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

CONSTRUCTION PERMIT APPLICATION

C14-005625

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

I. IDENTIFICATION

1. Proposed Work Site at: 346 CHAMBERSBRIDGE ROAD
2. Name of Owner in Fee: BRICK TWP BOARD OF EDUCATION
   Tel. (732) 785.3000 e-mail JEDWARDS@BRICKSCHOOLS.org
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: TO BE DETERMINED Tel. (___) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (___) _____
5. Architect or Engineer DICARA RUBINO Contact JEFFREY CURRY
   Address 30 GALES DR. WAYNE NJ 07470 e-mail JCURRY@DICARARUBINO.com
   Tel. (___) _____ FAX: (___) _____
6. Responsible Person in Charge once Work has Begun THOMAS LIMING
   Tel. (732) 785.3000 FAX: (___) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
2. Height of Structure 35 ft.	
3. Area — Largest Floor _____ sq. ft.	
4. New Building Area 0 sq. ft.	
5. Volume of New Structure 0 cu. ft.	
6. Max. Live Load _____	
7. Max. Occupancy Load _____	
8. If Industrialized Building: State Approved ___ HUD ___	
9. Total Land Area Disturbed 0 sq. ft.	
10. Flood Hazard Zone N/A	
11. Base Flood Elevation N/A ft.	
12. Wetlands yes ___ no X	

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	4,033,000				01/23/15	VBM			
☑ Electrical	183,500				1/14/15	RC			
☑ Plumbing	1,684,650				1-13-15	[illegible]			
☐ Fire Protection									
☐ Elevator		Org Exempt			1/5/15	ECC			
TOTAL COST	5,911,150								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: E
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 _____

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

UCC F100-1 (rev 8/08)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/5/2015
Control Number C-14-005625
Permit Number 15-0699
Permit Issue Date 3/17/2015
Certificate Number 15-0699

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

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 BRICK TOWNSHIP EDUCATION

Address 101 HENDRICKSON AVE. BRICK NJ 08723

Telephone: Fax: (908) 241-4179

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: E Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: RENOVATION - COMMERCIAL ...HVAC, BOILER, & ELEC SERVICE UPGRADES

Certificate Comments: TCO only for West Boiler Room

☐ **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: 10/5/2015
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/5/2015

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

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 JEFFREY M. CURRY / DiCARA RUBINO ARCHITECTS

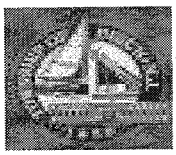
Address 30 GALESI DRIVE

WAYNE NJ 07470

Telephone (973) 256.0202

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 12/15/2017
Control Number C-14-005625
Permit Number 15-0699
Permit Issue Date 3/17/2015
Certificate Number 15-0699

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 BRICK TOWNSHIP EDUCATION

Address 101 HENDRICKSON AVE. BRICK NJ 08723

Telephone: (732) 785-3000 Fax: (908) 241-4179

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: E Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ...HVAC, BOILER, & ELEC SERVICE UPGRADES

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:

As per MPF Courtesy Review for Zoning

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # _____
DATE ISSUED _____

BLOCK: 701.39 LOT: 12 QUALIFIER: _____ SITE ADDRESS: 3416 CHAMBERSBRIDGE ROAD

IDENTIFICATION:

1. NAME OF OWNER IN FEE: BRICK TWP. BOARD OF EDUCATION
   COMPLETE ADDRESS: 101 HENDRICKSON AVE
   BRICK NJ
   PHONE # 732 785 3000 EMAIL: JEDWARDS@BRICKSCHOOLS.ORG

2. NAME OF APPLICANT: BRICK TWP BOARD OF EDUCATION
   APPLICANT ADDRESS: _____
   PHONE # _____ EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: THOMAS LIMING
   PHONE# 732 785 3000 FAX# _____

4. SIGNATURE OF APPLICANT: AGENT FOR THE [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 0
OTHER: $ _____
TOTAL: $ 0

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: SCHOOL
EXISTING USE: E
PROPOSED USE: E

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION HVAC UPGRADE *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: NEW ROOF TOP MECHANICAL UNITS OVER CAFETERIA #3

ZONING REVIEW:
DATE REVIEWED: 12-26-14 DATE DENIED: _____ DATE APPROVED: 12-26-14 INTLS: CL

(SEE BACK PAGE)

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1 *If adjacent to residential zone or use.*
2 The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3 For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

BLOCK 701.39 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 15-0699

CONSTRUCTION PERMIT APPLICATION

(LH) C-14-005625

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

I. IDENTIFICATION

1. Proposed Work Site at: Brick High School
2. Name of Owner in Fee: Brick Township Board of Education
   Tel. (732) 785-3000 e-mail _____
   Address 101 Hendrickson Avenue (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: AMCO Enterprices, Inc Tel. (908) 241-4177
   Address 600 Swenson Drive e-mail sfertig@amco-enterprises.com
   Kenilworth, NJ 07033
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 223062181 FAX: (908) 241-4179
5. Architect or Engineer DiCara Rubino Architects Contact Robert Iamello
   Address 30 Galesi Drive e-mail biamello@dicararubino.com
   Tel. (973) 256-0202 FAX: (973) 256-0227
6. Responsible Person in Charge once Work has Begun Scott Fertig, P.E.
   Tel. (908) 241-4177 FAX: (908) 241-4179

V. FEE SUMMARY (for office use only)

		Update 1/7	Update
1. Building	$	✓	
2. Electrical		✓	-0- ✓
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal		0	
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 _____ 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 ____

Rolled Plans 1/7/15

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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	3,700,000	RH					✓		
☒ Electrical	750,000				3/19/15	TG	✓		
☒ Plumbing	48,000				3-16-15	[illegible]	✓		
☒ Fire Protection	2,000								
☐ Elevator									
TOTAL COST	$4,500,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

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

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

D. Construct. Classification: Present _____
Proposed _____

Rolled Plans 1/6/15

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
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

