

ECC

Rolled Plans

701.39

Brick - imp. HD

BLOCK 736 LOT 12 QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) 346 Chambersbridge Rd. PERMIT NO. 16-2038



## CONSTRUCTION PERMIT APPLICATION

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

016-002088

**I. IDENTIFICATION**

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

2. Name of Owner in Fee: Brick Township Board of Education  
Tel. (732) 785-3000 e-mail \_\_\_\_\_  
Address 101 Hendrickson Avenue, Brick, NJ 08724

3. Ownership in Fee: Public ☒ Private \_\_\_\_\_  
municipality \_\_\_\_\_ zip code \_\_\_\_\_

4. Principal Contractor: Altec Building Systems Corp Tel. (732) 903-6264  
Address 904 Atlantic Avenue e-mail info@altec  
Point Pleasant, NJ 08742 buildingsystems.com

License No. OR, If new home, Builder Reg. No. 13VH04948600 Exp. Date 2/31/17

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

Federal Emp. ID No. 223292289 FAX: (732) 903-6298

5. Architect or Engineer: Starter Contact David Faccas  
Address 1971 Route 34, Wall, NJ 07719 e-mail \_\_\_\_\_  
Tel. (732) 449-0099 FAX: (\_\_\_\_) \_\_\_\_\_

6. Responsible Person in Charge once Work has Begun: Bob Smith  
Tel. (732) 609-1187 FAX: (732) 903-6298

**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 339.82 kw

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 \_\_\_\_\_

(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)

|                                                | Est. Cost      | Plans Rec'd by                | Date Rec'd     | Rejection Date | Approval Date   | Re-viewer  | Resubmission Dates Approval | Rejection | Re-viewer |
|------------------------------------------------|----------------|-------------------------------|----------------|----------------|-----------------|------------|-----------------------------|-----------|-----------|
| <input checked="" type="checkbox"/> Building   | <u>4000</u>    | <u>WFR</u>                    | <u>5/31/16</u> |                | <u>06/18/16</u> | <u>KEC</u> |                             |           |           |
| <input checked="" type="checkbox"/> Electrical | <u>284,847</u> |                               |                |                | <u>6/14/16</u>  | <u>PE</u>  |                             |           |           |
| <input type="checkbox"/> Plumbing              |                |                               |                |                |                 |            |                             |           |           |
| <input type="checkbox"/> Fire Protection       |                |                               |                |                |                 |            |                             |           |           |
| <input type="checkbox"/> Elevator              |                |                               |                |                |                 |            |                             |           |           |
| TOTAL COST                                     |                | <u>Eng Exempt 5/16/16 ecc</u> |                |                |                 |            |                             |           |           |

**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 \_\_\_\_\_

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

2000/9 10/08

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

Alter Building Systems Corp.

Address

904 Atlantic Avenue

As Pleasant, NJ 08742

Telephone

(732) 903-6264

Signature

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

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(office use only)                 | LOCAL APPROVAL    |            | COUNTY APPROVAL   |            | REGIONAL APPROVAL |            | STATE APPROVAL    |            | COMMENTS    |
|----------------------------------------------------------------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------|
|                                                                      | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date |             |
| <input checked="" type="checkbox"/> Zoning Officer                   | SC                | 5/25/76    |                   |            |                   |            |                   |            | 2A-16-00747 |
| <input type="checkbox"/> Planning Board                              |                   |            |                   |            |                   |            |                   |            |             |
| <input type="checkbox"/> Zoning Board                                |                   |            |                   |            |                   |            |                   |            |             |
| <input type="checkbox"/> Sewer Authority                             |                   |            |                   |            |                   |            |                   |            |             |
| <input type="checkbox"/> Water Authority                             |                   |            |                   |            |                   |            |                   |            |             |
| <input type="checkbox"/> Police Department                           |                   |            |                   |            |                   |            |                   |            |             |
| <input type="checkbox"/> Health Department                           |                   |            |                   |            |                   |            |                   |            |             |
| <input type="checkbox"/> Soil Conservation                           |                   |            |                   |            |                   |            |                   |            |             |
| <input type="checkbox"/> N.J. Department of Community Affairs        |                   |            |                   |            |                   |            |                   |            |             |
| <input type="checkbox"/> N.J. Department of Transportation           |                   |            |                   |            |                   |            |                   |            |             |
| <input type="checkbox"/> N.J. Department of Environmental Protection |                   |            |                   |            |                   |            |                   |            |             |
| <input type="checkbox"/> Utility Dig No.                             |                   |            |                   |            |                   |            |                   |            |             |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |             |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |             |

