

BLOCK 701.39 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 340 Chambers Bridge Rd. PERMIT NO. 13-1123



CONSTRUCTION PERMIT APPLICATION

C13-001355

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

I. IDENTIFICATION
1. Proposed Work Site at: BRICK HS - 340 CHAMBERS BRIDGE ROAD
2. Name of Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION
Tel. (732) 785-3000 e-mail jedwards@brickschools.org
Address 101 HENDRICKSON AVE., BRICK NJ 08724
3. Ownership in Fee: Public ☒ Private _____
4. Principal Contractor: DESIGN RESOURCES GROUP Tel. (732) 560-7900
Address 371 HUES LAKE, SUITE 301 PISCATAWAY, NJ 08854 e-mail frankb@drgrpa.com
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 DESIGN RESOURCES GROUP Contact Frank Bowley
Address 371 HUES LAKE STE 301 PISCATAWAY e-mail frankb@drgrpa.com
Tel. (732) 560-7900 x112 FAX: (732) 560-7910
6. Responsible Person in Charge once Work has Begun
Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ ☒		
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	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	<u>2</u>	
2. Height of Structure	<u>20</u> ft.	
3. Area - Largest Floor	<u>186,56</u> 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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
☒ Building	<u>432,500</u>				<u>3/12/13</u>	<u>AK</u>		
☐ Electrical								
☐ Plumbing								
☐ Fire Protection								
☐ Elevator								
TOTAL COST								

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
Gained, Sale _____
Gained, Rental _____
Lost, Sale _____
Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

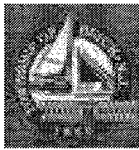
C. MIXED USE -List secondary use(s): _____
D. Construct. Classification: Present IB
Proposed _____

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	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells	12. ☐ Fire Alarm
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks	
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs	
	7. ☐ Sprinklers/Standpipes	11. ☐ LPGas Tanks	



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/25/2014
Control Number C-13-001355
Permit Number 13-1123
Permit Issue Date 03/14/2013
Certificate Number 13-1123

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 346 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 701.39 Lot: 12 Qual: _____
Owner in Fee: BRICK TOWNSHIP EDUCATION
Owner Address: 101 HENDRICKSON AVE. BRICK NJ 08723
Telephone: (732) 785-3000
Contractor C & M Door Controls, Inc.
Address 20 Markley Street Port Reading NJ 07064
Telephone: (732) 596-1900 Fax: (732) 596-1992
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-2035306

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: E Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL replace exterior doors, frames and hardware

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: 06/25/2014

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

Page 1



BUILDING SUBCODE TECHNICAL SECTION



Change of
Contractor

Date Received
Control #

13-1123

Date Issued
Permit #

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

Block 701.39 Lot 12 Qualification Code

Work Site Location 346 Chambers Bridge Road (Brick HS)

Brick, NJ 08724

Owner in Fee: Brick Township Board of Education

Tel. (732) 785-3000 e-mail jedwards@brickschools.org

Address 101 Hendrickson Ave., Brick, NJ 08724

Contractor: C&M Door Controls, Inc. Tel. (732) 596-1900

Address 20 Markley St e-mail nfredrick@cndoorcontrols.c

Port Reading, NJ 07064

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222035306 FAX: (732) 596-1992

JOB SUMMARY (Office Use Only)

PLAN REVIEW/	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required			Type:				
☐ All			Footling				
☐ Footings/Foundations			Footling Bonding				
☐ Structural/Framework			Foundation				
☐ Exterior			Slab				
☐ Interior			Frame				
Joint Plan Review Required:			Truss Sys./Bracing				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free				
SUBCODE APPROVAL for PERMIT			Insulation				
Date:			Finishes -Base Layer				
Approved by:			Finishes -Final				
			Energy				
SUBCODE APPROVAL for CERTIFICATE			Mechanical				
☐ CO ☐ CCO			TCO				
Date: 06/25/14			Other				
Approved by: [Signature]			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present E Proposed 2

No. of Stories 26 ft. If Industrialized Building: State Approved HUD

Height of Structure 186,158 sq. ft.

Area — Largest Floor 186,158 sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors sq. ft. 1. New Bldg. \$ 432,500

Volume of New Structure cu. ft. 2. Rehabilitation \$ 432,500

Max. Live Load 3. Total (1+2) \$

Max. Occupancy Load

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: John A. Orsette, President

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace Exterior Doors/Frames/Hardware

TYPE OF WORK:

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence Height (exceeds 6') Sq. Ft.

☐ 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 \$

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



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.

Date Received
Control #
Date Issued
Permit #

3/14/13
13-1183

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: Frank Bourey

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPAIR EXTERIOR DOORS / FRAMES /
HARDWARE

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	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required			Type:				
☐ All			Footings				
☐ Footings/Foundations			Footings Bonding				
☐ Structural/Framework			Foundation				
☐ Exterior			Slab				
☒ Exterior			Frame				
☒ Exterior			Truss Sys./Bracing				
Joint Plan Review Required:			Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation				
SUBCODE APPROVAL FOR PERMIT			Finishes -Base Layer				
Date:			Finishes -Final				
Approved by:			Energy				
SUBCODE APPROVAL FOR CERTIFICATE			Mechanical				
☐ CO ☐ CCO ☐ CA			TCO				
Date:			Other				
Approved by:			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present E Proposed 2

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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present II B Proposed N.C.