PLUMBING SUBCODE
TECHNICAL SECTION

Update + A

Date Received / Control # 1/7/15

Date Issued / Permit # 15-0669 + A

12-29-15 @ 11:08 am GYR

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 Brick High School

346 Chambers Bridge Road, Brick, NJ 08723

Owner in Fee: Brick Township Board of Education

Tel. (732) 785-3000 e-mail

Address 101 Hendrickson Avenue (street) Brick (municipality) 08723 (zip code)

Contractor: Allen Feid, Inc. Tel. (973) 992-2240

Address 177 So. Livingston Avenue e-mail bobf2@optonline.net

Livingston, NJ 07039

Contractor License No. 7966 Exp. Date 06/30/2015

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-177687 FAX: (973) 992-6180

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 $ 48,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-5-15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12-7-15
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			5-30-16	
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			12-7-15	
Final				

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: Allan Feid

Print name here: Allan Feid Jr.

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installation of (5) ~~Boilers~~, (1) RTU and associated gas piping
Gas regulators

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
150	Gas Piping	
	LPGas Tank	
	Steam Boiler	
5	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
2	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
5	Other Gas regulators	

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.

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Change of Contractor

Date Received
Control #

Date Issued 3-17-15
Permit # 15-0699

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 Brick High School
346 Chambers Bridge Road, Brick, NJ 08723

Owner in Fee: Brick Township Board of Education

Tel. (732) 785-3000 e-mail

Address 101 Hendrickson Avenue (street) Brick (municipality) 08723 (zip code)

Contractor: Allen Feid, Inc. Tel. (973) 992-2240

Address 177 So. Livingston Avenue e-mail bobf2@optonline.net
Livingston, NJ 07039

Contractor License No. 7966 Exp. Date 6/30/15

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-1776878 FAX: 973 992 6180

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 $ 48,000

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: Robert Fied

[X] License Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installation of (5) Boilers, (1) RTU and associated gas piping

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-16-15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12-17
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			10/28/15	
Final			12/17/15	

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
150	Gas Piping	
	LPGas Tank	
	Steam Boiler	
5	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
2	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

CITY WATER DISCONNECTED & CAPPED
CYCLOCAL RECORDS INSTRUCTED.

U.C.C. F130 (rev. 11/09)
Internet version

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

Tom 908-482-1153

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 701.39 Lot 12 Qualification Code _____

Work Site Location 346 Chambersbridge Road

Owner in Fee: Brick Twp. Board of Education

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

Address 101 Hendrickson Ave (street) Brick (municipality) 08724 (zip code)

Contractor: To Be Determined Tel. _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present E Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 1,684,650

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-13-15
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12-7-17
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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: [signature]

Print name here: Jeffrey M. Curry, RA LEED

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Five (5) new boilers and associated fuel gas piping, make-up water piping and backflow preventors.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
~~150~~ 5	Gas Piping	
	LPGas Tank	
	Steam Boiler	
5	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
80	Other Condensates	

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.

Change of Contractor

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 3-17-15
Permit # 15-0699

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 Brick High School
346 Chambers Bridge Road, Brick, NJ 08723

Owner in Fee: Brick Township Board of Education

Tel. (732) 785-3000 e-mail

Address 101 Hendrickson Avenue, Brick, NJ 08724
street municipality zip code

Contractor: TZ Electrical Contracting, LLC Tel. (973) 948-0260

Address 22 Sunrise Trail e-mail tzelectric@optimum.net
Branchville, NJ 07826

Contractor License No. 11762 Exp. Date 3/31/15

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

Federal Emp. ID No. 45-2526282 FAX: (973) 948-0263

B. ELECTRICAL CHARACTERISTICS TM 732-513-9075

Use Group Present Proposed

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

Building Occupied as school Utility Co.

Est. Cost of Elec. Work $ 750,000.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the legal or 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: Steven Woodhead

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Energy Infrastructure Upgrades

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
37		Receptacles	
4		Switches	
1		Detectors	
		Light Poles	
88		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
5		20A Boilers	
135		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
√ 2/1	7.5/50	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
2/2	20/25	HP Motors 1/+ HP	
1	500	KW Transformer/Generator	
1	1400	AMP Service	
7	400	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
√ 80	30	Condensers	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date 3/14/15 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/14/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 4/10/17
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough DAR			8/24/15 TO	
Barrier-Free				
Trench 9 Rough			8/24/15 TO	
Temp. Serv.				
Constr. Serv.				
TCO			9-3-15 TO	
Other DAR Final				
Service				
Final 11/4/17 TO			4-10-17 TM	
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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

U.C.C. F120 (rev. 11/09)
Internet version

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

Tom 908 482-1153

BUILDING SUBCODE AC
TECHNICAL SECTION Contractor

Change of Contractor

Date Received
Control #

Date Issued 3-17-15
Permit # 15-0699

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 Brick High School
346 Chambers Bridge Road, Brick, NJ 08723

Owner in Fee: Brick Township Board of Education

Tel. (732) 785-3000 e-mail

Address 101 Hendrickson Avenue (street) Brick (municipality) 08724 (zip code)

Contractor: AMCO Enterprises, Inc Tel. (908) 241-4177

Address 600 Swenson Drive e-mail sfertig@amco-enterprises.com
Kenilworth, N.J 07033

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

Home Improvement Contractor Registration No. or Exemption Reason *NR

Federal Emp. ID No. 223062181 FAX: (908) 241-4179

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: Scott Fertig

Print name here: Scott Fertig, P.E.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement of (80) unit ventilators, tnstallation of (80) new condensing units, (1) new Rooftop Package unit, and (1) air handling unit, and associated ductwork, piping, power and controls.