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

| Name of Code & Edition | Name of Code & Edition   |
|------------------------|--------------------------|
| Building               | Energy                   |
| Electrical             | Barrier Free             |
| Plumbing               | Flood Hazard             |
| Fire Protection        | As Built Elevation Cert. |
| Mechanical             | Other                    |

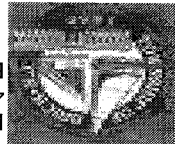
X. CERTIFICATES ISSUED (office use only)

|                                                               | DATE ISSUED | DATE EXPIRED                         |
|---------------------------------------------------------------|-------------|--------------------------------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy   | No. _____   | DATE ISSUED _____ DATE EXPIRED _____ |
| <input type="checkbox"/> Temporary Certificate of Compliance  | No. _____   | DATE ISSUED _____ DATE EXPIRED _____ |
| <input type="checkbox"/> Continued Certificate of Occupancy   | No. _____   | DATE ISSUED _____ DATE EXPIRED _____ |
| <input type="checkbox"/> Certificate of Compliance            | No. _____   | DATE ISSUED _____ DATE EXPIRED _____ |
| <input type="checkbox"/> Certificate of Occupancy             | No. _____   | DATE ISSUED _____ DATE EXPIRED _____ |
| <input type="checkbox"/> Certificate of Approval              | No. _____   | DATE ISSUED _____ DATE EXPIRED _____ |
| <input type="checkbox"/> Lead Abatement Clearance Certificate | No. _____   | DATE ISSUED _____ DATE EXPIRED _____ |

02

[illegible][illegible]

Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723



# 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: ALTEC BUILDING SYSTEMS CORP  
Address: 904 Atlantic Ave, Point Pleasant NJ 08742  
Telephone: (732) 903-6264  
Fax: 11073  
License Number or Builders Registration Number: Federal Emp. Number: 22-3292289

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SOLAR PANELS ...INSTALL 339.82 kw ROOF MOUNT PHOTOVOLTAIC SOLAR SYSTEM

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:**

☐ **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:**

Fee: \$0.00

Check Number:

Collected By:

Construction Official

*David Newman Jr*

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

Date Printed: 4/13/2017



# ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 423 Lot 12 Qualification Code 101.39

Work Site Location 346 Chambersbridge Road

Owner In Fee: Brick Township Board of Education

Tel. ( 732 ) 785-3000 e-mail

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

Contractor: Alec Electrical Corp. 732 ( 903-6264 ) e-mail jlawroski@altecbuildingsystems.com

