BLOCK 1095 LOT 1 QUALIFICATION CODE ADDRESS (SITE) 200 Vanzile Rd PERMIT NO. B-2946

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-003935

I. IDENTIFICATION

1. Proposed Work Site at: Temple Beth OR
2. Name of Owner in Fee: Temple Beth OR
   Tel. (732) 458-4700 e-mail
   Address 200 Vanzile Rd (street) Bricktown (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: D.R.M. Builders Tel. (732) 276-5020
   Address 244 Donkle Rd e-mail
   Point Pleasant NJ 08742
   License No. OR, if new home, Builder Reg. No: Exp. Date
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. FAX: ( )
5. Architect or Engineer Contact
   Address e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun David R Moldrum (DRM Builders)
   Tel. (732) 276-5020 FAX: ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 585-		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	33-		
10. Subtotal	$		
11. Certif. of Occupancy			
12. Other			
13. TOTAL	$ 618-		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
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. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ___ HUD ___		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes ___ no ___		

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☑ Demolition
- ☐ Repair
- ☐ Alteration
- ☑ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	18,000	JB	7/5/13		07/13/13	KEK			
☑ Electrical	1,500								
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	19,500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*

	Total Units	Income-restricted
0 Gained, Sale		
Gained, Rental		
Lost, Sale		
Lost, Rental		

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: Temple
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):
D. Construct. Classification: Present
Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

NOTATION COMMERCIAL VIOLATION B VIOLATION

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(f)1.ix:

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. 5:23-2.15(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 D.R.M Builders

Address 2411 Dunkle Rd Point Pleasant, NJ 08742

Telephone (732) 228-5020

Signature David R Miller

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/9/2013
Control Number C-13-003935
Permit Number 13-2946
Permit Issue Date 7/15/2013
Certificate Number 13-2946

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 200 VAN ZILE RD. Brick Township, NJ Block: 1095 Lot: 1 Qual:

Owner in Fee: TEMPLE BETH OR

Owner Address: 200 VAN ZILE RD. BRICK NJ 08724

Telephone:

Contractor D.R.M. BUILDERS

Address 2411 DUNKLE RD POINT PLEASANT NJ 08742-

Telephone: (732) 278-5020 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: RENOVATION, WINDOW ALTERATION(S)

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 9/9/2013

U.C.C. F260 (rev. 08/05)

7/15/13 Apple to David (bw)

CONSTRUCTION PERMIT

13-2946

Date Issued 7-15-13
Control # C-13-003935
Permit #

IDENTIFICATION Block: 1095 Lot: 1 Qualifier
Work Site Location: 200 VAN ZILE RD. Brick Township, NJ
Owner in Fee: TEMPLE BETH OR
200 VAN ZILE RD. BRICK NJ 08724
Telephone:

Contractor: D.R.M. BUILDERS
Address: 2411 DUNKLE RD POINT PLEASANT NJ 08742-
Telephone: (732) 278-5020
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RENOVATION, WINDOW ALTERATION(S)

Note: If constuction 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 $19,500

David F. Newman Jr
Construction Official

7/15/13
Date

PAYMENTS (Office Use Only)

Building	$585
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$33
CO Fee	
Other	$0
Total	$618
Check No.	4884
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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 the work installed conforms with the requirements of the Uniform Construction Code.

07/15/13 4:54PM 00155814711

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 granted.

BUILDING $585.00
DCA $33.00
CHECK $-618.00

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [ ] A complete copy of released plans must be kept on the job site.