*See Attached By Final

* Contingent on Weld + Torque Certs for Steel Reinforcement of Roof

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 02/11/16
Approved by: KCK

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab			8-24-15 MW	
Frame *8-11-15 MW				
~~Rough Plumb~~ *8-19-15 MW				
~~Barrier Free~~ Open Ceiling			*8-21-15 MW	
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other *1-26-16 MW				
Final *9-14-15 MW				
~~Barrier Free~~ *9-16-15 MW			2-11-16 PM	

1-25-16 PM

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 4,500,000
3. Total (1+ 2) $ 4,500,000

* NR

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] 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.

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 701.39 LOT: 12 ADDRESS: 346 CHAMBERBRIDGE ROAD

IDENTIFICATION:

1. WORK SITE ADDRESS: _____
2. NAME OF OWNER IN FEE: BRICK TWP BOARD OF EDUCATION

   ADDRESS: 101 HENDRICKSON AVE PHONE #: (__) _____

   BRICK NJ FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: TO BE DETERMINED

   ADDRESS: _____ PHONE #: (__) _____

   _____ FAX #: (__) _____
4. ARCHITECT OR ENGINEER: JEFFREY CURRY / DIARA RUBINO

   ADDRESS: 30 GALESI DR. WAYNE NJ PHONE: # (973) 256-0202
5. RESPONSIBLE PERSON FOR WORK: THOMAS LIMINGA

   ADDRESS: 101 HENDRICKSON AVE BRICK

PHONE #: (732) 785 3000 FAX #: (__) _____ E-MAIL: TLIMINGA@BRICKSCHOOLS.ORG

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

Brick Township

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

CORRECTION NOTICE

ADDRESS Brick High School

PERMIT NUMBER 15-0699 BLOCK LOT

~~OWNER~~ Frame Rey — (OK to continue, will chk & open ceil insp —)

Upon inspection, violations of the ____ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

1) Need Released Plans — No details Avail —
2) Need Weld Certification
3) Need Torque Certification

Complete Re-insp Req'd —

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 8-11-15 INSPECTOR

8-24-15 WIRING TO SOME WALL CLASS ROOM HVAC UNITS.

SWITCH GEAR EQUIPMENT.

9-3-15 PAINT FINAL PANEL NOT COMPLETE HVAC ON ROOF TOP ROOMS

11-4-15 CONTROL 15-0835 SYSTEC LLC

PANIC DOOR PANEL ROOM ~~NOT~~ NEED LETTER FROM OCCUPIED ROOMS. WORK COMPLY WITH N.O.C FOR AT TIME 9/3/15 ROOMS. HAD STORMS - IN THEM

1/29/16 CANCELED 8:20 AM

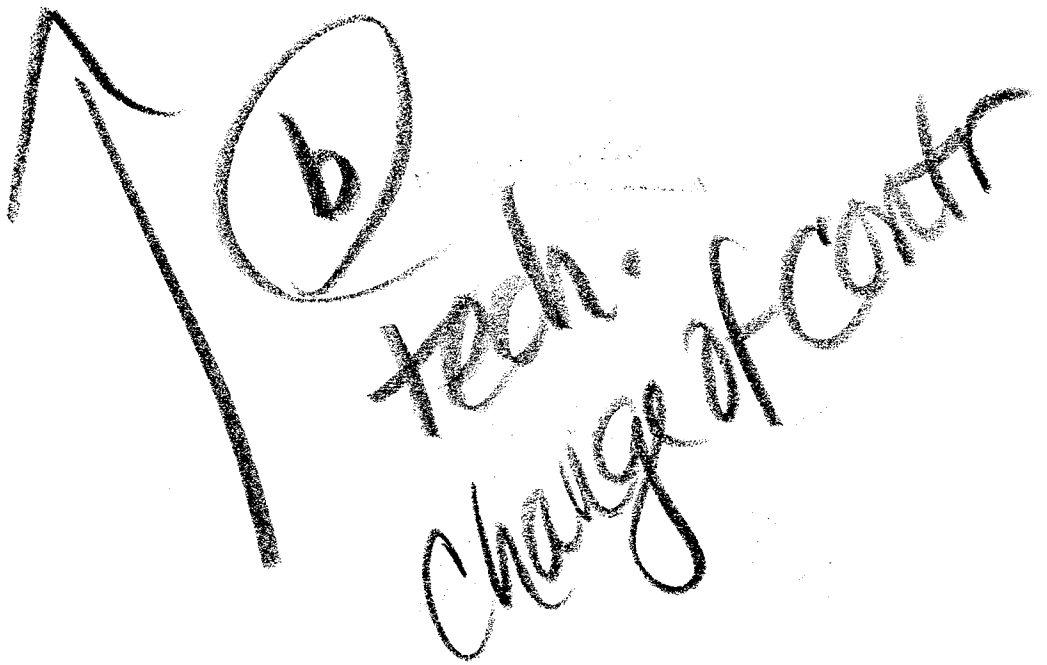
Tech. Change of Contr.