Address 904 Atlantic Avenue Pt. Pleasant, NJ 08742

Contractor License No. 11073 Exp. Date 3/31/18

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04948600

Federal Emp. ID No. 22-3292289 FAX: ( 732 ) 903-6298

B. ELECTRICAL CHARACTERISTICS Bob Smith 732-609 1187

Use Group Present Proposed

[ ] Pole/Pad # 50001 [ ] Temporary [ ] Other

Building Occupied as Sanctuary Utility Co. JCOAL

Est. Cost of Elec. Work \$ 888,847

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                  | INSPECTIONS                                 | Dates (Month/Day)                              |
|----------------------------------------------|---------------------------------------------|------------------------------------------------|
| [ ] No Plans Required                        | Type: <u>Rough</u>                          | Failure <u>Approved</u> Initial <u>Initial</u> |
| [ ] Partial - Under-slab Utilities Approved  | Barrier-Free                                |                                                |
| Date: <u>5/14/16</u> Approved by: <u>ATC</u> | Trench                                      |                                                |
| [ ] Electric Plans Approved                  | Temp. Serv.                                 |                                                |
| Date: <u>5/14/16</u> Approved by: <u>ATC</u> | Const. Serv.                                |                                                |
| Joint Plan Review Required:                  | TCO                                         |                                                |
| [ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.     | Other                                       |                                                |
| SUBCODE APPROVAL for PERMIT                  | Service                                     |                                                |
| Date: <u>5/14/16</u>                         | Final                                       |                                                |
| Approved by: <u>ATC</u>                      | Barrier-Free                                |                                                |
| SUBCODE APPROVAL for CERTIFICATE             | Temp. Cut-in-Card Date Issued               |                                                |
| [ ] CO [ ] CCO [ ] CA                        | Final Cut-in-Card Date Issued               |                                                |
| Date: <u>5/14/17</u>                         | Annual Pool Inspection                      |                                                |
| Approved by: <u>ATC</u>                      | Date of Grounding and Bonding Certification |                                                |

Brick Twp. HS

## C. CERTIFICATION IN LIEU OF OATH

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

Print name here: James E. Lawroski Jr.

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

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Roof Solar 339.82 KW

| QTY. | SIZE | ITEMS                          | FEES (Office Use Only) |
|------|------|--------------------------------|------------------------|
|      |      | Lighting Fixtures              |                        |
|      |      | Receptacles                    |                        |
|      |      | Switches                       |                        |
|      |      | Detectors                      |                        |
|      |      | Light Poles                    |                        |
|      |      | Motors—Fract. HP               |                        |
|      |      | Emergency & Exit Lights        |                        |
|      |      | Communications Points          |                        |
|      |      | Alarm Devices/F.A.C. Panel     |                        |
|      |      | TOTAL NUMBERS                  |                        |
|      |      | Pool Permit/with UV Lights     |                        |
|      |      | Storable Pool/Spa/Hot Tub      |                        |
|      |      | KW Elec. Range/Receptacle      |                        |
|      |      | KW Over/Under Surface Unit     |                        |
|      |      | KW Elec. Water Heater          |                        |
|      |      | KW Elec. Dryer/Receptacle      |                        |
|      |      | KW Dishwasher                  |                        |
|      |      | HP Garbage Disposal            |                        |
|      |      | KW Central A/C Unit            |                        |
|      |      | HP/KW Space Heater/Air Handler |                        |
|      |      | HP/KW Baseboard Heat           |                        |
|      |      | HP/KW Water Heater             |                        |
|      |      | KW Transformer/Generator       |                        |
|      |      | AMP Service Solar 200          |                        |
|      |      | AMP Subpanels 400              |                        |
|      |      | AMP Motor Control Center       |                        |
|      |      | KW Elec. Sign/Outline Light    |                        |
|      |      | 1307 260 watt Panels           |                        |

Date Received 6/24/16  
Control # 16-2038  
Date Issued  
Permit #

over

To reorder call: ALLEGRA  
Marketing • Print • Mail  
(609)-390-1400

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

11/25/16 Bond used wine way  
Rough Disconnected / wine way / ~~trans~~  
No Tape yet / 5 Piece in Trans  
To be removed -  
11/9/17 Snow covered Connection  
1-12/12 Rough Connect in



# BUILDING SUBCODE TECHNICAL SECTION



Brick Twp. HS

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

Block 401.38 / 12 Qualification Code \_\_\_\_\_

Work Site Location Brick NJ 08723

Owner in Fee: Brick Township Board of Education

Tel. ( 732 ) 983-3000 e-mail \_\_\_\_\_

Address 101 Hendricksen Avenue, Brick, NJ 08724

Contractor: Attec Building Systems Corp. Tel. ( 732 ) 903-6248

Address: 904 Atlantic Avenue e-mail info@attcbuilding

Park Pleasant, NJ 08714 Systems, Inc.