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work: _____

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

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

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

C & M Door Controls, Inc

20 Markley Street
Port Reading, NJ 07064
Ph: 732-596-1900

JAN 14 2014

Letter of Transmittal

To: BRICK TOWNSHIP MUNICIPAL BLDG
CONSTRUCTION OFFICIAL
401 CHAMBERSBRIDGE ROAD
BRICK, NJ 08723

Transmittal #: 11

Date: 1/10/2014

Job: CD04-013 BRICK TOWNSHIP HS

Subject: BRICK HIGH SCHOOL

WE ARE SENDING YOU

- ☒ Attached ☐ Under separate cover via None the following items:
☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples
☐ Copy of letter ☐ Change order ☐ Specifications ☐ Other

Document Type	Copies	Date	No.	Description
TECH SECTION	1			BUILDING SUCODE TECHNICAL SECTION
	0			* THIS IS A CHANGE IN CONTRACTOR FOR PERMIT NO. 13-1123
	0			*ARCHITECT ORIGINALLY FILED PERMIT JACKET - C&M IS DOING THE ACTUAL WORK

THESE ARE TRANSMITTED as checked below:

- ☒ For approval ☐ Approved as submitted ☐ Resubmit ___ copies for approval
☒ For your use ☐ Approved as noted ☐ Submit ___ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return ___ corrected prints
☐ For review and comment ☐ Other
☐ FOR BIDS DUE ☐ PRINTS RETURNED AFTER LOAN TO US

Remarks:

Copy To:

From: Nenetta Frederick (C&M Door Controls, Inc.)

Signature: 



CONSTRUCTION PERMIT

Date Issued 3/14/13
Control # C-13-001355
Permit # 13-1133

IDENTIFICATION Block: 701.39 Lot: 12 Qualifier _____
Work Site Location: 346 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor Design Resources Group
Owner in Fee BRICK TOWNSHIP EDUCATION Address 371 Hoes Lane Ste. 301 Piscataway NJ 08854
101 HENDRICKSON AVE. BRICK NJ 08723 Telephone: (732) 560-7900
Telephone: (732) 785-3000 Lic. No. or Bldrs. Reg. No. _____
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:

ALTERATION -- COMMERCIAL replace exterior doors, frames and hardware

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 \$432,500

Construction Official [Signature]

Date 3-14-13

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	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	\$0
Other	\$0
Total	\$0
Check No.	
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.



February 22, 2013

Township of Brick - Building Department
Municipal Building
401 Chambers Bridge Road
Brick Township, NJ 08723

Attn: Daniel Newman
Construction Official

Re: Exterior Door Replacement at:
• Brick Township High School
DRG# 1250
State Plan# 0530-020-10-1080

For the: Brick Township Board of Education

Dear Mr. Newman,

Please find the enclosed items in reference to the above mentioned projects:

1. (2) Complete sets of plans, signed and sealed by the architect.
2. (2) Copies of the specifications signed and sealed by the architect.
3. (2) Copies of Hardware Catalog Cuts.
4. Letter from the NJ Department of Community Affairs approving Local Review.
5. Project review permit jacket for each project.

With this application we would like to begin the review process to gain final release for this project.

Please note that the project is being partially funded by an SDA Grant. The checklist requires a technical code review. Upon your review and approval we will require a letter from your office stating the following:

"The plans and specifications for the above named project have been reviewed for code compliance and are hereby released for contractor procurement."

"Contractor shall appropriately apply for all permits once the project that has been awarded by the Brick Township Board of Education"

DESIGN RESOURCES GROUP ARCHITECTS AIA, Inc.
371 Hoes Lane, Suite 301, Piscataway, NJ 08854
TEL: 732-560-7900 FAX: 732-560-7910
www.drgaia.com

PRINCIPALS:

Hany Y. Salib, AIA, NCARB
NJ Lic # 21A101733800
PA Lic # RA404803
NY Lic # 032590-1

Patrick S. Seiwel, AIA, NCARB

LEED AP
NJ Lic # 21A101611000
PA Lic # RA403783
NY Lic # 031550-1

Phillip J. Cacossa, PE

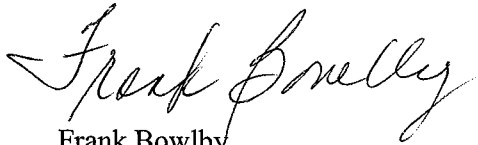
LEED AP
NJ Lic # 24GE03704900
PA Lic # PE056000E
NY Lic # 079633-1

ASSOCIATE:

Alan N. Trovato

Please feel free to call should you have any questions or require any additional information. I can be reached at 732-560-7900 , ext. 112 or by e-mail at frankb@drgaia.com .