9-16-15 IW Final Insp F

DE Install, missing tiles by units—

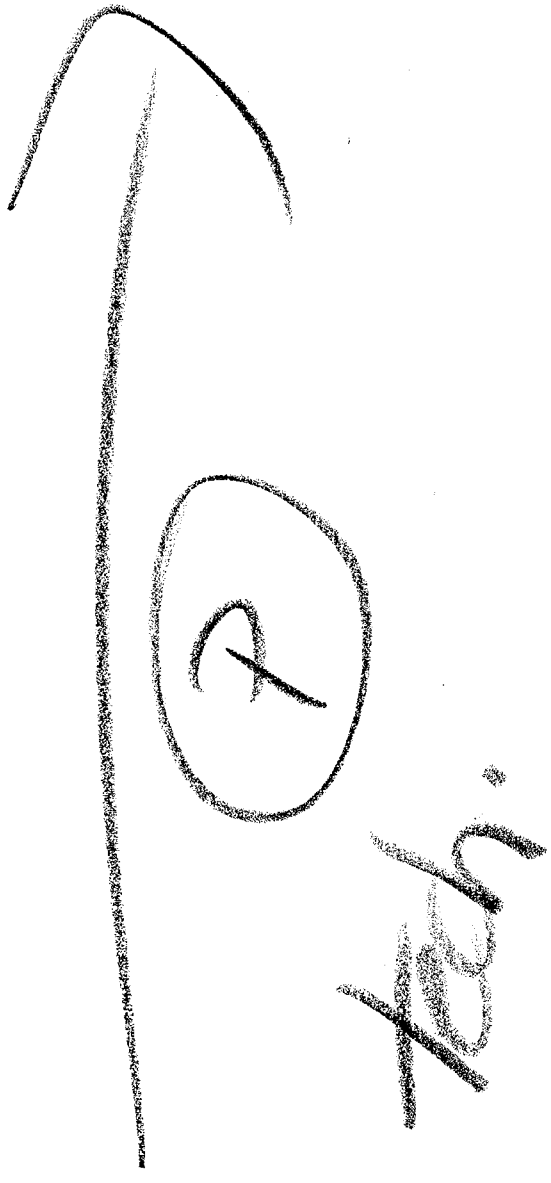
1-25-PM - no Access

1-26-16 IW Final Rej— No Access to Roof
Interior (Rooms) inspected and OK



Bobby Dill

908 203 3807
609



9-3-15

Water HTR

Update

Bushing in gas TRAIN

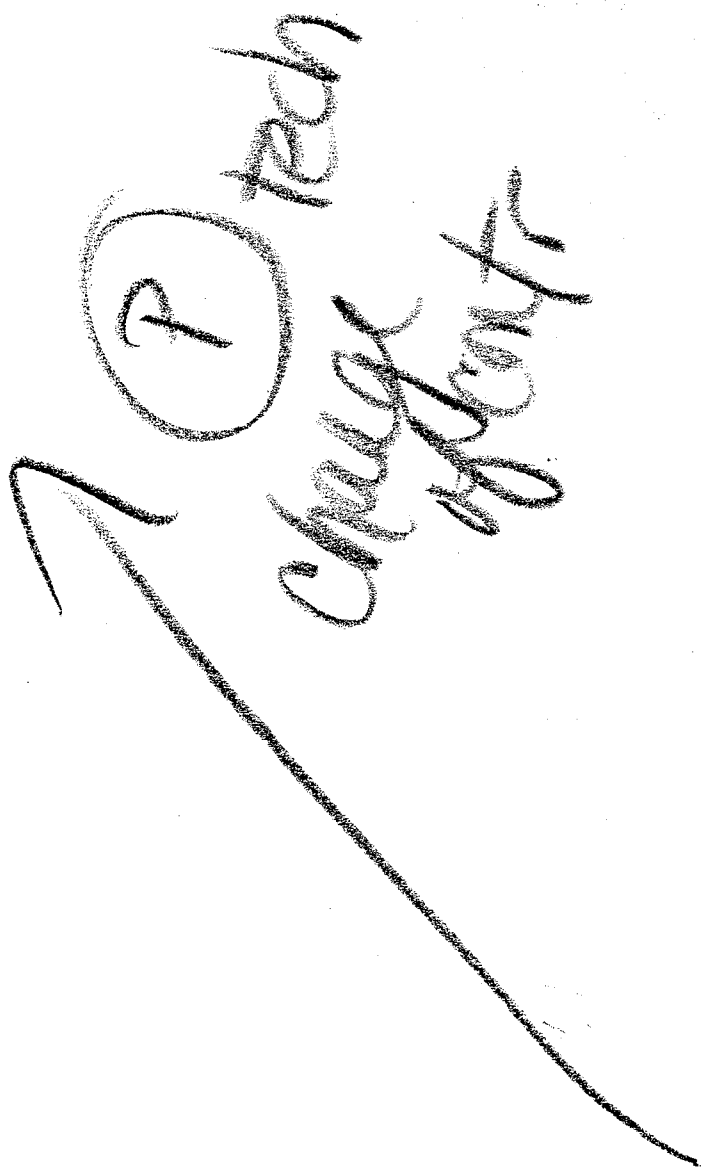
Pipe comb AIR FOR 2 HTRS

OK Support Expansion Tank

10-28-15

COMB AIR FOR 2 water Htrs

Reg for gas line



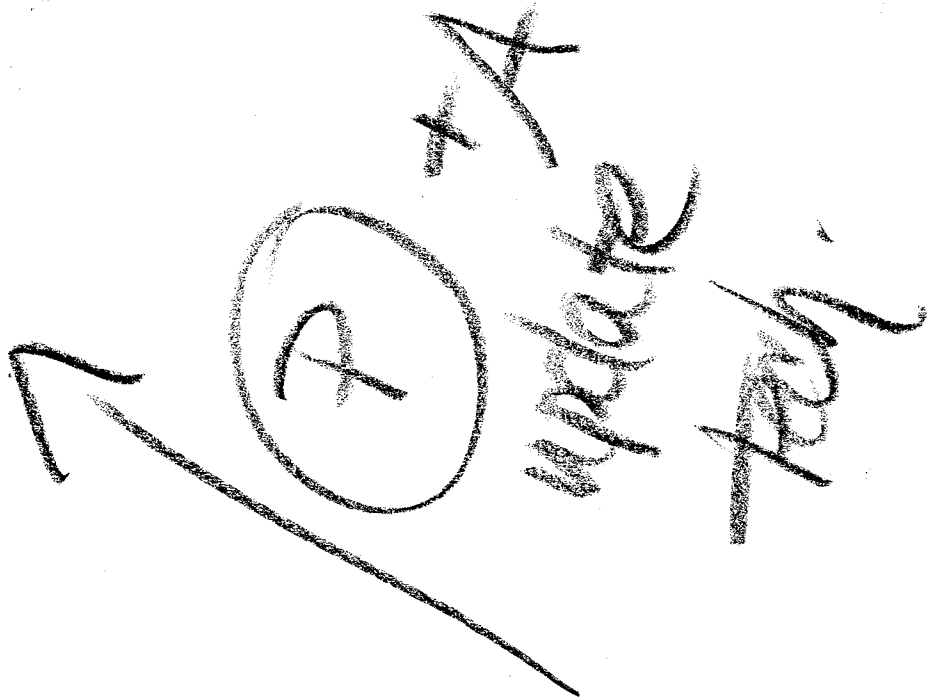
11-7-16 MD

Gas Regulator vent to outside

Boiler Feeds Disconnected

~~5-30-16~~ 5-30-17

Gas Vent limiters



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block 701.39 Lot 12 Qualification Code