Contractor License No. or Builder Registration No. 13VH04948000 Exp. Date 3-31-17

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

Federal Emp. ID No. 223292289 FAX: ( 732 ) 903-602918

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                                                    | Date            | Initial  | INSPECTIONS                                    | Type:                            | Failure | Dates (Month/Day) | Approval | Initial |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------|----------|------------------------------------------------|----------------------------------|---------|-------------------|----------|---------|
| <input checked="" type="checkbox"/> All                                                                                        | <u>06/16/16</u> | <u>W</u> | <input type="checkbox"/> Footings/Foundations  | <input type="checkbox"/> Footing |         |                   |          |         |
| <input type="checkbox"/> Structural/Framework                                                                                  |                 |          | <input type="checkbox"/> Foundation            |                                  |         |                   |          |         |
| <input type="checkbox"/> Exterior                                                                                              |                 |          | <input type="checkbox"/> Slab                  |                                  |         |                   |          |         |
| <input type="checkbox"/> Interior                                                                                              |                 |          | <input type="checkbox"/> Frame                 |                                  |         |                   |          |         |
| <input type="checkbox"/> Joint Plan Review Required:                                                                           |                 |          | <input type="checkbox"/> Truss Sys./Bracing    |                                  |         |                   |          |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |                 |          | <input type="checkbox"/> Barrier-Free          |                                  |         |                   |          |         |
| <input type="checkbox"/> SUBCODE APPROVAL for PERMIT                                                                           |                 |          | <input type="checkbox"/> Insulation            |                                  |         |                   |          |         |
| Date: <u>06/18/16</u>                                                                                                          |                 |          | <input type="checkbox"/> Finishes - Base Layer |                                  |         |                   |          |         |
| Approved by: <u>W</u>                                                                                                          |                 |          | <input type="checkbox"/> Finishes - Final      |                                  |         |                   |          |         |
| <input type="checkbox"/> SUBCODE APPROVAL for CERTIFICATE                                                                      |                 |          | <input type="checkbox"/> Energy                |                                  |         |                   |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO                                                                       |                 |          | <input type="checkbox"/> Mechanical            |                                  |         |                   |          |         |
| Date: <u>04/11/17</u>                                                                                                          |                 |          | <input type="checkbox"/> TCO                   |                                  |         |                   |          |         |
| Approved by: <u>W</u>                                                                                                          |                 |          | <input type="checkbox"/> Other                 |                                  |         |                   |          |         |
|                                                                                                                                |                 |          | <input type="checkbox"/> Final                 |                                  |         |                   |          |         |
|                                                                                                                                |                 |          | <input type="checkbox"/> Barrier-Free          |                                  |         |                   |          |         |

## B. BUILDING CHARACTERISTICS

| Use Group                 | Present | Proposed | Constr. Class               | Present | Proposed |
|---------------------------|---------|----------|-----------------------------|---------|----------|
| No. of Stories            |         |          | If Industrialized Building: |         |          |
| Height of Structure       |         | ft.      | State Approved              |         | HUD      |
| Area — Largest Floor      |         | sq. ft.  | Est. Cost of Bldg. Work:    |         |          |
| New Bldg. Area/All Floors |         | sq. ft.  | 1. New Bldg.                | \$      |          |
| Volume of New Structure   |         | cu. ft.  | 2. Rehabilitation           | \$      |          |
| Max. Live Load            |         |          | 3. Total (1+2)              | \$      |          |
| Max. Occupancy Load       |         |          |                             |         |          |

## 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: Mrs. E. Lavash

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

Roof top Solar Installation  
339.82 KW  
1 concrete transformer pad

### TYPE OF WORK:

|                                                          |                     |
|----------------------------------------------------------|---------------------|
| <input type="checkbox"/> New Building                    | Height (exceeds 6') |
| <input type="checkbox"/> Addition                        | Sq. Ft.             |
| <input type="checkbox"/> Rehabilitation                  |                     |
| <input type="checkbox"/> Roofing                         |                     |
| <input type="checkbox"/> Siding                          |                     |
| <input type="checkbox"/> Fence                           |                     |
| <input type="checkbox"/> Sign                            |                     |
| <input type="checkbox"/> Pool                            |                     |
| <input type="checkbox"/> Retaining Wall                  |                     |
| <input type="checkbox"/> Asbestos Abatement Subchapter 8 |                     |
| <input type="checkbox"/> Lead Haz. Abatement NJAC 5:17   |                     |
| <input type="checkbox"/> Radon Remediation               |                     |
| <input type="checkbox"/> Other                           |                     |
| <input type="checkbox"/> Demolition                      |                     |

