

BLOCK 701.39 LOT 12 QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) 340 Chambers Bridge Rd. PERMIT NO. 13-1134



# CONSTRUCTION PERMIT APPLICATION

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

C/3-001553

## I. IDENTIFICATION

1. Proposed Work Site at: Beck H.S. 340 Chambers Bridge Road

2. Name of Owner in Fee: Beck Township Board of Education  
Tel. (732) 125-3000 e-mail edwards@beckschools.org

Address: 101 Hendrickson Ave Beck NJ 08724

3. Ownership in Fee: Public Private Municipality Zip code

4. Principal Contractor: Desim Resources Group Tel. (732) 560-7400  
Address: 371 Hoes Lane, Suite 301 e-mail frankbedingian.com  
Piscataway, NJ 08854

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: Desim Resources Group Contact Frank Bedingian  
Address: 371 Hoes Lane, SE 301 Piscataway, NJ e-mail frankbedingian.com  
Tel. (732) 560-7400 x112 FAX: (732) 560-7410

6. Responsible Person in Charge once Work has Begun  
Tel. (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

## IIa. PROPOSED WORK

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

## IIb. SUBCODES

(Check all that apply)

- ☒ Building  
☐ Electrical  
☐ Plumbing  
☐ Fire Protection  
☐ Elevator  
TOTAL COST

## FOR OFFICE USE ONLY (Optional)

| Est. Cost | Plans Recd by | Date Recd | Rejection Date | Approval Date | Re-viewer | Approval | Rejection | Re-viewer |
|-----------|---------------|-----------|----------------|---------------|-----------|----------|-----------|-----------|
| 195,000   |               |           |                | 3/12/13       | AA        |          |           |           |

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

## VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 2  
2. Height of Structure 210 ft.  
3. Area — Largest Floor 184,150 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 \_\_\_\_\_

## V. FEE SUMMARY (for office use only)

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

## 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: EN

3. Change in Use Group, Indicate Present: \_\_\_\_\_

C. MIXED USE -List secondary use(s): \_\_\_\_\_

D. Construct. Classification: Present 11B



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723

Date Issued 10/6/2015  
Control Number C-13-001353  
Permit Number 13-1124  
Permit Issue Date 3/14/2013  
Certificate Number 13-1124

## 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 Design Resources Group  
Address 371 Hoes Lane Ste. 301 Piscataway NJ 08854  
Telephone: (732) 560-7900 Fax: (732) 560-7910  
License Number or Builders Registration Number: \_\_\_\_\_ Federal Emp. Number: \_\_\_\_\_

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 replacement of existing windows

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

Date Printed: 10/6/2015

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

Fee: \$0.00

Check Number: \_\_\_\_\_

Collected By: \_\_\_\_\_

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# BUILDING SUBCODE TECHNICAL SECTION



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

Block 701.34 Lot 12 Qualification Code \_\_\_\_\_

Work Site Location 344 CHAMBERS ROAD

Owner In Fee: BECK TOWNSHIP BOARD OF EDUCATION

Tel. ( 908 ) 785-3000 e-mail jedwards@beckschools.org

Address 101 HENDERICKSON AVENUE BECK NJ 08724

Contractor: DEA Tel. 908-790-7908 Zip code \_\_\_\_\_

Address 371 DOES LAKE e-mail frank@deagarcia.com

Address PISCATAWAY NJ

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 \_\_\_\_\_

INSPECTIONS

Dates (Month/Day)

Initial

☐ No Plans Required \_\_\_\_\_ Type: \_\_\_\_\_ Failure \_\_\_\_\_ Approval \_\_\_\_\_

☐ All \_\_\_\_\_ Footing \_\_\_\_\_ Footing Bonding \_\_\_\_\_

☐ Footings/Foundations \_\_\_\_\_ Foundation \_\_\_\_\_

☐ Structural/Framework \_\_\_\_\_ Slab \_\_\_\_\_

☐ Exterior \_\_\_\_\_ Frame \_\_\_\_\_

☒ Demolition 3/12/13 KA Truss Sys./Bracing \_\_\_\_\_

Joint Plan Review Required: \_\_\_\_\_ Barrier-Free \_\_\_\_\_

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator \_\_\_\_\_

SUBCODE APPROVAL for PERMIT \_\_\_\_\_ Insulation \_\_\_\_\_

Date: \_\_\_\_\_ Finishes -Base Layer \_\_\_\_\_

Approved by: \_\_\_\_\_ Finishes -Final \_\_\_\_\_

SUBCODE APPROVAL for CERTIFICATE \_\_\_\_\_ Energy \_\_\_\_\_

☐ CO ☐ CCO ☒ CA \_\_\_\_\_ Mechanical \_\_\_\_\_

Date: 09/12/15 \_\_\_\_\_

Approved by: NEC \_\_\_\_\_

## B. BUILDING CHARACTERISTICS

Use Group Present E Proposed E Constr. Class Present IBB Proposed NC.