Work Site Location Brick High School
346 Chambers Bridge Road, Brick, NJ 08723

Owner in Fee: Brick Township Board of Education

Tel. 732 785-3000 e-mail

Address 101 Hendrickson Avenue, Brick, NJ 07824

Contractor: TZ Electrical Contracting, LLC (street / municipality) Tel. 973 948-0260 (zip code)

Address 22 Sunrise Trail e-mail tzelectric@optimum.net
Branchville, NJ 07826

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

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

Fire Alarm Contractor No. 11762 Exp. Date 3/31/15

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

Federal Emp. ID No. 45-2526282 FAX: 973 948-0263

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 $ 2000.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [XX] 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/Contractor sign here: Steven Woodhead

Print name here: Steven Woodhead

[XX] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Add duct detector

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)	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	1	
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		
Fireplace Venting/Metal Chimney		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by:_____
[ ] Fire Protection Plans Approved
Date:_____ Approved by:_____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

U.C.C. F140 (rev. 02/11)
Internet version

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 701.39 Lot 12 Qualification Code

Work Site Location 346 Chambersbridge Road (Brick Town HS.)

Owner in Fee: Brick Twp. Board of Education

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

Address 101 Hendrickson Ave (street) Brick (municipality) 08724 (zip code)

Contractor: To Be Determined Tel.

Address e-mail

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date, Initial

[ ] No Plans Required 01/23/15 KCK

[✓] All

[ ] Footings/Foundations

[ ] Structural/Framework

[ ] Exterior

[ ] Interior

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 01/23/15

Approved by: KCK.

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 02/11/16

Approved by: KCK

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			2-11-16	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present E Proposed E

No. of Stories 2

Height of Structure 35 ft.

Area — Largest Floor 223,614 sq. ft.

New Bldg. Area/All Floors 0 sq. ft.

Volume of New Structure 0 cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present IIB Proposed IIB

If Industrialized Building:

State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 0
2. Rehabilitation $ 50,000
3. Total (1+ 2) $ 50,000

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Jeffrey M. Curry, RA, LEED

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HVAC Upgrades:
Five (5) new boilers
Two (2) new Air Handling Units
Eighty (80) new classroom Unit Ventilators
Three (3) new Rooftop Packaged Units
New building automation system
New electrical service; 500kva

REPLACEMENTS

TYPE OF WORK:

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 3-17-15
Permit # 15-0699

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 Chambersbridge Road

Owner in Fee: Brick Twp. Board of Education

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

Address 101 Hendrickson Ave (street) Brick (municipality) 08724 (zip code)

Contractor: To Be Determined Tel.

Address e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present E Proposed E

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

Building Occupied as school Utility Co.

Est. Cost of Elec. Work $ 183,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Understab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date: 1/14/15 Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-14-15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 4/20/15
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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.

Applicant sign/Contractor sign and seal here:

Print name here: Jeffrey M. Curry, RA LEED

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
HVAC Upgrades:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
4		Switches	
1		Detectors	
		Light Poles	
2		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
7		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
✓80	4.3	KW Central A/C Unit	
✓2	5 HP	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
✓6	~~2-25~~ ~~2-20~~	HP Motors 1/+ HP	
	2-2	KW Transformer/Generator	
		AMP Service	
6	400	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		See Attached	

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

1	500 KVA	Medium Volt Substation
80	1/4 HP	Unit Ventilators

U.C.C. F120 (rev. 11/09) Internet version

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

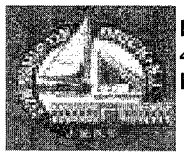
Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 15-0699 between the dates of 02/01/2015 and 12/06/2017.

Permit Number
15-0699

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
08/11/2015	FRAMING	Michael Vecchio	Building	Fail	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration		roof support for ac no plans/ unable to inspect
08/19/2015	DUCTWORK	Michael Vecchio	Building	Fail	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration		
08/19/2015	FRAMING	Michael Vecchio	Building	Fail	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration		
08/21/2015	ABOVE CEILING	Michael Vecchio	Building	Pass	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration		
08/21/2015	FRAMING	Michael Vecchio	Building	Not Done	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration		
08/21/2015	SLAB	Michael Vecchio	Building	Not Ready	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration		boiler room
08/24/2015	SLAB	Michael Vecchio	Building	Pass	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration		
08/24/2015	TRENCH	Thomas Olson	Electrical	Pass	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration		Trench and ground rods (908) 675-0154
08/24/2015	PARTIAL ROUGH	Thomas Olson	Electrical	Pass	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration		Wiring to room H V A C some units
09/01/2015	Final	Joseph DiRosa	Plumbing	Cancelled	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration		tom



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 15-0699 between the dates of 02/01/2015 and 12/06/2017.

