOWNSHIP
CONSTRUCTION OFFICE
401 CHAMBERSBRIDGE ROAD
BRICK NJ 08723

MEMO Re - Affordable Housing Fees

AUTHORIZED SIGNATURE

⑈013789⑈ 031207607⑆ 8103665642⑈

SECURITY FEATURES INCLUDED DETAILS ON BACK.

Date 4 23 99

Business/Development Summit Bank

Owner/Applicant NW Sign Industries

Property Address 545 Brick Blvd

Block 547 Lot 1

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Estimated Fee $ _____

Deposit Amount $_____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 13789

Final Fee $ 30 00

Less Deposit $ 15 00

Final Payment $ 15 00

FOR DEPOSIT ONLY AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354 2C 93 Is pursuant to N J S A 52 27D 301 et seq And N J A C 5 92 18 et seq

Received In Treasurer's Office by

Signature

4-23-99
Date