### FEE (Office Use Only)

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

1-12-17  
✓ 010r Ballasted system on roof complete Mr

Design with community in mind

Approved for use  
10-24-16 - JEP

file:///C:/Users/192510588/record/subinitial/archives/20161020/Letter to Inspector/Inspector\_eec.docx

C.

Attachment: as noted

David Faccas  
Associate  
Phone: 732-449-0099 ext 8212  
dave.faccas@stantec.com

STANTEC CONSULTING SERVICES INC.

Regards,

Stantec has reviewed and approved the attached detail for Brick Township High School located at 346 Chambersbridge Rd. Brick, NJ 08732.

Reference: New transformer for solar at Brick Township High School (Plan # 16-2038)

Dear Mr. Callahan,

Attention: Pat Callahan  
401 Chambersbridge Road  
Brick, NJ 08732

October 20, 2016  
File: 192510588

Stantec Consulting Services Inc.  
1971 State Route 34, 2nd Floor, Wall Township NJ 07719-9750



10/19/16



## GENERAL PAD DETAIL FOR BUILDINGS 01, 04, 05 AND 06

EXISTING BUILDING WALL

FLEXIBLE EXPANSION JOINT WITH BOND BREAKER

BOND 2'0 CU. GEC TO REBAR AT (2) OPPOSITE ENDED LOCATIONS

CONCRETE PAD CAST ON UNDISTURBED SUBGRADE

FINISH GRADE

1/8" MIN

1/4" MIN

5'

5'

2'0 CU. GEC 2 PLACES

GND BUSS

TYP. XFMR (NOT TO SCALE)

\* 2" OF STONE NOT REQUIRED ON ASPHALT SITES:

01 ENRICHMENT CENTER

04 MIDSTREAMS

05 HIGHSCHOOL

\* USE EXISTING SUBGRADE.

NOTE: BROOM FINISH SLOPE 1/8" / FT TO DRAIN

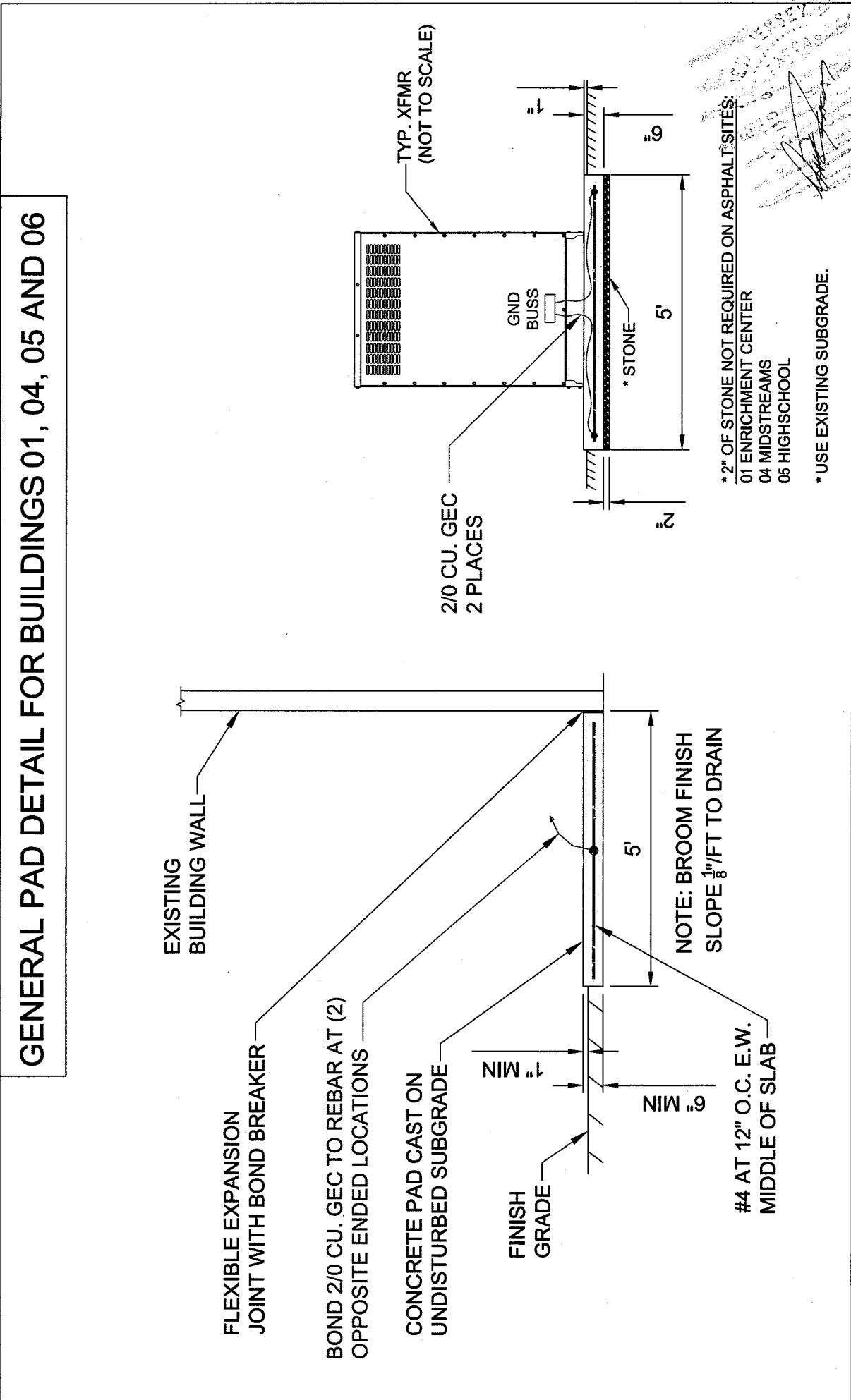
\* 2" OF STONE NOT REQUIRED ON ASPHALT SITES:

01 ENRICHMENT CENTER

04 MIDSTREAMS

05 HIGHSCHOOL

\* USE EXISTING SUBGRADE.

[illegible][illegible]





Stantec Consulting Services Inc.  
1971 State Route 34, 2nd Floor, Wall Township NJ 07719-9750

October 20, 2016  
File: 192510588

**Attention: Pat Callahan**  
401 Chambersbridge Road  
Brick, NJ 08732

Dear Mr. Callahan,

**Reference: New transformer for solar at Brick Township High School**

Stantec has reviewed and approved the attached detail for Brick Township High School located at 346 Chambersbridge Rd. Brick, NJ 08732.

Regards,

**STANTEC CONSULTING SERVICES INC.**

David Faccas  
Associate

Phone: 732-449-0099 ext 8212

dave.faccas@stantec.com

Attachment: as noted

C.

rk u:\192510588\record\submittal\_archives\20161020\_letter to inspector\_eec.docx

Approved for use  
10-24-16 DCF

Design with community in mind



**NOTE: BROOM FINISH  
SLOPE  $\frac{1}{8}$ "/FT TO DRAIN**

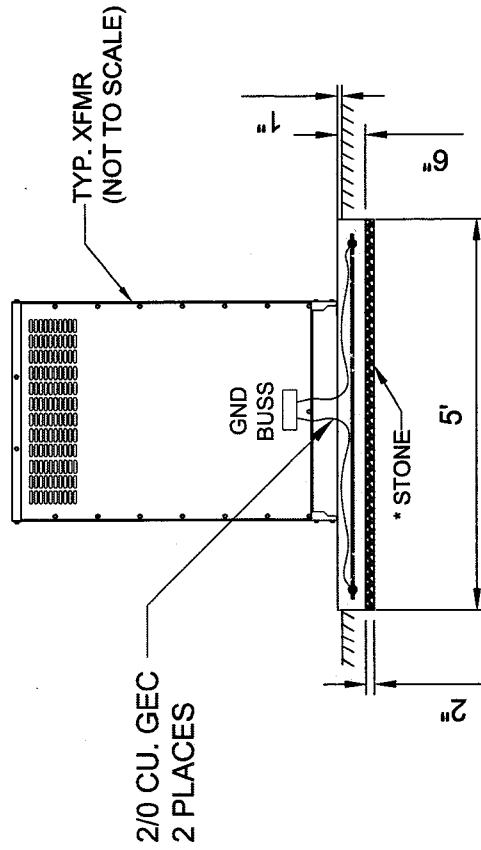
**\* 2" OF STONE NOT REQUIRED ON ASPHALT SITES:**

01 ENRICHMENT CENTER

## 04 MIDSTREAMS

05 HIGH SCHOOL

**\* USE EXISTING SUBGRADE.**





Brick Top HS

RECEIVING CLERK MPF **ZONING PERMIT APPLICATION** PERMIT # 24-16-00924  
DATE REC'D 5/31/16 DATE ISSUED 6/21/16

BLOCK: 750 LOT: 12 QUALIFIER: \_\_\_\_\_ SITE ADDRESS: 34 Chambersbridge Road

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Brick Township Board of Education  
COMPLETE ADDRESS: 101 Hendrickson Avenue, Brick, NJ 08724  
PHONE # 732-785-3000 EMAIL: \_\_\_\_\_  
2. NAME OF APPLICANT: Altec Building Systems Corp.  
APPLICANT ADDRESS: 904 Atlantic Ave Nue  
Point Pleasant, NJ 08742  
PHONE # 732-903-1204 EMAIL: info@altecbuildingsystems.com  
3. RESPONSIBLE PERSON FOR WORK: Bob Smith  
PHONE # 732-1009-1187 FAX # 732-903-10298  
4. SIGNATURE OF APPLICANT: \_\_\_\_\_

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 0  
OTHER: \$ 0  
TOTAL: \$ 0

REQUIRED BY APPLICANT

RESIDENTIAL: \_\_\_\_\_  
COMMERCIAL: Commercial  
EXISTING USE: \_\_\_\_\_  
PROPOSED USE: \_\_\_\_\_  
BOARD APPROVAL: \_\_\_\_\_ PB \_\_\_\_\_ ZB \_\_\_\_\_  
RESOLUTION #: \_\_\_\_\_  
APPROVAL DATE: \_\_\_\_\_

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

\*NEW BUILDING: \_\_\_\_\_ \*ADDITION \_\_\_\_\_ \*ALTERATION ✓ \*PORCH \_\_\_\_\_ \*DECK \_\_\_\_\_

POOL: ABOVE GROUND \_\_\_\_\_ IN GROUND \_\_\_\_\_ FENCE: HEIGHT \_\_\_\_\_ TYPE \_\_\_\_\_ MATERIAL \_\_\_\_\_

HEIGHT: \_\_\_\_\_ (\*IF APPLICABLE)

OTHER: Solar System

DESCRIPTION: 339.82 Roof Mounted System

ZONING REVIEW: 5-416 DATE REVIEWED: 5-4-16 DATE DENIED: \_\_\_\_\_ DATE APPROVED: 5-9-16 INTLS: cu  
(SEE BACK PAGE)

## **TOWNSHIP OF BRICK ZONING CHECKLIST**

**1) Four (4) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

**2) Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

**3) Plot plans and building plans must match for complete review**

**NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED**

# LAND USE

## 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. 354-2AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WW-86; 9-13-1988 by Ord. No. 354-2TTT-88; 9-27-1988 by Ord. No. 354-2XXX-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; 3-26-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

| Zone  | Minimum Lot Size      |                 |                 |                       |                 |                 | Minimum Required Yard Depth |                                 |                                     |                        |                        |                                     |         |                                              |                         |      | Minimum Floor/<br>Building Area<br>(square feet) | Maximum<br>Allowable<br>Impervious<br>Coverage |                 |
|-------|-----------------------|-----------------|-----------------|-----------------------|-----------------|-----------------|-----------------------------|---------------------------------|-------------------------------------|------------------------|------------------------|-------------------------------------|---------|----------------------------------------------|-------------------------|------|--------------------------------------------------|------------------------------------------------|-----------------|
|       | Interior Lots         |                 |                 | Corner Lots           |                 |                 | Principal Building          |                                 |                                     |                        |                        | Accessory Building                  |         | Maximum<br>Lot<br>Coverage<br>by<br>Building | Maximum Building Height |      |                                                  |                                                |                 |
|       | Area<br>(square feet) | Width<br>(feet) | Depth<br>(feet) | Area<br>(square feet) | Width<br>(feet) | Depth<br>(feet) | Front<br>Yard<br>(feet)     | Side<br>Yard,<br>Each<br>(feet) | Back<br>Sides<br>Combined<br>(feet) | Rear<br>Yard<br>(feet) | Side<br>Yard<br>(feet) | Rear<br>Yard <sup>1</sup><br>(feet) | Stories |                                              | Eaves<br>(feet)         | Feet |                                                  |                                                | Ridge<br>(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                                            | -                       | 35   | 38.5                                             | 1,500                                          |                 |
| B-1   | 10,000                | 100             | 90              | 12,500                | 100             | 125             | 30                          | 10                              | -                                   | 20                     | 10                     | 20                                  | 30%     | 2                                            | -                       | 35   | 38.5                                             | 1,000                                          |                 |
| B-2   | 20,000                | 125             | 125             | 20,000                | 125             | 125             | 50                          | 10                              | -                                   | 50                     | 10                     | 50                                  | 30%     | 2                                            | -                       | 35   | 38.5                                             | 2,000                                          |                 |
| B-3   | 2 acres               | 200             | 200             | 2 acres               | 200             | 200             | 75                          | 30                              | -                                   | 50                     | 20                     | 50                                  | 25%     | -                                            | -                       | 35   | 38.5                                             | 2,000                                          |                 |
| B-4   | 5 acres               | 300             | 300             | -                     | -               | -               | 100                         | 50(150)                         | -                                   | 100(150)               | 20                     | 50                                  | 25%     | 3                                            | -                       | 35   | 38.5                                             | 30,000                                         |                 |
| M-1   | 5 acres               | 300             | 300             | 5 acres               | 300             | 300             | 50                          | 50                              | -                                   | 150                    | 75                     | 150                                 | 30%     | -                                            | -                       | 35   | 38.5                                             | 5,000                                          |                 |
| R-M   | 25 acres              | 350             | 200             | -                     | -               | -               | 50                          | 50                              | -                                   | 30                     | 30                     | 30                                  | 20%     | -                                            | 25                      | 35   | 38.5                                             | -                                              |                 |
| O-P-T | 40,000                | 150             | 150             | 40,000                | 150             | 150             | 50                          | 20                              | -                                   | 50                     | 20                     | 50                                  | 25%     | 2                                            | -                       | 35   | 38.5                                             | 2,000                                          |                 |
| H-S   | See § 245-261.        |                 |                 |                       |                 |                 |                             |                                 |                                     |                        |                        |                                     |         |                                              |                         |      |                                                  |                                                |                 |

- 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.

Attachment 5:1

FOR REFERENCE ONLY

## RECEIVED

MAY 25 2016

# ZONING

**ZONING REVIEW:**

DATE REVIEWED: 5/20/16 DATE DENIED: — DATE APPROVED: 5/20/16 INTLS: 1520

INTLS:                     

Downloaded from <http://ajph.org/> on November 10, 2014

**COMMENTS:**

**INITIALS:**

5/20/16 SENT TO ECC