15-0699

09/03/2015	PARTIAL FINAL	Thomas Olson	Electrical	Pass	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration	Roof top units passed Room H V A C in class room passed Panels not complete
09/03/2015	ROUGH	Bernie Reilly	Plumbing	Pass	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration	Wter heater has 1 bushing near the heater, air intake not run yet and expansion tank needs a bracket to the wall.
09/03/2015	Final	Joseph DiRosa	Plumbing	Cancelled	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration	
09/14/2015	FRAMING	Michael Vecchio	Building	Not Ready	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration	
09/16/2015	SLAB	Michael Vecchio	Building	Fail	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration	
10/28/2015	TCO	Bernie Reilly	Plumbing	Pass	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration	partial west boiler room Pipe air intakes for the water heaters, and a gas requlator needs to be installed.
11/04/2015	Final	Thomas Olson	Electrical	Fail	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration	Need panic door in panel room Need letter from contractor for occuipied rooms Control wire contractor not complette
01/25/2016	SLAB	Peter McNamara	Building	Fail	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration	no access 10:30
01/26/2016	Final	Michael Vecchio	Building	Fail	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration	east boiler room Interior is ok/ no acess to roof (snow)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 15-0699 between the dates of 02/01/2015 and 12/06/2017.

15-0699

01/26/2016	Final	Bernie Reilly	Plumbing	Cancelled	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration	east and west boiler room bernie
01/29/2016	Final	Thomas Olson	Electrical	Cancelled	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration	tom
02/02/2016	Final	Michael Vecchio	Building	Cancelled	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration	mike
02/02/2016	Final	Bernie Reilly	Plumbing	Pass	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration	TCO for the regulators. A couple plugs are needed on quarter inch valves.
02/11/2016	Final	Peter McNamara	Building	Pass	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration	
04/10/2017	Final	Marcel Renson	Electrical	Pass	BRICK TOWNSHIP EDUCATION 346 CHAMBERS BRIDGE RD.	Alteration	Agent: BRICK TOWNSHIP EDUCATION Phone: (732) 785-3000/

Received: Nov 6 2015 09:24am

TZ Electrical Contracting LLC

22 Sunrise Trail
Branchville, NJ 07826
973-948-0260
973-948-0263 (fax)

15-0699
~~6576~~ / ~~47~~
701.39
12

November 6, 2015

Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

ATTN: Thomas Olson
Electrical Subcode Official

RE: Brick High School
Permit #: 15-1566

Dear Mr. Olson:

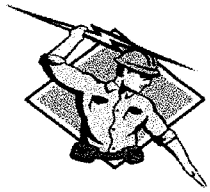
This letter is to certify that TZ Electrical Contracting, LLC did install the electrical installation on this referenced project per all NEC codes.

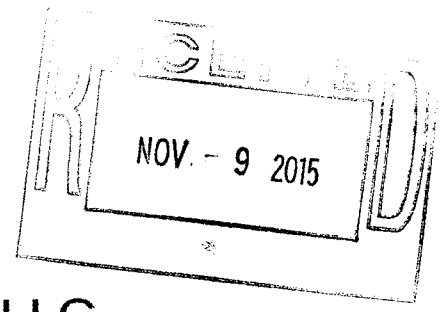
Very truly yours,

Steven Woodhead

Steven Woodhead

SW/tz





TZ Electrical Contracting LLC

22 Sunrise Trail
Branchville, NJ 07826
973-948-0260
973-948-0263 (fax)

November 6, 2015

Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

ATTN: Thomas Olson
Electrical Subcode Official

RE: Brick High School
Permit #: 15-1566

701.39
12

Dear Mr. Olson:

This letter is to certify that TZ Electrical Contracting, LLC did install the electrical installation on this referenced project per all NEC codes.

Very truly yours,

Steven Woodhead

Steven Woodhead

SW/tz

RJB ENVIRONMENTAL, INC.

Client : Brick Twsp. Public Schools
Project : Boiler Room Abatement and Demolition
Building : Brick Twsp. High School

Date: August 14, 2015
Technician: R. Broadwater
Project # : 2015024-01

CERTIFICATE OF COMPLETION
APPLICATION FOR A CERTIFICATE OF OCCUPANCY

JOB SITE LOCATION:
Brick Twsp High School - EAST BOILER ROOM
346 Chambersbridge Road

DATE: 8/14/15
CONTRACTOR: Lilich
PROJECT #: 2015024-01
PERMIT #: 15-0699

The above project has been completed pursuant to Sub-chapter 8 the Asbestos Hazard Abatement Sub-code, N.J.A.C. 5:23-8 and USEPA AHERA.

A final inspection of the work area has been completed by the Asbestos Safety Technician. The inspection revealed no visible signs of asbestos-containing materials remaining within the defined scope-of-work area(s).

[X] The final air monitoring testing by Transmission Electron Microscopy (TEM) met the Asbestos Hazard Emergency Response Act (AHERA) clearance criteria.

[ ] Final air monitoring testing by Phase Contrast Microscopy (PCM) met <0.01 f/cc clearance criteria.

It is requested that a Certificate of Occupancy be issued to:

Building Owner [ ]

ADDRESS: _____
_____ ZIP _____

AGENT (RJB Environmental, Inc.) [X]

ADDRESS: 56 East Bridge Street
Morrisville, PA ZIP 19067

METHOD OF CLEARANCE: PCM [ ] AGGRESSIVE [X]
TEM [X] OTHER * [ ]

* REASON: _____

_____ AST# 01116
Asbestos Safety Technician

EMSL Analytical, Inc.
200 Route 130 North, Cinnaminson, NJ 08077
Phone/Fax: (800) 220-3675 / (856) 786-5974
http://www.EMSL.com cinnasblab@EMSL.com

EMSL Order:	041524402
CustomerID:	RJBE42
CustomerPO:	
ProjectID:	

Attn: **Rick Beach**
RJB Environmental
56 East Bridge Street
Morrisville, PA 19067

Phone:	(609) 203-3115
Fax:	
Received:	08/13/15 6:45 PM
Analysis Date:	8/13/2015
Collected:	8/13/2015

Project: **Brick Township Public Schools / 2015024-01 / Boiler Room Abatement and Demolition / Brick Twsp HS, 346 Chambersbridge Rd**

