

BLOCK 701.39 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 13.2732

TOWNSHIP OF WOODBRIDGE
CODE ENFORCEMENT AGENCY
BUILDING DEPARTMENT
1 MAIN STREET
WOODBRIDGE, NJ 07095
732-634-4500



CONSTRUCTION PERMIT APPLICATION

C13-002585

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

I. IDENTIFICATION

1. Proposed Work Site at: Brick High School - Transportation Bldg
2. Name of Owner in Fee: Brick BOE Tel. (732) 785 3000
Address 101 Hendrickson Ave, Brick, NJ 08724
street municipality zip code
3. Ownership in Fee: Public ☒ Private
4. Principal Contractor: Bill Leary HCHtg Tel. (762) 494-9200
Address 6 Green St - Metuchen, NJ 08840
License No. OR, if new home, Builder Reg. No. 13YH00113800 Exp. Date 12/31/13
Federal Employee No. 223224342 FAX: (732) 900-9848
5. Architect or Engineer: DRG Architects Tel. (732) 560-7900
Address 371 Hoes Lane - Suite 301 Contact David
Disataway, NJ 08854
6. Responsible Person in Charge once Work has Begun Nicole
Tel. (732) 494-9200 x212 FAX: (732) 900-9848

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	
2. Height of Structure	
3. Area - Largest Floor	
4. New Building Area	
5. Volume of New Structure	
6. Construction Classification	
7. Total Land Area Disturbed	
8. Flood Hazard Zone	
9. Base Flood Elevation	
10. Wetlands	yes _____ no _____
11. Max. Live Load	
12. Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation	151,900								
☐ d. Reconstruction									
5. ☒ Fire Protection	2500								
6. ☒ Plumbing	4500								
7. ☒ Electrical	12000								
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	170,900								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:
- No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/9/2013
Control Number C-13-002585
Permit Number 13-2732
Permit Issue Date 6/27/2013
Certificate Number 13-2732

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: BILL LEARY HVAC
Address: 6 GREEN ST METUCHEN NJ
Telephone: (732) 494-9200 Fax: (732) 906-9848
License Number or Builders Registration Number: 13VH00113800 Federal Emp. Number: 22-3224342

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: AIR CONDITIONER, ELECTRICAL ALTERATIONS, FURNACE

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: _____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

4/27/13
C13-002585
13-2732

IDENTIFICATION Block: 701.39 Lot: 12
Work Site Location: 346 CHAMBERS BRIDGE RD. Brick Township, NJ
Owner in Fee: BRICK TOWNSHIP EDUCATION
101 HENDRICKSON AVE. BRICK NJ 08723
Telephone: (732) 785-3000
Contractor: BILL LEARY HVAC
Address: 6 GREEN ST. METUCHEN NJ
Telephone: (732) 494-9200
Lic. No. or Bldrs. Reg. No. 13VH00113800
Federal Employee No. 22-3224342

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:

AIR CONDITIONER, ELECTRICAL ALTERATIONS, FURNACE

Transportation Building

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 \$170,900

Construction Official

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:

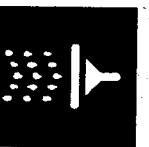
- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment;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



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Control #
Date Issued
Permit #

6/27/13
13-2732

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 18 Qualification Code
Work Site Location 3410 Chambers Bridge Rd - Brick, NJ
Owner In Fee: Brick Twp BOE
Tel. (732) 785-3000 e-mail
Address 101 Henderson Ave - Brick, NJ 08724
Contractor: Bill Leary ^{street} MC Hitt ^{municipality} Tel. (732) 944-9200 Zip code
Address 6 Green St - Methuen, NJ 08846
Contractor License No. _____ e-mail _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13YH0611360D
Federal Emp. ID No. 223224342 FAX: (732) 900-9848

B. PLUMBING CHARACTERISTICS

Use Group: Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 4500.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
☐ No Plans Required		Slab			
☐ Partial Under-slab Utilities Approved		Rough			
Date: _____ Approved by: _____		Water			
☐ Plumbing Plans Approved		Sewer			
Date: <u>6-25-13</u> Approved by: <u>[Signature]</u>		Fixtures			
Joint Plan Review Required		Gas Equipment			
☐ Bldg. ☐ Elec. ☐ Fire ☐ Elev.		Gas Piping			
SUBCODE APPROVAL FOR PERMIT		LP Gas Tank			
Date: _____		Fuel Oil Piping			
Approved by: <u>[Signature]</u>		Solar			
SUBCODE APPROVAL FOR CERTIFICATE		TCO			
☐ CO ☐ CCO ☒ GA		FINAL			
Date: <u>10-22-13</u>					
Approved by: <u>[Signature]</u>					

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Sign / Contractor Sign AND Seal here: [Signature]

Print name here: Bill Leary, President

D. TECHNICAL SITE DATA (List of all fixtures.)

NO FUTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Garbage Disposal

Other A/C

DESCRIPTION OF WORK
Install Gas pipe to Gas Furnace per Drawings
Install Condensate Lines to AC Equipment per Drawings

FEE (Office Use Only)

\$ _____

Furnace
1 - 350,000.
MAX 374,000

UCC/F-130
(rev. 11/09)

Professional Printing
(856) 468-7933

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

6/27/13

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

Block 701.39 1/2 Qualification Code

Work Site Location Brick High School Transportation Bldg

Owner in Fee: Brick Twp Bot

Tel: (732) 785-3000 e-mail

Address 101 Hendrickson Ave, Brick NJ 08724

Contractor: Bill Henry LLC 1/2 Tel: (732) 494-9200 zip code

Address 6 Green St - Methuen NJ 1/2 Tel: (732) 494-9200 zip code

Contractor License No. or Builder Registration No. 13VTH00113800 Exp. Date

Federal Employee No. 223824394 FAX: (732) 900 9848

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
☐ No Plans Required			Type:	Failure	Failure	Approval
☒ All 5/1/13			Footings			
☐ Footing			Footings Bonding			
☐ Foundation			Foundation			
☐ Frame			Slab			
☐ Other			Frame			
☐ Truss Sys./Bracing			Barrier-Free			
☐ Insulation			Finishes -Base Layer			
☐ Finishes -Final			Energy			
☐ Mechanical			TCO			
☐ Other			Barrier-Free			
☐ Final						

B. BUILDING CHARACTERISTICS

Use Group Present Proposed Est. Cost of Bldg. Work:

Constr. Class Present Proposed 1. New Bldg. \$

No. of Stories 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Height of Structure 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Area - Largest Floor 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

New Bldg. Area/All Floors 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Volume of New Structure 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Total Land Area Disturbed 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

C. CERTIFICATION IN LIEU OF OATH

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

Signature 13-2732

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install New Doors per Drawings
Install Double Hung Split System per Drawings
Install Gas Furnace + Flue per Drawings
Install AHU unit + Condenser per Drawings
Install VAV Boxes per Drawings
Boil walls per Drawings
Suspended Ceiling per Drawings not above entrance. c.p.
Install Vehicle Exhaust per Drawings

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



TOWNSHIP OF WOODBRIDGE
CODE ENFORCEMENT AGENCY
BUILDING DEPARTMENT
1 MAIN ST. • WOODBRIDGE, NJ 07095
(732-634-4500)

Date Received
Control #
Date Issued
Permit #

6/27/13
13.2732

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

Block 101.339 Lot 12 Qualification Code
Work Site Location Brick High School Transportation Bldg
346 Chamber Bridge Rd - BNC
Owner In Fee: BNC Twp BOC

Tel. (732) 785-3000 e-mail
Address 101 Hendrickson Ave, Bnd, NJ 08724
Contractor B. H. Leary Inc Tel. (732) 944-9200
Address 6 Green St - Metuchen, NJ 08840

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13N106113800
Federal Emp. ID No. 223224342 FAX: (732) 400-9898

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System:
Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing
[] Other _____ Location of Main Control Valve: _____

Location: _____
Fuel Storage Tank: _____
Fuel Type: [] Flammable or [] Combustible Capacity _____
Total Cost of Fire Protection Work \$ 2500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Type: _____	Failure Failure Approval Initial
Joint Plan Review Required:	Alarm System _____	
☐ Building ☐ Plumbing	Suppression Sys. _____	
☐ Electric ☐ Elevator	Standpipe _____	
☒ Fire Plans Approved	Fire Pump _____	
Date: <u>5/13</u>	Pre-Eng. System _____	
Approved by: <u>ca</u>	Mechanical _____	
SUBCODE APPROVAL	Smoke Control _____	
☐ CO ☐ LCCO ☐ CA	TCO _____	
Date: <u>10-25-13</u>	Flam/Combust Tanks _____	
Approved by: <u>ca</u>	Fireplace Venting _____	
	Final _____	
	Other _____	

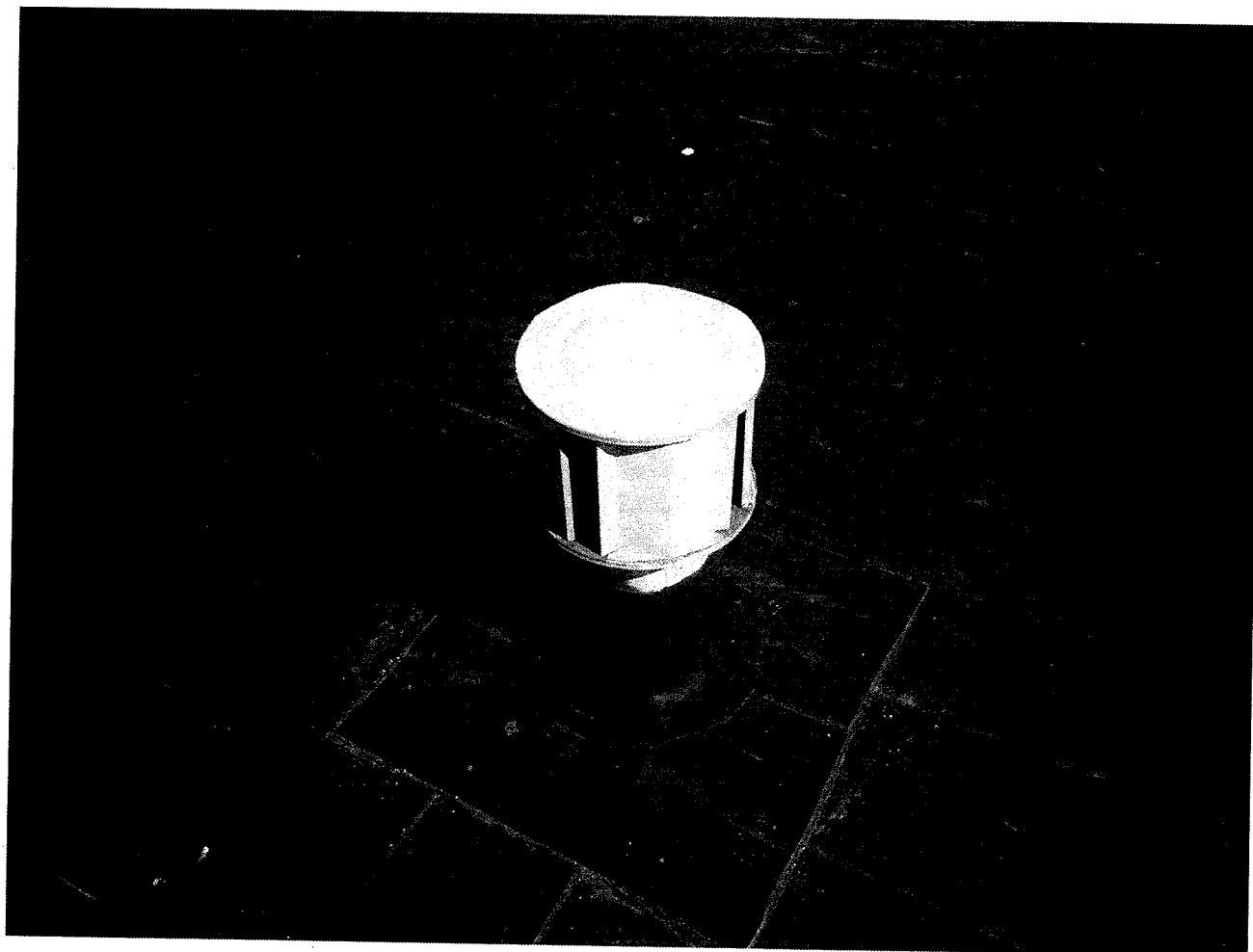
C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (legal) owner of record and am authorized to make this application.
[] Certified Contractor
[] Exempt Applicant
Applicant's Signature/Contractor's Signature
Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Install Gas Furnace per Drawing
Install Smoke detector in Duct per drawing
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems		
[] System		
[] 110v Interconnected		
[] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tamper, low/high air)		
Signaling Devices (i.e., horns/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO ₂ Suppression		
Foam Suppression		
FM200 Suppression		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [] Gas or [] Oil		
Exhaust (Roofing/Vent) Chimney		
Other		

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









ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 101/312 Lot 12 Qualification Code 08734

Work Site Location Brick Chambers Bridge Road

Owner in Fee: Brick, BOE

Tel. 732 785-3000

Address 101 Hendrickson Ave, Brick, NJ 08724

Contractor: STARLITE ELECTRIC, LLC

Address 260 MAIN STREET, KEANSBURG, NJ 07734

Contractor License No. 10606

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Exp. Date 2015

Federal Emp. ID No. 341998379

FAX: (732) 495-7688

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as 805 CARACÉ Utility Co. JCP&L

Est. Cost of Elec. Work \$ 12,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

[] Partial Under-slab Utilities Approved

Date: Approved by:

☒ Electric Plans Approved

Date: 5-7-13 Approved by: JS

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 5-7-13

Approved by: JS

SUBCODE APPROVAL for CERTIFICATE

[] CO YOCO [] CA

Date: 9/11/13

Approved by: JS

INSPECTIONS

Type: Failure Failure Approval Initial

Rough

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.

Print name here: DENNIS LUCAS

[X] Licensed Elec. Contractor [] Certified Landscaped Irrigation Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL POWER FOR NEW

QTY. SIZE

ITEMS

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 UV Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Over-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 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Furnace

Administrative Surcharge	\$
Minimum Fee	\$
State Permit Surcharge Fee	\$
TOTAL 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 101/38 Lot 18 Qualification Code _____
Work Site Location Brick, NJ 08724

Owner in Fee: Brick, BOE

Tel. 732 785-3000 e-mail _____

Address 101 Hendrickson Ave, Brick, NJ 08724

Contractor: STARLITE ELECTRIC, LLC street municipality zip code
260 MAIN STREET, KEANSBURG, NJ 07734 Tel. (732) 495-7600

Contractor License No. 10606 Exp. Date 2015 e-mail dennis@starliteelectricllc.com

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

Federal Emp. ID No. 341998379 FAX: (732) 495-7688

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as BUS GARAGE Utility Co. JCP&L

Est. Cost of Elec. Work \$ 12,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Type: _____	Failure Failure Approval Initial
☐ Partial Under-slab Utilities Approved	Rough _____	
Date: _____	Barrier-Free _____	
☐ Electric Plans Approved	Trench _____	
Date: _____	Temp. Serv. _____	
Joint Plan Review Required:	Constr. Serv. _____	
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	TCO _____	
SUBCODE APPROVAL for PERMIT	Other _____	
Date: _____	Service _____	
Approved by: _____	Final _____	
	Barrier-Free _____	
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued _____	
☐ CO ☐ CCO ☐ CA	Final Cut-in-Card Date Issued _____	
Date: _____	Annual Pool Inspection _____	
Approved by: _____	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: DENNIS LUCAS

☒ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr. ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: HVAC EQUIP. INSTALLATION FOR NEW

QTY. SIZE ITEMS

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 UV 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 \$ _____



DESIGN RESOURCES GROUP ARCHITECTS

Letter of Transmittal
Comprehensive Architectural
Services

PRINCIPALS:

Hany Y. Salib, AIA, NCARB
NJ Lic # 21A01733800
PA Lic # RA404803
NY Lic # 032590-1

Patrick S. Seiwel, AIA, NCARB
LEED AP
NJ Lic # 21A01611000
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

To: Bill Leary Air Conditioning & Heating 6 Green Street Metuchen, NJ 08840 (732) 494-9200 ext 212	Date: May 16, 2013 Attention: Nicole McNulty Project #: 1239-51 Reference: Back Maintenance Garage
---	---

WE ARE SENDING YOU:

☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop Drawings ☐ Plans ☒ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change Order ☐ Other: _____

COPIES	DATE	NO.	DESCRIPTION
3	5-16-13	MEP 11	Gas Piping Plan with notes for Gas loads and piping changes (S&S)

THESE ARE TRANSMITTED as noted 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	☐ _____	
☐ FOR BIDS DUE _____		
☐ Prints returned after loan items		

REMARKS:

Attached are three copies of the marked up MEP 11 plan with notes in response to the Plumbing Code Official's comments.

COPY TO: Mr. _____	SIGNED: Phil Cacossa
--------------------	----------------------

Letter of Transmittal

Comprehensive Architectural
Services

To: WHL Enterprises, Inc. 5 Green Street Menasha, WI 54954	Date: April 5, 2013 Attention: Nicole McNulty Project #: 1239 Reference: HVAC Upgrades at the Black Township High School
--	--

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

WE ARE SENDING YOU:

☒ Attached ☐ Under separate cover via _____ the following items:

☐ Set of Drawings ☐ Plans ☒ Plans ☐ Samples ☒ Specifications

☐ Copy of letter ☐ Change Order ☐ Other _____

COPIES	DATE	NO.	DESCRIPTION
3			Permit Plans and Specifications

THESE ARE TRANSMITTED as noted below:

☐ For Approval	☐ Approved as submitted	☐ Re-submit _____ 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	☐ _____	
☐ FOR BIDS DUE _____		
☐ Prints returned after loan to us		

REMARKS:

COPY TO: _____ SIGNED: David Galati

BILL LEARY A/C & HEATING

6 GREEN STREET - METUCHEN, NJ 08840

TEL: 732-494-9200 FAX: 732-906-9848

WWW.BILLLEARY.NET

05/23/2013

Mark Hibbard

BUILDING DEPARTMENT

The Township of Brick

401 Chambersbridge Road
Brick, New Jersey 08723

732.262.1030

Re: Permit Applications
Transportation Building HVAC Upgrades at Brick High School

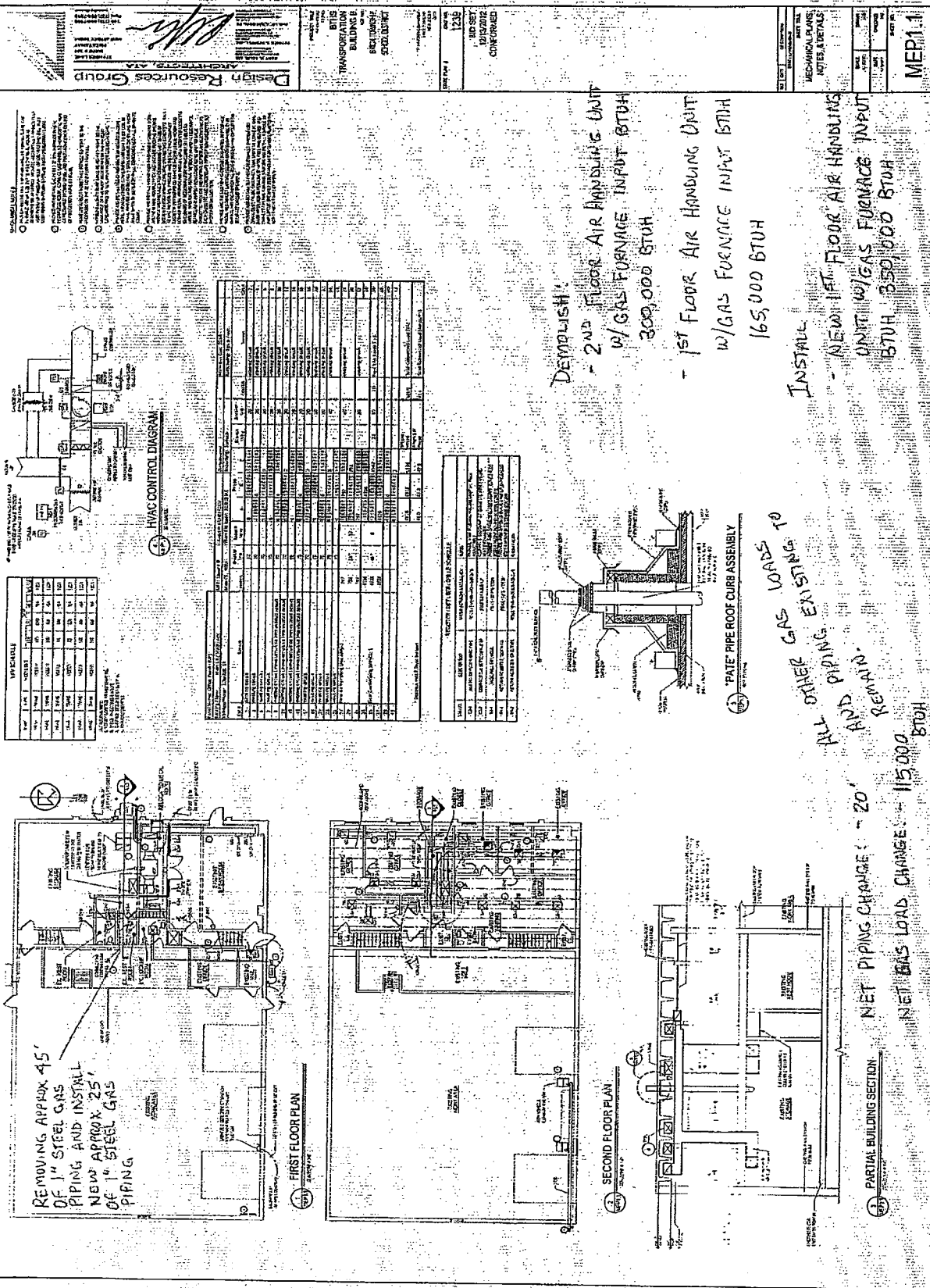
Dear Sir,

Attached please find permit additional drawings per your request. Please let us know when the permits are ready to be picked up. Thank you!

Sincerely,
Nicole McNulty

Nicole McNulty
732-494-9200 x 212
732-906-9848 - Fax
NMcNulty@BillLeary.net

MAY 29 2013





State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS

101 SOUTH BROAD STREET

PO BOX 802

TRENTON, NJ 08625-0802

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

RICHARD E. CONSTABLE, III
Commissioner

October 24, 2012

NOV 07 2012

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

Re: Project: HVAC Upgrades/Bus Maint. Bldg.
School: Brick Township HS
School District: Brick Township
County: Ocean
DOE Project #: 0530-020-13-1000

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. Ferry
Division of Codes and Standards

c: Dr. Walter Uszenski, 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 0530-020-13-1000

Land

Temporary

Feasibility

Emergent

REQUEST FOR LOCAL RELEASE OF SCHOOL CONSTRUCTION PLANS

Project and District Information

County:	OCEAN	District Contact:	Dr. Walter Uszenski
District Name:	BRICK TWP	Contact Title:	Superintendent
District Number:	0530	District Telephone #:	732-785-3000
School Name:	Brick TWP HS - Maintance BLDG	District Fax #:	
School Code:	020	District E-Mail:	wuszenski@brickschools.org
Project Title:	HVAC Upgrades at Bus Maint. BLDG	A/E Firm:	Design Resources Group Architects
Project Address:	346 Chambers Bridge RD	A/E Contact:	Patrick Seiwel
Municipality:	Brick Township	A/E Phone #:	732-560-7900
Zip Code:	08723	A/E Fax #:	732-560-7910
		A/E E-Mail:	patrick@dragaia.com

Brief Description of Project:

HVAC Upgrades to the Bus Maintenance Building (non-educational space). We will be replacing the HVAC System in the building & providing a new vehicle exhaust system. Please note that this building is located on the site of the Brick Township High School, it is not attached to the main building and it is fenced off from all student access.

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:

James Edwards

Date:

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):

Date:

Municipal Code Enforcing Agency Classification is class: Class 1

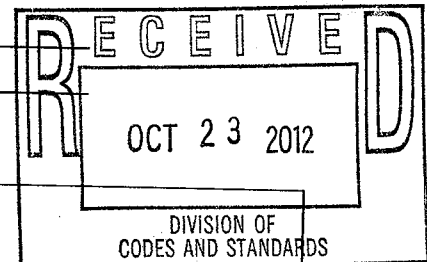
Municipal Code Enforcing Agency Address:

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: John N. Terry

Title: Mgr., CCE

Signature:

Date Acted Upon:

Action: ☒ APPROVED☐ DENIED (Identify reason below)☐ RETURNED NO ACTION (Identify reason below)

Comments:

BILL LEARY A/C & HEATING

6 GREEN STREET - METUCHEN, NJ 08840

TEL: 732-494-9200 FAX: 732-906-9848

WWW.BILLLEARY.NET

04/17/2013

BUILDING DEPARTMENT

The Township of Brick

*401 Chambersbridge Road
Brick, New Jersey 08723*

732.262.1000

Re: Permit Applications
Transportation Building HVAC Upgrades at Brick High School

To Whom It May Concern:

Attached please find permit applications and two sets of sealed plans and specs for the above referenced project. Please let us know when the permits are ready to be picked up. Thank you!

Sincerely,

Nicole McNulty

Nicole McNulty

732-494-9200 x 212

732-906-9848 – Fax

NMcNulty@BillLeary.net



November 26, 2012

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

Attn: Daniel Newman
Construction Official

Re: Brick Township School District
HVAC Upgrades at the:
Brick Township High School Maintenance Building
DOE Project No. 0530-020-13-1000
DRG No. 1239

Dear Mr. Newman,

The following package is for an HVAC Upgrade project at the Brick Township High School Maintenance Building. We are submitting the DOE 124 form for Local Review Release. This form is required by the state for local review and it requires your signature along with Mr. James Edwards (Brick BOE Business Administrator) signature so it can be submitted to the state for processing. After we receive the signed form from your office we will forward it to Mr. Edwards office for his signature and submit it to the state. We will also send you a completed signed form for your records once it has been completed. Also attached to this letter along with the DOE 124 form is a copy of the schematic plan for your reference.

Please feel free to call should you have any questions or require any additional information. I can be reached at 732-560-7900 Ext. 107 or by e-mail at davidg@drgaia.com (project designer) or you can reach Patrick Seiwel (project architect) at 732-560-7900 Ext. 105.

Sincerely,

David Galati
Design Resources Group Architects AIA, Inc.
Designer

Cc: Patrick Seiwel, DRG

(P:1239/02/1239-letter dnewman 112612.doc)

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

- FRANK BOWLBY
Project mgr.
X112

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

Parent	0530-020-13-1000
Land	
Temporary	
Feasibility	
Emergent	

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

County:	OCEAN	District Contact:	Dr. Walter Uszenski
District Name:	BRICK TWP	Contact Title:	Superintendent
District Number:	0530	District Telephone #:	732-785-3000
School Name:	Brick TWP HS - Maintenance BLDG	District Fax #:	
School Code:	020	District E-Mail:	wuszenski@brickschools.org
Project Title:	HVAC Upgrades at Bus Maint. BLDG	A/E Firm:	Design Resources Group Architects
Project Address:	346 Chambers Bridge RD	A/E Contact:	Patrick Seiwel
Municipality:	Brick Township	A/E Phone #:	732-560-7900
Zip Code:	08723	A/E Fax #:	732-560-7910
		A/E E-Mail:	patrick@drgaia.com

Brief Description of Project:

HVAC Upgrades to the Bus Maintenance Building (non-educational space). We will be replacing the HVAC System in the building & providing a new vehicle exhaust system. Please note that this building is located on the site of the Brick Township High School, it is not attached to the main building and it is fenced off from all student access.

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: _____

James Edwards

Date: _____

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): _____

Date: 11-27-12

Municipal Code Enforcing Agency Classification is class: Class 1

Municipal Code Enforcing Agency Address: _____

Street: Municipal Building

Phone: 732-262-1027

401 Chambers Bridge Road

City: Brick Township

Fax: 732-262-8954

State: New Jersey

Zip Code: 08723

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: _____

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

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

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

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

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

☒ Check if contractor.

Agent Name Bill Leary ALC + Htg

Address 6 Green St
Metuchen, NJ 08840

Telephone (732) 494-9200

Signature [Signature]

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

9-19-13-MP

① - no fish on Cass line
New finned located.

PJtech

9/19/13

Need rough cross
for Term

(F) tech