No. of Stories \_\_\_\_\_ If Industrialized Building: \_\_\_\_\_

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 \_\_\_\_\_

Est. Cost of Bldg. Work: \_\_\_\_\_

1. New Bldg. \$ 445,000

2. Rehabilitation \$ 495,000

3. Total (1+2) \$ 940,000

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: Frank Bowley

Print name here: Frank Bowley

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

REPLACEMENT OF EXISTING  
WINDOWS AS INDICATED ON  
THE DRAWINGS.

### 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)

\$ \_\_\_\_\_

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1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy



# 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: Restroom, HVAC, Plumbing,  
Electrical, Security Upgrades, and Window Replacement  
School: Brick Township HS  
School District: Brick Township  
County: Ocean  
DOE Project #: 0530-020-10-1041

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: 0530-020-10-1041  
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 #:       | 732-840-8089                |
| School Code:     | 020                                    | District E-Mail:      | jedwards@brickschools.org   |
| Project Title:   | Restroom, HVAC, Plumbing Upgrades at E | A/E Firm:             | Spiegle Architectural Group |
| Project Address: | 346 Chambersbridge Road                | A/E Contact:          | Steven Siegel, Associate    |
| Municipality:    | Brick Township                         | A/E Phone #:          | 609-696-7400                |
| Zip Code:        | 08723                                  | A/E Fax #:            | 609-394-2274                |
|                  |                                        | A/E E-Mail:           | Ssiegel@spiegle.com         |

## Brief Description of Project:

Restroom, HVAC, Plumbing, Electrical, Security Upgrades and Window Replacement.

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 Standard 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 &gt; 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

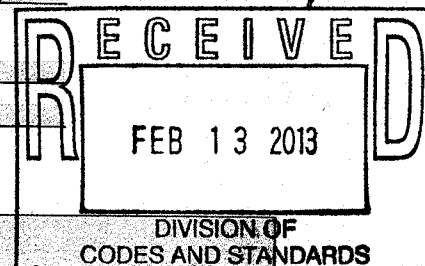
Municipal Code Enforcing Agency Address:

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:

[Redacted Comments]

V2.43(08.13.09)

FORM: DOE-124

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

STATE PROJECT#:

|             |                  |
|-------------|------------------|
| Parent      | 0530-020-10-1041 |
| 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 #:       | 732-840-8089                |
| School Code:     | 020                                    | District E-Mail:      | jedwards@brickschools.org   |
| Project Title:   | Restroom, HVAC, Plumbing Upgrades at E | A/E Firm:             | Soizele Architectural Group |
| Project Address: | 346 Chambersbridge Road                | A/E Contact:          | Steven Siegel, Associate    |
| Municipality:    | Brick Township                         | A/E Phone #:          | 609-895-7400                |
| Zip Code:        | 08723                                  | A/E Fax #:            | 609-394-2274                |
|                  |                                        | A/E E-Mail:           | Siegel@soizele.com          |

**Brief Description of Project:**

Restroom, HVAC, Plumbing, Electrical, Security Upgrades and Window Replacement.

*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 Standard 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 &gt; 1 jurisdiction):

Brick Township

Municipal Code Enforcing Agency Construction Official (Name):

Daniel F. Newman, Jr.

Municipal Code Enforcing Agency Construction Official (Signature):

[Signature]

Date:

1-25-12

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:



# CONSTRUCTION PERMIT

Date Issued 3/14/13  
Control # C-13-001353  
Permit # 13-1134

IDENTIFICATION Block: 701.39 Lot: 12 Qualifier \_\_\_\_\_  
Work Site Location: 346 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor: Design Resources Group  
Address: 371 Hoes Lane Ste. 301 Piscataway NJ 08854  
Owner in Fee: BRICK TOWNSHIP EDUCATION  
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 replacement of existing windows

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 \$795,000

[Signature]  
Construction Official

3-14-13  
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       | \$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.