Test Report: Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM) Performed by EPA 40 CFR Part 763 Appendix A to Subpart E

Sample	*Location*	*Volume (Liters)*	*Area Analyzed (mm^2)*	*Non Asb*	*Asbestos Type(s)*	*# Structures* $\geq 0.5\mu < 5$	*# Structures* $\geq 5\mu$	*Analytical Sensitivity (S/cc)*	*Asbestos Concentration (S/mm^2)*	*Asbestos Concentration (S/cc)*
01RB081315 *041524402-0001*	Work Area - East Boiler	1330.00	0.0660	0	None Detected			0.0044	**<15.00**	**<0.0044**
Sample collected on PCM cassette.										
02RB081315 *041524402-0002*	Work Area - East Boiler	1310.00	0.0660	0	None Detected			0.0045	**<15.00**	**<0.0045**
03RB081315 *041524402-0003*	Work Area - East Boiler	1290.00	0.0660	0	None Detected			0.0045	**<15.00**	**<0.0045**
04RB081315 *041524402-0004*	Work Area - East Boiler	1280.00	0.0660	0	None Detected			0.0046	**<15.00**	**<0.0046**
05RB081315 *041524402-0005*	Work Area - East Boiler	1280.00	0.0660	0	None Detected			0.0046	**<15.00**	**<0.0046**

Analyst(s)

Wayne Froehlich (5)

Benjamin Ellis, Laboratory Manager
or other approved signatory

Report Amended: 08/14/2015 06:57:52 Replaces the Inital Report 08/13/2015 23:24:19. Reason Code: Data Entry-Change to Project

Transmission Electron TEM Ahera

~~Phase Contrast~~ Air Sample Collection Form

Client: Brick Township Public Schools	Sampled By:			Date: 8/13/15
Project #:2015024-01	Released To:			Date: 8/13/15
Project Name: Boiler Room Abatement and Demolition	Analyzed By:			Date: 8/13/15 6:45p
Building/Location: Brick Twsp. HS, 346 Chambersbridge Rd	Turn Around Time	☐ Onsite	☒ 6Hr	☐ 12 Hr ☐ 24 Hr

Sample #	Location/Employee Name	Sample Type	Start Time	Stop Time	Flow Rate B	Flow Rate E	Flow Rate A	Sample Volume	~~Fibers/Fields~~	Result
01RB081315	Work Area - East Boiler	F	14:18	16:31	10	10	10	1330		
02RB081315	Work Area - East Boiler	F	14:20	16:31	10	10	10	1310		
03RB081315	Work Area - East Boiler	F	14:22	16:31	10	10	10	1290		
04RB081315	Work Area - East Boiler	F	14:23	16:31	10	10	10	1280		
05RB081315	Work Area - East Boiler	F	14:23	16:31	10	10	10	1280		

A: Ambient, P: Perimeter, C/R: Clean Room, E: AFD Exhaust, W/A; Inside Work Area, F: Final Air Test, O: OSHA Sample

CINNAMINSON, NJ
2015 AUG 13 P 6:43
RECEIVED EMSL

Page 1 Of 1

* Verbal Results to 609-558-4598 ASAP

ENVIRONMENTAL, INC.
56 East Bridge Street
Morrisville, PA 19067
Phone: 267-991-9212 Fax: 267-799-4443

OrderID: 041524402

Allison Peltier

From: Allison Peltier
Sent: Wednesday, January 06, 2016 10:54 AM
To: 'bobf2@optonline.net'
Subject: permit pick up

Good morning,

There is a permit update that has been approved and now ready for pick up. The information is as follows:

346 Chambers Bridge Road 701.39 12 exempt from permit fees
15-0699+ a update

Come to the building dept. to pick up your copy of plans

Thank you and
Good day

Allison
Brick building dept.
01-06-16

PERMIT UPDATE

Date Update Issued 1/7/15
Control # C-14-005625+A
Permit # 15-0699+A

IDENTIFICATION Block: 701.39 Lot: 12 Qualifier
Work Site Location: 346 CHAMBERS BRIDGE RD. Brick Township, NJ
Contractor ALLEN FEID, INC.
Address 177 SO. LIVINGSTON AVENUE LIVINGSTON NJ 07039
Owner in Fee BRICK TOWNSHIP EDUCATION
101 HENDRICKSON AVE. BRICK NJ 08723
Telephone: (973) 992-2240
Lic. No. or Bldrs. Reg. No. 7966
Telephone: (732) 785-3000
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
...Update+A...5 Gas Regulators

Note: If constuction 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 $48,000

David J. Newman Jr. 1/6/16
Construction Official Date

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	
Other	$0
Total	$0
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

RJB ENVIRONMENTAL, INC.

Client : Brick Twsp. Public Schools
Project : Boiler Room Abatement and Demolition
Building : Brick Twsp. High School

Date: August 4, 2015
Technician: Richard Burnett
Project # : 2015024-01

CERTIFICATE OF COMPLETION
APPLICATION FOR A CERTIFICATE OF OCCUPANCY

JOB SITE LOCATION:
Brick Twsp High School - West Boiler Room
346 Chambersbridge Road
Brick Township, NJ

DATE: August 4, 2015
CONTRACTOR: Lilich Corp
PROJECT #: 2015024-01
PERMIT #: 15-2091

The above project has been completed pursuant to Sub-chapter 8 the Asbestos Hazard Abatement Sub-code, N.J.A.C. 5:23-8 and USEPA AHERA.

A final inspection of the work area has been completed by the Asbestos Safety Technician. The inspection revealed no visible signs of asbestos-containing materials remaining within the defined scope-of-work area(s).

[X] The final air monitoring testing by Transmission Electron Microscopy (TEM) met the Asbestos Hazard Emergency Response Act (AHERA) clearance criteria.

[ ] Final air monitoring testing by Phase Contrast Microscopy (PCM) met <0.01 f/cc clearance criteria.

It is requested that a Certificate of Occupancy be issued to:

Building Owner [ ]

ADDRESS: _____
_____ ZIP _____

AGENT (RJB Environmental, Inc.) [X]

ADDRESS: 56 East Bridge Street
Morrisville, PA ZIP 19067

METHOD OF CLEARANCE: PCM [ ] AGGRESSIVE [X]
TEM [X] OTHER * [ ]

* REASON: _____

_____ AST# 0402
Asbestos Safety Technician

EMSL Analytical, Inc.
200 Route 130 North, Cinnaminson, NJ 08077
Phone/Fax: (800) 220-3675 / (856) 786-5974
http://www.EMSL.com cinnasblab@EMSL.com

EMSL Order: 041522896
CustomerID: RJBE42
CustomerPO:
ProjectID:

Attn: **RJB Environmental**
56 East Bridge Street
Morrisville, PA 19067

Phone: (609) 203-3115
Fax:
Received: 07/31/15 4:30 PM
Analysis Date: 8/1/2015
Collected: 7/31/2015

Project: **Brick Township Public Schools / 2015024-01 / Boiler Room Abatement and Demolition / Brick Twsp HS, 346 Chambersbridge Rd**

Test Report: Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM) Performed by EPA 40 CFR Part 763 Appendix A to Subpart E

Sample	Location	Volume (Liters)	Area Analyzed (mm^2)	Non Asb	Asbestos Type(s)	# Structures ≥ 0.5μ < 5	# Structures ≥5μ	Analytical Sensitivity (S/cc)	Asbestos Concentration (S/mm^2)	Asbestos Concentration (S/cc)
01RB073115 *041522896-0001*	N boiler room-Front of decon	1200.00	0.0650	0	None Detected			0.0049	**<15.00**	**<0.0049**
02RB073115 *041522896-0002*	W boiler room-Back center	1200.00	0.0650	0	None Detected			0.0049	**<15.00**	**<0.0049**
03RB073115 *041522896-0003*	W boiler room-Back right	1200.00	0.0650	0	None Detected			0.0049	**<15.00**	**<0.0049**
04RB073115 *041522896-0004*	W boiler room-Front right	1200.00	0.0650	0	None Detected			0.0049	**<15.00**	**<0.0049**
05RB073115 *041522896-0005*	W boiler room-By tank	1200.00	0.0650	0	None Detected			0.0049	**<15.00**	**<0.0049**

Analyst(s)

Ted Young (5)

Benjamin Ellis, Laboratory Manager
or other approved signatory

Initial report from 08/01/2015 16:34:52

Transmission Electron Air Sample Collection Form

Client: Brick Township Public Schools	Sampled By: Richard Brown				Date: 07/31/15
Project #:2015024-01	Released To:				Date: 7/31/15 4:30 P
Project Name: Boiler Room Abatement and Demolition	Analyzed By:				Date:
Building/Location: Brick Twsp. HS, 346 Chambersbridge Rd	Turn Around Time	☐ Onsite	☐ 6Hr	☒ 24 Hr	☐ 48 Hr

Sample #	Location	Sample Type	Start Time	Stop Time	Flow Rate B	Flow Rate E	Flow Rate A	Sample Volume	Fibers/mm²	Result
01RB073115	W. Boiler Room - Front of Door	F	1255	1455	10.0	10.0	10.0	1202		
02RB073115	W. Boiler Room - Back Center	F	1255	1455	10.0	10.0	10.0	1202		
03RB073115	W. Boiler Room - Back Right	F	1255	1455	10.0	10.0	10.0	1202		
04RB073115	W Boiler Room - Front Right	F	1255	1455	10.0	10.0	10.0	1202		
05RB073115	W. Boiler Room - By Tank	F	1255	1455	10.0	10.0	10.0	1202		
06RB073115	Field Blank									
07RB073115	Sealed Blank									

RECEIVED
2015 JUL 31 PM 4:30
CHINA MASON, INC.

RJB ENVIRONMENTAL, INC.
56 East Bridge Street
Morrisville, PA 19067
Phone: 267-991-9212 Fax: 267-799-4443

CONSTRUCTION PERMIT

Date Issued 3/17/2015
Control # C-14-005625
Permit # 15-0699

IDENTIFICATION Block: 701.39 Lot: 12 Qualifier
Work Site Location: 346 CHAMBERS BRIDGE RD. Brick Township, NJ

Owner in Fee: BRICK TOWNSHIP EDUCATION
101 HENDRICKSON AVE. BRICK NJ 08723

Telephone:

Contractor: BRICK TOWNSHIP EDUCATION
Address: 101 HENDRICKSON AVE. BRICK NJ 08723

Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
RENOVATION - COMMERCIAL ...HVAC, BOILER, & ELEC SERVICE UPGRADES

Note: If constuction 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 $276,500

David F Newman Jr 3/17/15

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	
Other	$0
Total	$0
Check No.	
Cash	$0
Credit	$0

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-14-01545
Application Date: 12/26/2014
Project Number:
Permit Number:
Fee: $0

Zoning Permit

Worksite Location: **346 CHAMBERS BRIDGE RD.** **Brick Township, NJ 08723**

Block: **701.39**
Lot: **12**
Qualifier:
Zone: **R-R-1**

Owner: **BRICK TOWNSHIP EDUCATION**
Address: **101 HENDRICKSON AVE. BRICK, NJ 08723**

Applicant: **BRICK TOWNSHIP EDUCATION**
Address: **101 HENDRICKSON AVE. BRICK, NJ 08723**

Application Approved Date: 12/26/2014

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Brick Board of Education Facility
Nonconforming Use is:

Work Description:
Air-Conditioner Condenser Unit - Three new rooftop packaged units.

Additional Zoning permit is required for additional work.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on:
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Christopher J. Romano, Office Of Zoning — 12/26/2014 Date

Michael P. Fowler, Township Planner — 1/5/15 **Date**