



CONSTRUCTION PERMIT APPLICATION C13-004633

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C13-004633

I. IDENTIFICATION

1. Proposed Work Site at: 346 Chambers Bridge Road
 2. Name of Owner in Fee: Brick BOE
 Tel. (732) 785-3000 e-mail _____
 Address 105 Hendrickson Avenue, Brick, NJ 08724
 street municipality zip code
 3. Ownership in Fee: Public ☒ Private _____
 4. Principal Contractor: Falasco Mechanical Inc. Tel. (856) 794-2010
 Address 3329 N Mill Road Email: _____
Vineland, NJ 08360
 License No. OR, if new home, Builder Reg. No. 10396 Exp. Date 6/30/15
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
 Federal Emp. ID No. 22-3607624 Fax: (856) 794-9644
 5. Architect or Engineer Design Resources Group Contact Frank Bowley
 Address 371 Hoos Lane Piscataway, NJ 08854 e-mail _____
 Tel. (732) 560-7900 Fax: (732) 560-7900
 6. Responsible Person in Charge once Work has Begun
 Tel. (____) _____ Fax: (____) _____

V. FEE SUMMARY (for office use only)

		Update
1. Building	\$ <u>1815</u>	
2. Electrical	<u>105</u>	
3. Plumbing	<u>200</u>	
4. Fire Protection	<u>65</u>	
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$ _____	
8. Subtotal	\$ _____	
9. State Permit Surcharge Fee	<u>185</u>	
10. Subtotal	\$ _____	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>2370</u>	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
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. 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

FOR OFFICE USE ONLY (Optional)

IIb. SUBCODES

(Check all that apply)

- ☐ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
				<u>12/17/13</u>	<u>PK</u>		
				<u>5/21/14</u>	<u>TO</u>		
				<u>5-22-14</u>	<u>AK</u>		
				<u>12/14/13</u>	<u>WAD</u>		

TOTAL COST

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

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

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

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 _____
 Proposed _____

Change of Contractor

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

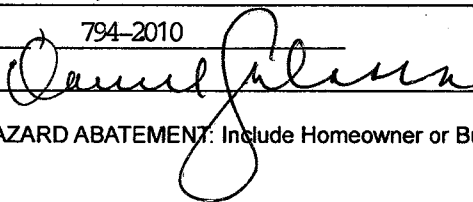
I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name Falasca Mechanical Inc.

Address 3329 N Mill Road
Vineland, NJ 08360

Telephone (856) 794-2010

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 01/12/2016
Control Number C-13-004633
Permit Number 14-1509
Permit Issue Date 05/23/2014
Certificate Number 14-1509

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: _____
Contractor: Falasca Mechanical Inc.
Address: 3329 North Mill Rd. Vineland NJ 08360
Telephone: (856) 794-2010 Fax: (856) 794-9644
License Number or Builders Registration Number: 10396 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: REPLACEMENT A/C ...HVAC UPGRADES TO EXISTING IT/COMPUTER ROOM

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: _____

4/7/15 - STRAPPING +
SEAL PENETRATIONS,

PJE

② tech
change ~~▲~~ of contractor



CONSTRUCTION PERMIT APPLICATION

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

C13-004633

I. IDENTIFICATION

1. Proposed Work Site at: 346 Chambers Bridge Road, Brick NJ 08723

2. Name of Owner in Fee: Brick Board of Education
 Tel. (732) 785-3000 e-mail jedwards@brickschools.org
 Address 101 Hendrickson Avenue Brick 08724
street municipality zip code

3. Ownership in Fee: Public ☒ Private _____
 4. Principal Contractor: Design Resources Group, AIA Tel. (732) 560-7900
 Address 371 Hoes Lane, Suite 301 e-mail frankb@drgaia.com
Piscataway, NJ 08854

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason _____
 Federal Emp. ID No. _____ FAX: _____

5. Architect or Engineer Design Resources Group, AIA Contact Frank Bowlby
 Address 371 Hoes Lane Piscataway NJ 08854 e-mail frankb@drgaia.com
 Tel. (732) 560-7900 FAX: (732) 560-7900

6. Responsible Person in Charge once Work has Begun TBD
 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

1. Number of Stories 2

2. Height of Structure 30 ft.

3. Area — Largest Floor 186,158 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 ☒

(office use only)

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)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
				08/15/13	Ken			
		8/22/13						
				8-22-13				

TOTAL COST \$0

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: School
2. Use Group, Proposed: K
3. Change in Use Group, Indicate Present: _____

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

- D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

HWA Computer Room upgrade to server in room

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☐ Check if contractor.

Agent Name Frank Bowlby/Design Resources Group, AIA

Address 371 Hoes Lane, Suite 301 Piscataway, NJ 08854

Telephone (732) 560-7900

Signature Frank Bowlby

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



FIRE PROTECTION 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 701.39 Lot 12 Qualification Code _____

Work Site Location 346 Chambers Bridge Road
Brick, NJ

Owner in Fee: Brick BOE

Tel. (732) 785-3000 e-mail _____

Address 105 Hendrickson Avenue Brick, NJ 08724

Contractor: Palasca Mechanical Inc. Tel. (856) 794-2010

Address 3329 N Mill Road e-mail _____

Vineland, NJ 08360

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) _____

Federal Emp. ID No. 22-3607624 Fax: (856) 794-9644

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: ☐ New OR ☐ Modification to Existing

☐ OR ☐ Conversion OR ☐ Replacement

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other _____

Location: _____

Total Cost of Fire Protection Work \$ 100

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval Initial
☐ No Plans Required		Alarm System	_____	_____	_____
☐ Partial - Underslab Utilities Approved		Suppression Sys.	_____	_____	_____
Date: _____ Approved by: _____		Standpipe	_____	_____	_____
☒ Fire Protection Plans Approved		Fire Pump	_____	_____	_____
Date: <u>12/26/13</u> Approved by: <u>[Signature]</u>		Pre-Eng. System	_____	_____	_____
Joint Plan Review Required:		Mechanical	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.		Smoke Control	_____	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____
Date: <u>12/26/13</u>		Flam/Combust Tanks	_____	_____	_____
Approved by: <u>[Signature]</u>		Fireplace Venting	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Final	_____	_____	_____
☐ CO ☐ CCO ☒ CA		Other	_____	_____	_____
Date: <u>12/15/13</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 am authorized to make this application.

Applicant sign/Contractor sign and seal here: [Signature]

Print name here: Daniel Palasca

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source 425m

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm System		
[] System	_____	_____
[] 110v Interconnected	_____	_____
[] CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/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	_____	_____
Other Systems		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances ☒ Gas ☐ Oil ☐ Solid	<u>4</u>	_____
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

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



Change of Contractor

Date Issued
Permit # 14-1509

Block 701.39 Lot 12 Qualification Code _____
Work Site Location 346 Chambers Bridge Road
Brick, NJ

Owner in Fee: Brick BOE
Tel. (732) 785-3000 e-mail _____
Address 105 Hendrickson Avenue, Brick, NJ 08724
street municipality zip code
Contractor: Falasca Mechanical Inc. Tel. (856) 794-2010
Address 3329 N Mill Road e-mail _____
Vineland, NJ 08360

Contractor License No. 10396 Exp. Date 6/30/15
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 22-3607624 FAX: (856) 794-9644

Use Group Present E Proposed E

Building Sewer Size N/A Public Sewer _____ Private Septic _____

Water Service Size N/A Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 20,000

PLAN REVIEW		INSPECTIONS		Dates (Month/Day/Year)			
	Type:	Failure	Failure	Approval	Initial		
☐ No Plans Required	Slab						
☐ Partial - Underslab Utilities Approved	Rough						
Date: _____ Approved by: _____	Water						
☐ Plumbing Plans Approved	Sewer						
Date: <u>5-22-14</u> Approved by: <u>[Signature]</u>	Fixtures						
Joint Plan Review Required:	Gas Equipment						
☐ Bldg. ☐ Elec. ☐ Fire ☐ Elev.	Gas Piping						
SUBCODE APPROVAL for PERMIT	LPGas Tank						
Date: <u>5-22-14</u>	Fuel Oil Piping						
Approved by: <u>[Signature]</u>	Solar						
SUBCODE APPROVAL for CERTIFICATE	TCO						
☐ CO ☐ CCO ☐ CA	Final						
Date: <u>11-24-15</u>						<u>11-24-15</u>	<u>[Signature]</u>
Approved by: <u>[Signature]</u>							

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: Daniel Falasca
☒ Licensed Plumbing Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK *IMPROVE HUAC/COOLIDGE*
IN CHINA IT/COMPUTER ROOM

QTY.	FIXTURE / EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
4	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrp
	Sewer Connection
	Water Service Connection
	Stacks
1 lot	Other <u>Cond. piping</u>

\$ _____

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



FIRE SUBCODE TECHNICAL SECTION

copy



Computer Room
Vault Room

Date Received 8/14/2013
Control # C-13-004633
Date Issued 5/23/2014
Permit # 14-1509

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 RD. Brick Township, NJ

Owner in Fee: BRICK TOWNSHIP EDUCATION

Address 101 HENDRICKSON AVE. BRICK NJ 08723

Tel. _____

Contractor: Falasca Mechanical Inc.

Tel. (856) 794-2010

Address 3329 North Mill Rd. Vineland NJ 08360

Email _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Expiration Date: _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Employee No. _____ Fax. (856) 794-9644

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed E

Constr. Class Present _____ Proposed _____

Heating Systems: ☐ New or ☐ Modification to Existing
or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____

Location: _____

Total Cost of Fire Protection Work \$100

Fuel Storage Tank:

Fuel Type ☐ Flammable or ☐ Combustible
Capacity _____

Fire Alarm System: ☐ New or ☐ Existing
Location of Panel: _____

Fire Suppression/Standpipe System:
☐ New or ☐ Existing
Location of Main Control Valve: _____

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.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEMENT A/C, ...HVAC UPGRADES TO EXISTING

IT/COMPUTER ROOM

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	_____
Alarm Systems		
☐ System	_____	_____
☐ 110v Interconnected	_____	_____
☐ CO Detectors/110v	_____	_____
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (tamper, low/high air)	_____	_____
Signaling Devices (horn/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	_____	_____
CO2 Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other	_____	_____
Other Systems		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fire Appliances ☒ Gas ☐ Oil ☐ Solid	<u>4</u>	<u>\$200</u>
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: _____ by: _____

☐ Fire Protection Plans Approved

Date: _____

Approved by: _____

Joint Plan Review Required

☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☒ CA

Date: 12/15/15 by: KER

INSPECTIONS

Type: Failure Failure Approval Initial

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Flam/Cumbust Tank _____

Fireplace Venting _____

Final _____

Other _____

12/15/15
KER

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE



BUILDING SUBCODE TECHNICAL SECTION



Change of Contractors

Date Received
Control #

5/23/14

Date Issued
Permit #

14-1509

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, NJ
Owner in Fee Brick BOE
Address 105 Hendrickson Avenue
Brick, NJ 08724
Tel. (732) 785-3000
Contractor Falasca Mechanical
Address 3329 N Mill Road
Vineland, NJ 08360
Tel. (856) 794-2010 FAX (856) 794-9644
Contractor License No. or Builder Registration No. 10396
Federal Emp. No. 22-3607624

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

IMPROVE HVAC/COOLING IN
EXISTING IT/COMPUTER RMS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
[] No Plans Required			Type:	Failure Failure Approval Initial
[X] All	12/17/13	WEL	Footing	
[] Footing			Footing Bonding	
[] Foundation			Foundation	
[] Frame			Slab	
[] Other			Frame	
			Truss Sys./Bracing	
			Barrier-Free	
Joint Plan Review Required:			Insulation	
[] Elec. [] Plumb. [] Fire [] Elevator			Finishes -Base Layer	
			Finishes -Final	
SUBCODE APPROVAL			Energy	
[] CO [] CCO [X] CA			Mechanical	
Date: 12/18/15			TCO	
Approved by: WEL			Other	
			Final	1-24-15 W 12-15-15 W
			Barrier-Free	

TYPE OF WORK:

[] New Building
[] Addition
[X] Rehabilitation
[] Roofing
[] Siding
[] Fence _____ Height (exceeds 6')
[] Sign _____ Sq. Ft.
[] Pool
[] Asbestos Abatement Subchapter 8
[] Lead Haz. Abatement NJAC 5:17
[] Other _____
[] Demolition

FEE (Office Use Only)

\$ _____

B. BUILDING CHARACTERISTICS

Use Group Present E Proposed E
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure 30 Ft.
Area — Largest Floor 186158 Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Rehabilitation \$ 65,000
3. Total (1+2) \$ 65,000

* Fire Cantk Penetrations at
Ex. Rated Assemblies

U.C.C. F110
(rev. 07/03)

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



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



CONSTRUCTION PERMIT

Date Issued 5/23/14
Control # C-13-004633
Permit # 14-1509

IDENTIFICATION Block: 701.39 Lot: 12 Qualifier _____
Work Site Location: 346 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor Falasca Mechanical Inc.
Address 3329 North Mill Rd. Vineland NJ 08360
Owner in Fee BRICK TOWNSHIP EDUCATION
101 HENDRICKSON AVE. BRICK NJ 08723 Telephone: (856) 794-2010
Lic. No. or Bldrs. Reg. No. 10396
Federal Employee. No. _____
Telephone: _____

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:

REPLACEMENT A/C ... HVAC UPGRADES TO EXISTING IT/COMPUTER ROOM

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 \$109,100

Daniel Newman Jr.
Construction Official

Date 5/22/14

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.



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 701.39 Lot 12 Qualification Code _____
Work Site Location 346 Chambers Bridge Road
Brick, NJ 08723

Owner in Fee: Brick Township Board of Education

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

Address 101 Hendrickson Avenue Brick 08724

Contractor: Design Resources Group, AIA Tel. (732) 560-7900

Address 371 Hoes Lane, Ste. 301 e-mail frankb@drgaia.com

Piscataway, NJ 08854

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

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: (732) 560-7910

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type	Failure	Failure	Approval	Initial
☐ No Plans Required			Footings				
☒ All	<u>08/15/13</u>	<u>AK</u>	Footings Bonding				
☐ Footings/Foundations			Foundation				
☐ Structural/Framework			Slab				
☐ Exterior			Frame				
☐ Interior			Truss Sys./Bracing				
Joint Plan Review Required:			Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation				
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer				
Date: <u>08/15/13</u>			Finishes -Final				
Approved by: <u>AK</u>			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 E
No. of Stories 2
Height of Structure 30 ft.
Area — Largest Floor 186,158 sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

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

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Rehabilitation \$ 65,000
3. Total (1+ 2) \$ 65,000

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

Date Received
Control #

Date Issued
Permit #

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 Bowlby

Print name here: Frank Bowlby

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Improve HVAC/Cooling in existing IT/Computer Rooms

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FEE (Office Use Only)

\$ _____

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

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Wednesday, February 26, 2014

To: BRICK TOWNSHIP EDUCATION
101 HENDRICKSON AVE.
BRICK, NJ 08723

RE: Electrical Subcode
Block: 701.39 Lot: 12 Qual:
346 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-13-004633
Last Submit Date: Wednesday, February 05, 2014

Dear BRICK TOWNSHIP EDUCATION,

Your request is hereby denied based upon the following infractions.

no electrical on plans or match tech

Sincerely,

Thomas Olson, Subcode Official

CC:

May 6, 2014

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

Attn: **Mr. Ken Verbos**
Electrical Subcode

Re: **Brick Township School District**
HVAC Upgrades to Sever/Computer Rooms at:
Brick Memorial High School
DRG No. 1247-02

Contractor -Falasca Mechanical

Dear Mr. Verbos,

It has been brought to my attention that there is some confusion with the drawings for the above referenced project – and the electrical work involved – which has caused a lengthy delay in the issuing of the electrical permit.

Attached are two (2) complete signed and sealed sets of drawings for the above referenced project which includes drawings E000 and E100.

The architectural drawings also indicate the locations of the existing corridor lighting fixtures - which are not being replaced as was the case with Brick Memorial High School.

As was also the case with Brick Memorial High - the lights will be reinstalled as follows:

Lay-in Ceiling Lighting Fixtures Supports: Use grid as a support element.

1. Install ceiling support system rods or wires, independent of the ceiling suspension devices, minimum of two for each fixture. Locate not more than 6 inches from lighting fixture corners.
2. Support Clips: Fasten to lighting fixtures and to ceiling grid members at or near each fixture corner with clips that are UL listed for the application. minimum of two for each fixture
3. Fixtures of Sizes Less Than Ceiling Grid: Install as indicated on reflected ceiling plans or center in acoustical panel, and support fixtures independently with at least two 3/4-inch metal channels spanning and secured to ceiling tees.

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

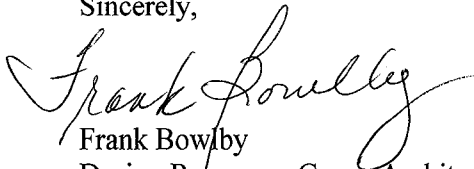
ASSOCIATE:

Alan N. Trovato

4. Install at least two independent support rods or wires from structure to a tab on lighting fixture. Wires or rods shall have breaking strength of the weight of fixture at a safety factor of 3.

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.

Sincerely,



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

Cc: Patrick Seiwell, DRG

(P:1247/02/1248-letter Electric Subcode.doc)



FALASCA

MECHANICAL

3329 N. MILL ROAD • VINELAND, NJ 08360
(856) 794-2010 Fax (856) 794-9644

*Resubmit
2/5/14
Elect.
- LH -*

FAX TRANSMITTAL FORM

DATE: February 4, 2014
MESSAGE TO: Lauren
FIRM NAME: Brick Twp Construction Office
FAX NO: 732-262-2941
SENDER: Dennis Perna
PAGES: 4 Including Cover Page

MESSAGE

R.E. Brick Twp High School Control # C-13-004633

Lauren

Please find attached letter from the Architect addressing the Subcode Official Review comments.

Dennis Perna
Falasca Mechanical

February 4, 2014

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 to Server/Computer Rooms at:
Brick Township High School
Permit Control No. C-13-004628

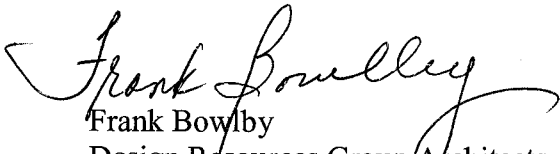
Dear Mr. Newman,

This is to advise that:

- All of the electrical work for the above referenced project was designed as per the standards of the National Electrical Code 2011.
- NO heaters are part of this projects.
- NO new lighting fixtures are being installed as part of this project. Ceilings are being replaced - but NOT the lighting fixtures.

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,



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

Cc: Dennis Perna, Falasca Mechanical
(P:1247/02/1247review letter-07-26-2013.doc)

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



February 4, 2014

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 to Server/Computer Rooms at:
Brick Township High School
Permit Control No. C-13-004628

Dear Mr. Newman,

This is to advise that:

- All of the electrical work for the above referenced project was designed as per the standards of the National Electrical Code 2011.
- NO heaters are part of this projects.
- NO new lighting fixtures are being installed as part of this project. Ceilings are being replaced - but NOT the lighting fixtures.

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, appearing to read "Frank Bowlby". The signature is fluid and cursive, with a large, sweeping "F" and a long, trailing "y".

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

Cc: Dennis Perna, Falasca Mechanical
(P:1247/02/1247review letter-07-26-2013.doc)

PRINCIPALS:

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

Patrick S. Seiwel, AIA, NCARB
LEED AP
NJ Lic # 21A01611000
PA Lic # RA403783
N' Lic # 031550-1

Philip J. Jacossa, PE
LEED AP
NJ Lic # 24GE03704900
PA Lic # PE058000E
N' Lic # 679633-1

ASSOCIATE:

Alan N. Trovato



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, January 09, 2014

To: BRICK TOWNSHIP EDUCATION
101 HENDRICKSON AVE.
BRICK, NJ 08723

RE: Electrical Subcode
Block: 701 394 at 12 Oak
Permit Number: Control Number: C-13-004633
Last Submit Date: Thursday, December 26, 2013

Dear BRICK TOWNSHIP EDUCATION,

Your request is hereby denied based upon the following infractions.

2011 NEC
Light fixtures not on plans
5 heaters?
plans do not match technical sections

Sincerely,

State Inspector two, Subcode Official

CC:

01-13-14 Fax - Arch. feat

732-560-7905

01-13-14 Fax - Contractor

856-744-9644

ATTN LAVER
FAX 772-262-2441



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, August 22, 2013

To: BRICK TOWNSHIP EDUCATION
101 HENDRICKSON AVE.
BRICK, NJ 08723

RE: Electrical Subcode
Block: 701.39 Lot: 12 Qual:
346 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-13-004633
Last Submit Date: Thursday, August 15, 2013

Dear BRICK TOWNSHIP EDUCATION,

Your request is hereby denied based upon the following infractions.

need a licensed electrical contractor to sign and seal the permit

Sincerely,

Geoffrey Stahl, Subcode Official

CC:



August 8, 2013

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

Attn: Kim Bogan

**Re: Brick township School District
HVAC Upgrades to Server/Computer Rooms at:
Brick Township High School
DOE Project No. 0530-020-10-1080
DRG No. 1247-02**

Dear Ms. Bogan,

Please find the enclosed item in reference to the above mentioned project:

1. Plumbing Technical Section for the project - as requested.

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, appearing to read "Frank Bowlby". The signature is fluid and cursive, with the first name "Frank" being more prominent than the last name "Bowlby".

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

Cc: Patrick Seiwel, DRG
file

(P:1247/02/1247Plumbing Permit.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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, December 19, 2013

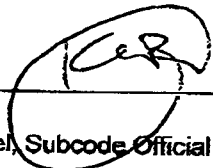
To: BRICK TOWNSHIP EDUCATION
101 HENDRICKSON AVE.
BRICK, NJ 08723

RE: Fire Subcode
Block: 701.39 Lot: 12 Qual:
346 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-13-006842
Last Submit Date: Tuesday, December 17, 2013

Dear BRICK TOWNSHIP EDUCATION,

Your request is hereby denied based upon the following infractions.
Please provide CFM of units and SD shutdown if needed

Sincerely,



Kevin Batzel, Subcode Official

CC:

THE CFM ON THE DUCTLESS
SPLIT SYSTEMS ARE 425 CFM

THERE ARE NO SD.

D. Perna
FALASCA MECHANICAL 12/20/13

12/20/13 faked denial to Talasco



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, December 19, 2013

To: BRICK TOWNSHIP EDUCATION
101 HENDRICKSON AVE.
BRICK, NJ 08723

RE: Fire Subcode
Block: 701.39 Lot: 12 Qual:
346 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-13-000842
Last Submit Date: Tuesday, December 17, 2013

Dear BRICK TOWNSHIP EDUCATION,

Your request is hereby denied based upon the following infractions.
Please provide CFM of units and SD shutdown if needed

Sincerely,

Kevin Batzel, Subcode Official

CC:

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Stephen C. Acropolis, Mayor

Township Council:

Bob Moore – President
Susan Lydecker – Vice President
Domenick Brando
John Ducey
Jim Fozman
Joseph Sangiovanni
Dan Toth



Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

August 27, 2013

Design Resources Group
371 Hoes Lane, Ste 301
Piscataway, NJ 08854

Dear Patrick Seiwel,

The permit applications for the HVAC Upgrades to server/Computer Rooms at Brick Township High School, Brick Memorial High School & Veterans Memorial Elementary School in Brick Township's public schools have been reviewed by our electrical sub code, plumbing sub code and building sub code official. It has been determined the plans are satisfactory but this office cannot release the permit until the contractor information, with seal and signature has been updated to our office.

If you have any questions, please do not hesitate to contact me at 732-262-1030.

Thank you for your anticipated cooperation.

Sincerely,

Daniel Newman, Jr.
Construction Official

DN/kb

Cc: Jim Edwards, Business Administrator
Robert Vogel, Director of Facilities





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

July 26, 2013

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 to Server/Computer Rooms at:
Brick Township High School
DOE Project No. 0530-020-10-1080
DRG No. 1247**

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. Letter from the NJ Department of Community Affairs approving Local Review.
4. Project review permit jackets for the 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”

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, appearing to read "Frank Bowlby". The signature is fluid and cursive, with the first name "Frank" being more prominent than the last name "Bowlby".

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

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

(P:1247/02/1247review letter-07-26-2013.doc)



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

COPY

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:	edwards@brickschools.org
Project Title:	Door Upgrades at Brick Twp. H.S.	A/E Firm:	Spezia Architectural Group
Project Address:	346 Chambers Bridge Road	A/E Contact:	Steven Siegel, Associate
Municipality:	Brick Township	A/E Phone #:	809-695-7400
Zip Code:	08723	A/E Fax #:	609-394-2274
		A/E E-Mail:	Siegel@spezia.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. 5:23-3.11(a) 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. 1996 c. 23.

Chief School Administrator (Signature):

Chief School Administrator:

Dr. Welter Uszenski

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 2nd jurisdiction):

Brick Township

Municipal Code Enforcing Agency Construction Official (Name):

DANIEL F. NEWMAN

Municipal Code Enforcing Agency Construction Official (Signature):

[Signature]

Date:

1-25-13

Municipal Code Enforcing Agency Classification is class:

ICASS, Class 1

Municipal Code Enforcing Agency Address:

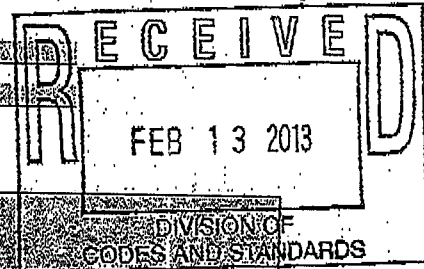
Street: Municipal Building
401 Chambers Bridge Road
City: Brick Township
State: New Jersey
Zip Code: 08723

Phone: 732-262-1022

Fax: 732-262-5554

Comments/Notes for ease of UCC Review:

[Redacted]		[Redacted]	
[Redacted]		[Redacted]	



FOR DCA* USE ONLY

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

Request Reviewed By:

[Redacted]

Signature:

Date Added Upon:

[Redacted]

Action:

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

Comments:

[Redacted]