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

NOTICE AND ORDER OF PENALTY

Permit/Control #:
Date Issued: 7/8/2013
Violation #: V-13-00303

IDENTIFICATION

Work Site Location: 200 VAN ZILE RD. Brick Township, NJ

Block: 1095 Lot: 1 Qualification Code: _____

Owner in Fee: TEMPLE BETH OR

Owner Address: 200 VAN ZILE RD. BRICK NJ 08724

Agent/Contractor: _____

Address: _____

To: [X] Owner [ ] Other:

[ ] Agent/Contractor

ACTION

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

Following an investigation, it is found that you have failed to get the required permit for the following work: alteration for heating & drop ceiling

[X] On 7/8/2013, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [X] failed to obtain a construction permit; or [ ] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 7/22/2013 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: _____ Construction Official Date: 7-8-13

U.C.C. F212 equiv (rev. 4/2003)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 200 VAN ZILE RD. Brick Township, NJ
Block: 1095
Lot: 1
Owner: TEMPLE BETH OR
Owner Address: 200 VAN ZILE RD. BRICK NJ 08724
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1092
Issue Date: 7/8/2013
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit
Infraction Summary: Following an investigation, it is found that you have failed to get the required permit for the following work: alteration for heating & drop ceiling

Certified Mail Number: 7013 0600 0001 5525 0784

Enforcement Details

Inspection Date: 7/8/2013
Notice Date: 7/8/2013
Compliance Date: 7/22/2013
Compliance Inspection Date:
Compliance Summary: The owner or the owner's agent must submit an application for review by the compliance date. Additionally, the work must be inspected, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due:	$2,000.00
Total Paid:	$0.00
Total Owed:	$2,000.00

BRICK TOWNSHIP
BUREAU OF FIRE SAFETY

REQUEST TO CONDUCT AN INSPECTION

INSPECTOR: J. Stephen Kicinski **DATE:** 7/8/13

REGISTRATION NO.: 2-2135E

AS A RESULT OF:

[ ] COMPLAINT
[X] ROUTINE INSPECTION
[ ] REQUESTED INSPECTION
[ ]OTHER - BUREAU BUSINESS

THE BUREAU OF FIRE SAFETY CONDUCTED AN INSPECTION AT THE FOLLOWING PREMISE:

Temple Beth Or

200 Van Zile Rd Block: 1095 Lot: 1

THE INSPECTION WAS FOUND TO HAVE VIOLATIONS WHICH MAY INVOLVE THE JURISDICTION OF:

[ ] CONSTRUCTION OFFICIAL - Dan Newman
[X] BUILDING SUB-CODE
[X] ELECTRICAL SUB-CODE
[ ] PLUMBING SUB-CODE
[X] FIRE SUB-CODE - Kevin C. Batzel
[ ] CODE ENFORCEMENT
[ ] RENTAL INSPECTION
[ ] ZONING - Sean Kinnevy
[ ] OTHER:

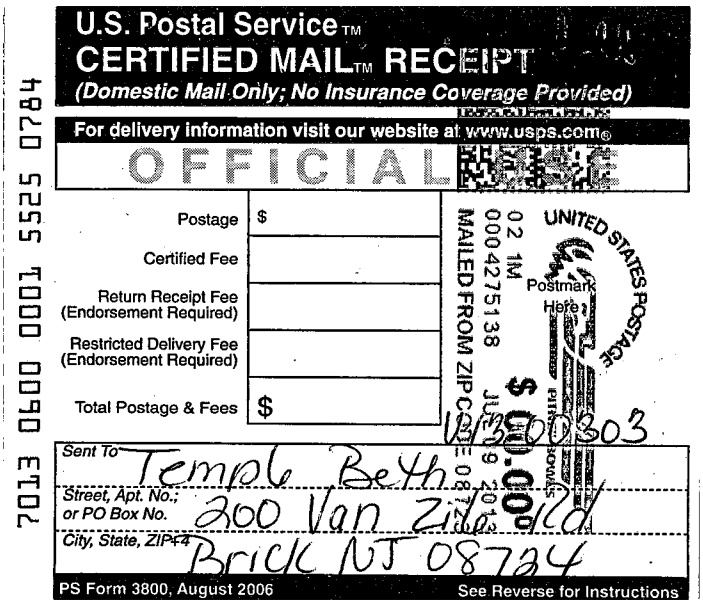
IT IS THE BUREAU'S REQUEST THAT AN INSPECTION BY YOUR OFFICIALS BE CONDUCTED. THE MOST NOTICED AREA BY OUR INSPECTORS ARE:

As per the request of the building owner, I was at the above location doing an occupancy load calculation for the small social room. This room is under renovations - construction work was being done to the HVAC, electrical and structure of the room. (See attached photographs). A check revealed that no permits are on file.
NOTE: An occupancy load calculation should be done for all rooms.

PURSUANT TO N.J.A.C. 5:71-3.5(c) TO BE REPORTED, ANY FINDINGS NOT WITHIN THE INSPECTOR'S AUTHORITY TO THE OFFICIAL HAVING JURISDICTION.

cc:


Rapid Coat
Rapid Coat



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

UNITED STATES POSTAGE
Postmark Here
PITNEY BOWES
02 1M
0004275138
JUN 29 2013
MAILED FROM ZIPCODE 08724
$ 00.03
$ 30.00

Sent To Temple Beth
Street, Apt. No.; or PO Box No. 200 Van Zile Rd
City, State, ZIP+4 Brick NJ 08724

PS Form 3800, August 2006 See Reverse for Instructions

7013 0600 0001 5525 0784

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement *"Restricted Delivery"*.
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 *(Reverse)* PSN 7530-02-000-9047

V-13-00303

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Temple Beth
200 Van Zile Rd
Brick NJ 08724

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Connie Ruzzi ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7013 0600 0001 5525 0784

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DIVISION OF INSPECTIONS
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE ROAD
BRICK, N.J. 08723

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 13-2946
Date Issued
Permit # 7-15-13

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

Block 1095 Lot 1 Qualification Code
Work Site Location Temple Beth OR
Owner in Fee: Temple Beth OR
Tel. (732) 458-4700 e-mail
Address 200 Vaux Zile Rd (street) Brick (municipality) NJ 08724 (zip code)
Contractor: D.R.M. Builders Tel. (732) 278-5020
Address 2411 Dowkle Rd e-mail
Pt Pleas NJ 08742
Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
- [ ] No Plans Required
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [x] Interior 07/13/13 KEK

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

SUBCODE APPROVAL for PERMIT
Date: 07/13/13
Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [x] CA
Date: 09/06/13
Approved by: KEK

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ OpenCert			7/25/13	KW
Mechanical				
TCO				
Other				
Final			9/4/13	MV
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories 1
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 19,500

U.C.C. F110
(rev. 11/09)

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.
Sign here: D.R.M. Builders
Print name here: David R Mellon

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
1) Remove (6) 4'x5' Aluminum Clad Windows and Install (6) Andeson 425 Casement Windows.
2) Remove Approx. 1450 sqFt of Paneling and Install New 1/2" Drywall
3) Install Approx. 640 sqFt of R-40 Solid Foam insulation on ext. walls
4) Remove and Replace approx 1150 sqFt of Drop ceiling

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other Renovation
- [x] Demolition

COMMERCIAL

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

NOTICE AND ORDER OF PENALTY

Permit/Control #:
Date Issued: 7/8/2013
Violation #: V-13-00303

IDENTIFICATION

Work Site Location: 200 VAN ZILE RD. Brick Township, NJ

Block: 1095 Lot: 1 Qualification Code: _____

Owner in Fee: TEMPLE BETH OR

Owner Address: 200 VAN ZILE RD. BRICK NJ 08724

Agent/Contractor: _____

Address: _____

To: ☒ Owner ☐ Other:

☐ Agent/Contractor

ACTION

☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

Following an investigation, it is found that you have failed to get the required permit for the following work: alteration for heating & drop ceiling

☑ On 7/8/2013, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [X] failed to obtain a construction permit; or [ ] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 7/22/2013 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: _____ Construction Official Date: 7-8-13

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 200 VAN ZILE RD. Brick Township, NJ
Block: 1095
Lot: 1
Owner: TEMPLE BETH OR
Owner Address: 200 VAN ZILE RD. BRICK NJ 08724
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1092
Issue Date: 7/8/2013
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit
Infraction Summary: Following an investigation, it is found that you have failed to get the required permit for the following work: alteration for heating & drop ceiling

Certified Mail Number: 7013 0600 0001 5525 0784

Enforcement Details

Inspection Date: 7/8/2013
Notice Date: 7/8/2013
Compliance Date: 7/22/2013
Compliance Inspection Date:
Compliance Summary: The owner or the owner's agent must submit an application for review by the compliance date. Additionally, the work must be inspected, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due:	$2,000.00
Total Paid:	$0.00
Total Owed:	$2,000.00

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 13-29446

Date Issued
Permit # 2-15-13

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

Block 1065 Lot 1 Qualification Code

Work Site Location Temple Bath OR

Owner in Fee: Temple Bath OR

Tel. (732) 458-4200 e-mail

Address 200 Van Zile Rd Brick NJ 08724
street municipality zip code

Contractor: D.K.M Builders Tel. (732) 226-5020

Address 2411 Brunswick Ave e-mail
Piscataway NJ 08854

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[x] Interior	2/13/13	KEK

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

SUBCODE APPROVAL for PERMIT
Date: 2/13/13
Approved by: KEK

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

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories 1
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 17,540

U.C.C. F110
(rev. 11/09)

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.

Sign here: D.K.M Builders

Print name here: [illegible]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
1) Remove (6) 4'x5' Aluminum Clad Windows and Install (6) Anderson C25 Casement Windows.
2) Remove approx. 1450 sqft of Paneling and Install new 1/2" sheetrock
3) Install approx. 640 sqft of R-40 Solid Foam insulation on ext walls
4) Remove and Replace approx 115 sqft of drop ceiling

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other Insulation
[x] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 13-3996
Date Issued
Permit # 2-15-13

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

Block 125 Lot 1 Qualification Code

Work Site Location

Owner in Fee:

Tel. ( ) e-mail

Address (street) (municipality) (zip code)

Contractor: Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure (Dates Month/Day)	Approval (Dates Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories 1
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed
If Industrialized Building:
State Approved HUD

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F110
(rev. 11/09)

1 White = Inspector Copy
2 Canary = Office Copy
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4 Gold = Applicant Copy

Barlo & Assoc. L.L.C.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

Tel: 732-477-7751
Fax: 732-477-6788
E-mail: barloassoc@aol.com

Kevin,
F.Y.I.

July 12, 2013

Mr. Daniel Newman
Construction Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, NJ 08723

Re: Temple Beth Or
200 Van Zile Road
Brick, NJ 08724

Dear Mr. Newman,

As per your department's recent site inspection and your request, this letter is for your records and to notify you of the following clarifications regarding the above referenced project:

- The space in question is a ±1,165 SF meeting room (assembly) and has two (2) 3'-0" x 7'-0" egress doors.
- The owner states that the room is used with tables and chairs. Using table 1004.1.1 to calculate the occupant load based on "Unconcentrated (Tables and Chairs)" – 1,165 SF/15 net = 78 occupants.
- We recommend setting the maximum occupant load at 97 occupants allowing for 12SF of floor area per occupant.
- The owner will post an approved, legible, permanent sign indicating a maximum occupant load for this room of 97 occupants.

Should you have any questions or require additional information, please do not hesitate to contact our office.

Very truly yours,
Barlo & Associates, LLC

Paul L. Barlo, AIA, LEED AP
NJ Lic. No. 6-7498

Cc: H. Langer – Temple Beth Or
B. Meldrum, DRM Builders
Arch File

Called Jim on Paul B left message - need a drawing ??

Does he have a electronic permit ??

This form must be handed in with permit application or a permit will not be issued!

TOWNSHIP OF BRICK

Debris Form

Work Site Address: 200 Van Zile Rd

Block: 1095 Lot: 1

Contractor: D.K.M. Builders

Contractor's Address: 2411

Type of Construction (minor, new home): Minor

Type of Debris (shingles, siding, wood, etc): Wood, Windows, acoustic Ceiling

Party responsible for removal: H. Sindel Carting

Dumpster Size: 15 yrd

Destination of Debris: MAZZA

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

David R Mal

Signature

07/05/13

Date

David R Maldrum

Print Name

COMMERCIAL