

CONSTRUCTION PERMIT APPLICATION

C13-003435

1. Proposed Work Site at: 200 Union Ave Rd

2. Name of Owner in Fee: Temple Beth Or Tel. ()
Address _____ street _____ municipality _____ zip code _____

3. Ownership in Fee: Public Spadaro Private _____

4. Principal Contractor: Jerry Spadaro Tel. (732) 620-3523
Address 440 Dwyer Hwy Cuy Middlebrook NJ 08921
License No. OR, if new home, Builder Reg. No. 11365 Exp. Date _____
Federal Employee No. _____ FAX: () _____

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

6. Responsible Person in Charge once Work has Begun Jerry Spadaro
Tel. (732) 620-3523 FAX: () _____

		Update	Update
1. Building	\$	105 ✓	
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			
10. Subtotal	\$	3 ✓	
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	108 ✓	

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 _____

[illegible][illegible]

4. No. of dwelling units:	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

3. Change in Use Group, Indicate Former:

8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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 _____

June 12 13

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 _____

Ben Spodaro

Address _____

44 Nottingham Way Middletown NJ 07742

Telephone (_____) _____

732-620-3523

Signature _____

- 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 09/07/2013
Control Number C-13-003435
Permit Number 13-2627
Permit Issue Date 06/21/2013
Certificate Number 13-2627

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: Jerry Spadaro Electric
Address: 44 Nottingham Way Middletown NJ 07748
Telephone: (732) 620-3523 Fax: _____
License Number or Builders Registration Number: 11365 Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-3 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ELECTRICAL ALTERATIONS

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 NJACS: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: _____

Collect
Narrow
6/12/13



CONSTRUCTION PERMIT

Date Issued _____
Control # C-13-003435
Permit # _____

IDENTIFICATION Block: 1095 Lot: 1 Qualifier _____
Work Site Location: 200 VAN ZILE RD. Brick Township, NJ Contractor Jerry Spadaro Electric
Address 44 Nottingham Way Middletown NJ 07748
Owner in Fee TEMPLE BETH OR Telephone: (732) 620-3523
200 VAN ZILE RD. BRICK NJ 08724 Lic. No. or Bldrs. Reg. No. 11365
Telephone: _____ Federal Employee. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS

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 \$1500

Daniel Newman Jr
Construction Official

6/15/13
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$65
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$68
Check No.	<u>41203</u>
Cash	\$0
Credit	\$0
Collected By	

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.

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.

☒ 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:

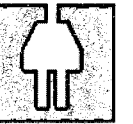
☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; 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.



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 1095 Lot 1 Qualification Code 200

Work Site Location 200 VAN ZILE RD BROOKLYN

Owner in Fee: Temple Beth Or

Tel. () e-mail

Address Same

Contractor: Sam Spadano street municipality Tel. (972) 6203523 zip code

Address M. Adolphson e-mail

Contractor License No. 11365 Exp. Date

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

Federal Emp. ID No. FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[] Pole/Pad # [] Temporary [] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underslab Utilities Approved

Date: Approved by:

[] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 7/13/13

Approved by: JS

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 7/5/13

Approved by: JS

INSPECTIONS

Dates (Month/Day)

Type: Failure Approval Initial

Rough Barrier-Free 7-2-13 7-17-13 JK

Trench Temp. Serv. NOTE

Constr. Serv. TCO Other Service Final Barrier-Free 9-17-13 OD

Temp. Serv. Final Barrier-Free

TCO Other Service Final Barrier-Free

Other Service Final Barrier-Free

Service Final Barrier-Free

Barrier-Free

Temp. Cut-In-Card Date Issued

Final Cut-In-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY SIZE

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

27

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

Date Received Control #

Date Issued Permit #

13-2627

6/21/13

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

NOTE (Office Use Only)

45

...

7

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

JUL 12 2013

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 $\pm 1,165$ 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)" – $1,165 \text{ SF} / 15 \text{ net} = 78$ 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. C-7498

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



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 1095 Lot 1 Qualification Code 200 VAW 212 RD BRICK NS.

Work Site Location 200 VAW 212 RD BRICK NS.

Owner in Fee: Temple Beth Or

Tel. () e-mail Same

Address Same

Contractor: Steve S. L. Inc. municipality Tel. (732) 620-3523

Address 4400 Birmingham Blvd e-mail same

Contractor License No. 11365 Exp. Date 11/30/05

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): None

Federal Emp. ID No. None FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present None Proposed None

[] Pole/Pad # None [] Temporary [] Other None

Building Occupied as None Utility Co. None

Est. Cost of Elec. Work \$ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW None

[] No Plans Required

[] Partial - Underslab Utilities Approved

Date: None Approved by: None

[] Electric Plans Approved

Date: None Approved by: None

Joint Plan Review Required: None

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6/16/05

Approved by: None

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: None

Approved by: None

INSPECTIONS

Dates (Month/Day)

Type: None

Failure: None

Approval: None

Initial: None

Rough: None

Barrier-Free: None

Trench: None

Temp. Serv.: None

Constr. Serv.: None

TCO: None

Other: None

Service: None

Final: None

Barrier-Free: None

Temp. Cut-in-Card Date Issued: None

Final Cut-in-Card Date Issued: None

Annual Pool Inspection: None

Date of Grounding and Bonding: None

Certification: None

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here:

Print name here: Steve S. L. Inc.

[] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr. [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: New Lighting

QTY SIZE ITEMS

20 None Lighting Fixtures

7 None Receptacles

None None Switches

None None Detectors

None None Light Poles

None None Motors—Fract. HP

None None Emergency & Exit Lights

None None Communications Points

None None Alarm Devices/F.A.C. Panel

27 None TOTAL NUMBERS

None None Pool Permit/with UW Lights

None None Storable Pool/Spa/Hot Tub

None None KW Elec. Range/Receptacle

None None KW Oven/Surface Unit

None None KW Elec. Water Heater

None None KW Elec. Dryer/Receptacle

None None KW Dishwasher

None None HP Garbage Disposal

None None KW Central A/C Unit

None None HP/KW Space Heater/Air Handler

None None KW Baseboard Heat

None None HP Motors 1/+ HP

None None KW Transformer/Generator

None None AMP Service

None None AMP Subpanels

None None AMP Motor Control Center

None None KW Elec. Sign/Outline Light

None None Administrative Surcharge \$

None None Minimum Fee \$

None None State Permit Surcharge Fee \$

None None TOTAL FEE \$

None None Administrative Surcharge \$

None None Minimum Fee \$

None None State Permit Surcharge Fee \$



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 1245 Lot 200 Qualification Code 200

Work Site Location 200 Van Zile Rd Greenville

Owner in Fee: Temple Beth Or

Tel. () e-mail

Address Same

street municipally zip code

Contractor: James S. Diney, Jr. Tel. (732) 620-3523

Address 4400 South Main St e-mail

Contractor License No. 11365

Exp. Date

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

Federal Emp. ID No. FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[] Pole/Pad # [] Temporary [] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

[] Partial—Underslab Utilities Approved

Date: Approved by:

[] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 6/11/13

Approved by: JS

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO [] CA

Date:

Approved by:

INSPECTIONS

Dates (Month/Day)

Type: Rough Failure Failure Approval Initial

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here:

Print name here:

() Licensed Elec. Contractor [] Certified Landscape Irrigation Contr. [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY. SIZE

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

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