Sincerely,

A handwritten signature in black ink, reading "Frank Bowlby". The signature is fluid and cursive, with a large initial "F" and a stylized "B".

Frank Bowlby
Design Resources Group Architects AIA, Inc.
Project Manager

Cc: Patrick Seiwel, DRG
James Edwards BBOE Business Administrator
file

(P:1250/02/1250/permit-review letter-02-22-2013.doc)



State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO Box 802
TRENTON, NJ 08625-0802

FEB 19 2013

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

RICHARD E. CONSTABLE, III
Commissioner

February 14, 2013

Mr. Daniel F. Newman, Jr.
Construction Official
Brick Township
Municipal Building
401 Chambers Bridge Road
Brick Township, New Jersey 08723

Re: Project: Door HVAC, Plumbing and
Electrical Upgrades
School: Brick Township HS
School District: Brick Township
County: Ocean
DOE Project #: 0530-020-10-1080

Dear Mr. Newman:

The New Jersey Department of Education (NJDOE) has forwarded the above-referenced school district's request for permission to allow your agency to perform plan review in accordance with the requirements of the New Jersey Uniform Construction Code (NJUCC). The New Jersey Department of Community Affairs hereby grants the requested permission.

Please be aware that it is your agency's responsibility to ensure the NJDOE has issued final educational adequacy approval or has determined no such approval is required. Furthermore, your agency must obtain the plans that have been approved by the NJDOE from the school district or its design professional.

In addition to plan review for compliance with all of the subcodes of the NJUCC, as they may be applicable, it is also your responsibility to ensure compliance with N.J.A.C. 5:23-3.11A(c) and the NJDOE's public school facility requirements enumerated in Bulletin #00-3, as appropriate.

If you have any questions, please feel free to contact this office at (609) 984-7609.

Sincerely,

John N. Terry
Division of Codes and Standards

c: Walter Hrycenko, Superintendent, Brick Township School District
Enclosure to Construction Official: DOE Stamped Plans



STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION - CHIEF OF STAFF
OFFICE OF SCHOOL FACILITIES

STATE PROJECT#:

Parent	0530-020-10-1080
Land	
Temporary	
Feasibility	
Emergent	

REQUEST FOR LOCAL RELEASE OF SCHOOL CONSTRUCTION PLANS**Project and District Information**

County:	OCEAN	District Contact:	Mr. James Edwards
District Name:	BRICK TWP	Contact Title:	Business Administrator
District Number:	0530	District Telephone #:	732-785-3000
School Name:	Brick Township High School	District Fax #:	732-840-9089
School Code:	020	District E-Mail:	jedwards@brickschools.org
Project Title:	Door Upgrades at Brick Twp. H.S.	A/E Firm:	Spiezie Architectural Group
Project Address:	346 Chambersbridge Road	A/E Contact:	Steven Siegel, Associate
Municipality:	Brick Township	A/E Phone #:	609-695-7400
Zip Code:	08723	A/E Fax #:	609-394-2274
		A/E E-Mail:	Siegel@spiezie.com

Brief Description of Project:

Door, HVAC, Plumbing, and Electrical Upgrades.

It is the request of the above-named school district to have this project reviewed for State Uniform Construction Code compliance (including N.J.A.C. 5:23-3.11A(c) and Department of Community Affairs, Division of Codes and Standards Bulletin 00-3) and other applicable State Codes by a municipal code enforcing agency, pursuant to P.L. 1990 c. 23.

Chief School Administrator (Signature):

Chief School Administrator:

Dr. Walter Uszenski

Date:

1/4/13

This project will be reviewed for compliance by the below named appropriately licensed municipal code enforcing agency

Municipality Name:

Other Municipality (only if project located in > 1 jurisdiction):

Brick Township

Municipal Code Enforcing Agency Construction Official (Name):

Daniel F. Newman, Jr.

Municipal Code Enforcing Agency Construction Official (Signature):

[Signature]

Date:

1-25-13

Municipal Code Enforcing Agency Classification is class:

Class 1

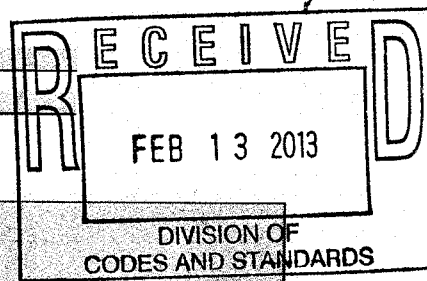
Municipal Code Enforcing Agency Address:

Street: Municipal Building
401 Chambers Bridge Road
City: Brick Township
State: New Jersey
Zip Code: 08723

Phone: 732-262-1027

Fax: 732-262-8954

Comments/Notes for ease of UCC Review:

**FOR DCA* USE ONLY**

*Note: For all capital projects for NJ Private Schools for the Disabled, DOE will Approve this Form in place of DCA.

Request Reviewed By:

Signature:

Title:

Date Acted Upon:

Action:

☒ APPROVED☐ DENIED (identify reason below)☐ RETURNED NO ACTION (identify reason below)

Comments: