BLOCK 701.39 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 346 Chambers Bridge Road Brick, NJ 08723 PERMIT NO. 12-2386

Elevator Alt Chair Lift

# CONSTRUCTION PERMIT APPLICATION

C12-000471

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

## I. IDENTIFICATION

1. Proposed Work Site at: Brick Township High School
2. Name of Owner in Fee: Brick Township Board of Education
   Tel. ( 732 ) 785-3000 e-mail _____
   Address 101 Hendrickson Ave, Brick Township 08724
   street municipality zip code
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: Contractor to follow Tel. ( 732 ) 560-7900
   Address (Design Resources Group) 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 Design Resources Group Contact Patrick Sewell
   Address 371 Hoes Lane, Suite 301, Piscataway NJ e-mail Patrick@drgnj.com
   Tel. ( 732 ) 560-7900 FAX: ( 732 ) 560-7910
6. Responsible Person in Charge once Work has Begun Patrick Sewell
   Tel. ( 732 ) 560 7900 FAX: ( 732 ) 560-7910

Wall architect

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

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

## VI. BUILDING/SITE CHARACTERISTICS

| | (office use only) |
|---|---|
| 1. Number of Stories | |
| 2. Height of Structure 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 | |
| 12. Wetlands yes ____ no ____ | |

## IIa. PROPOSED WORK

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

Book w/ this permit is on the Bookshelf in the Back

COMMERCIAL

## 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 _____

## IIb. SUBCODES

*(Check all that apply)*

| | Est. Cost | FOR OFFICE USE ONLY (Optional) Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| ☐ Building | | Mailed 2/9/12 | | | 2/16/12 | | | | |
| ☐ Electrical | | | | 2-21-12 | JS | | 7-3-12 | | JV |
| ☐ Plumbing | | | | | | | | | |
| ☐ Fire Protection | | | | 8/31/12 | | 88 | 8/31/12 | | 88 |
| ☐ Elevator | | | | | | | | | |
| TOTAL COST | | | | | | | | | |

## III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. X 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. X Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/11/2012
Control Number C-12-000471
Permit Number 12-2386
Permit Issue Date 8/22/2012
Certificate Number 12-2386

# Certificate

Construction Code Division

(Certificate of Approval)

## Identification

Work Site Location: 346 CHAMBERS BRIDGE RD. Brick Town High School Brick Township, NJ Block: 701.39 Lot: 12 Qual:

Owner in Fee: BRICK TOWNSHIP EDUCATION

Owner Address: 101 HENDRICKSON AVE. BRICK NJ 08723

Telephone: 7327853000

Contractor Design Resources Group

Address 371 Hoes Lane Ste. 301 Piscataway NJ 08854

Telephone: 7325607900 Fax: 7325607910

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: E Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL Installation of ADA chairlifts

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:

*Date Printed: 10/11/2012* 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 Design Resources Group - David Galati

Address 371 Hoes Lane, Suite 301, Piscataway, NJ

Telephone ( 732 ) 560-7900

Signature David Galati

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

# ELEVATOR SUBCODE
## TECHNICAL SECTION

6/28/12 change of contractor

Date Received
Control # C12.000471

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

Owner in Fee: Brick BOE

Tel. (_____) _____ e-mail _____

Address 101 Hendrick Son Blvd
street municipality zip code

Contractor/Installer: Wallace Bros., Inc. Tel. (732) 295-9340

Address 413 Kinkora Sq. Plaza e-mail SWallace@
Ft. Pleasant Beach WallaceGC.com

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

Federal Emp. ID No. 22-775668 FAX: (732) 295-9340

Maintenance/Service Contractor _____

Address _____

e-mail _____

Tel (_____) _____ FAX (_____) _____

**B. ELEVATOR CHARACTERISTICS**

Building Use Group E Building Registration No. _____

Manufacturer Handi Lift Device I.D. _____

Machine Room Location N/A

No. of Stops _____ No. of Openings _____

Travel (ft.) _____ Speed (f.p.m.) _____

Type of Control _____ Type of Operation _____

Passenger _____ Freight _____

Capacity (lbs.) _____

Year of Installation _____ Year of Alteration _____

**Estimated Cost of Elevator Work $** 50,000.00

**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.

_____ Date 6.19.12
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
ADA Lifts

| QTY. | ITEM | FEE (Office Use Only) |
|---|---|---|
| | Traction or Winding Drum | |
| ____ | 1 to 10 Floors | $ |
| ____ | Over 10 Floors | |
| ____ | Hydraulic | |
| ____ | Roped Hydraulic | |
| ____ | Escalator/Moving Walk | |
| ____ | Dumbwaiter | |
| 2 | Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts | |
| ____ | Oil Buffers | |
| ____ | Counterweight Governor and Safeties | |
| ____ | Auxiliary Power Generator | |
| ____ | Alterations | |
| ____ | Other _____ | |
| ____ | Other _____ | |
| | Administrative Surcharge | $ |
| | State Permit Surcharge Fee | $ |
| | TOTAL FEE | $ |

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Electric
[ ] Elevator Plans Approved
Date: _____
Approved by: _____

INSPECTIONS

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Temporary | | | | |
| Final | | | | |

SUBCODE APPPROVAL:
[ ] C of C [ ] Temp C of C
Date: _____
Approved by: _____

U.C.C. F150 (rev. 7/06)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

# ELEVATOR 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 Township Highschool.
346 Chambers Bridge Road, Brick, NJ

Owner in Fee: Brick Township Board of Education

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

Address 101 Hendrickson Ave., Brick Township 08724
street municipality zip code

Contractor/Installer: Design Resources Group - Contractor Tel. (732) 560-7900
To follow
Address _____ e-mail _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

Maintenance/Service Contractor _____

Address _____

e-mail _____

Tel (_____) _____ FAX (_____) _____

**B. ELEVATOR CHARACTERISTICS**

Building Use Group Educational Building Registration No. _____

Manufacturer _____ Device I.D. _____

Machine Room Location _____

No. of Stops _____ No. of Openings _____

Travel (ft.) _____ Speed (f.p.m.) _____

Type of Control _____ Type of Operation _____

Passenger _____ Freight _____

Capacity (lbs.) _____

Year of Installation _____ Year of Alteration _____

**Estimated Cost of Elevator Work $** ~~TBD~~ 60,000. per email

**C. CERTIFICATION IN LIEU OF OATH**

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

Signature _____ Date 1/27/12

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: Installation of new ADA chairlifts at coorider stairways.

| QTY. | ITEM | FEE (Office Use Only) |
|---|---|---|
| | Traction or Winding Drum | |
| ____ | 1 to 10 Floors | $ |
| ____ | Over 10 Floors | |
| ____ | Hydraulic | |
| ____ | Roped Hydraulic | |
| ____ | Escalator/Moving Walk | |
| ____ | Dumbwaiter | |
| 1 | Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts | |
| ____ | Oil Buffers | |
| ____ | Counterweight Governor and Safeties | |
| ____ | Auxiliary Power Generator | |
| ____ | Alterations | |
| ____ | Other _____ | |
| ____ | Other _____ | |

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

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Electric
[ ] Elevator Plans Approved
Date: _____
Approved by: _____

INSPECTIONS

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Temporary | | | | |
| Final | | | | |

SUBCODE APPPROVAL:
[ ] C of C [ ] Temp C of C
Date: _____
Approved by: _____

U.C.C. F150 (rev. 7/06)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

# ELECTRICAL 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 Township Highschool
346 Chambers Bridge Road, Brick, NJ

Owner in Fee: Brick Township Board of Education

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

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

Contractor: Design Resources Group - Contractor to follow Tel. (732) 560-7900

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (____) _____

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Educational Proposed Educational

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

Building Occupied as School Utility Co. _____

Est. Cost of Elec. Work $ ~~$100~~ 10,000 per email

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____

[ ] Electric Plans Approved
Date: _____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
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: David Galati

Print name here: David Galati

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: Installation of new ADA chairlifts including new conduit, elec. panel, and battery backup system

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| 2 | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| 2 | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | _____ | |
| | | 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 | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| ~~1~~ | ~~30A~~ | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| 2 | 30A | Disconnect Switch | |

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

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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 CHAMBERS BRIDGE BRICK

Owner in Fee: BRICK BOARD OF EDUCATION

Tel. (_____) _____ e-mail _____

Address _____ street municipality zip code

Contractor: WALLACE BROS. PLUMB. Tel. (732) _____

Address 413 R.R. SQUARE PLAZA e-mail SCWALLACO@WALLACEGC.COM
FT. PLEASANT BEACH

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

**B. FIRE PROTECTION CHARACTERISTICS**

**Use Group:** Present E Proposed _____

**Constr. Class:** Present 1113 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 $** 500.00

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

**Fire Alarm System:** [ ] New OR [ ] Existing
Location of Panel: _____

**Fire Suppression/Standpipe System:**
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

**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: | 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 _____ | | | | |

Dates (Month/Day)

**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: _____

Print name here: STEVE WALLACE

**D. TECHNICAL SITE DATA** [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: TIE H.C. LIFT INTO EXISTING

**Water Supply Source** SYSTEM

**Method of Alarm/Suppression System Supervision** _____

| | NUMBER | FEE (Office Use Only) $ |
|---|---|---|
| Flammable/Combustible Tanks | | |
| **Alarm Systems** | | |
| [ ] System | | |
| [ ] 110v Interconnected | | |
| [ ] CO Detectors/110v | | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | | |
| Other Devices _____ | | |
| TOTAL | 2 | |
| **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 _____ | | |

COMMERCIAL

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

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

8/20/12 - Change of Contractor Update

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

Date Received Control # 8/22/12

Date Issued Permit # 12-2386

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

Block 701.39 Lot 18 Qualification Code

Work Site Location BRICK HIGH SCHOOL

Owner in Fee: BRICK BOARD OF ED

Tel. (732) 785-3000 e-mail

Address HENDRICKSON AVE (street) BRICK (municipality)

Contractor: EBW, INC Tel. (732) 3630550 (zip code)

Address PO Box 44 HOWELL e-mail

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

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

Fire Alarm Contractor No. P00716 Exp. Date 4/2013

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

Federal Emp. ID No. FAX: ( )

**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 $** 585.00

**Fuel Storage Tank:**

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

**Fire Alarm System:** [ ] New OR [ ] Existing

Location of Panel: MAIN OFFICE

**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:

Print name here: RICHARD EISENSTEIN

**D. TECHNICAL SITE DATA** [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

**Water Supply Source** ADD RELAY FOR LIFT

**Method of Alarm/Suppression System Supervision**

| | NUMBER | FEE (Office Use Only) $ |
|---|---|---|
| Flammable/Combustible Tanks | | |
| **Alarm Systems** | | |
| [ ] System | | |
| [ ] 110v Interconnected | | |
| [ ] CO Detectors/110v | | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | 2 | |
| Other Devices | | |
| TOTAL | | |
| **Suppression Systems** | | |
| Fire Pump ____ GPM Type ____ | | |
| Dry Pipe/Alarm Valves | | |
| Pre-action Valves | | |
| Sprinkler Heads (Dry and Wet) | | |
| Standpipes | | |
| **Pre-engineered Systems** | | |
| Wet Chemical | | |
| Dry Chemical | | |
| $CO_2$ Suppression | | |
| Foam Suppression | | |
| FM200 Suppression | | |
| Other | | |
| **Other Systems** | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid | | |
| 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: 8/21/12 Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 8-24-12

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 9-7-12

Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm System | | | 9/11/12 | RSW |
| Suppression Sys. | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | | | | |
| Smoke Control | | | | |
| TCO | | | | |
| Flam/Combust Tanks | | | | |
| Fireplace Venting | | | | |
| Final | | | 9/11/12 | RSW |
| Other | | | | |

6/28/12 Change of Contractor

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block 101.39 Lot 12 Qualification Code

Work Site Location 348 CHAMBERS BRIDGE

Owner in Fee: BRICK TOWNSHIP BOARD OF ED

Tel. ( ) e-mail

Address
street municipality zip code

Contractor: DREW ELECTRIC SERVICE (732) 740-7945

Address 358 GRANDE RIVER BL e-mail
TOMS RIVER, N.J. 08755

Contractor License No. 58'97 Exp. Date 2014

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

Federal Emp. ID No. 611555562 FAX: (732) 818-0394

### B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as School Utility Co. JCP&L

Est. Cost of Elec. Work $ 7,000.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved
Date: 7-3-12 Approved by: JV

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

SUBCODE APPROVAL for PERMIT
Date: 7-3-12
Approved by: JV

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 9-11-12
Approved by: JV

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 9-7-12 | DJ |
| 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: ANDREW F. CIRE

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

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| 2 | | Switches | |
| 2 | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | | |
| | | 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 | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| 2 | 20A | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| 2 | | WHEEL CHAIR LIFTS | |
| 2 | | Duplex Receptacles | |
| | | Administrative Surcharge $ | |
| | | Minimum Fee $ | |
| | | State Permit Surcharge Fee $ | |
| | | TOTAL FEE $ | |

COMMERCIAL

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 12 2386

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

Block 101.39 Lot 12 Qualification Code

Work Site Location Brick Township Highschool
346 Chambers Bridge Road, Brick, NJ

Owner in Fee: Brick Township Board of Education

Tel. (732) 785-3000 e-mail

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

Contractor: Design Resources Group - Contractor to follows Tel. (732) 560-7900

Address e-mail

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

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

Federal Emp. ID No. FAX: ( )

**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: David Galati

Print name here: David Galati

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK Installation of New ADA chairlifts @ corridor stairways.

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [X] ~~Interior~~ | 2/16/12 | KA |

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

| INSPECTIONS Type: | Failure | Dates (Month/Day) 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 | | | | |
| Barrier-Free | | | | |

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 $

**B. BUILDING CHARACTERISTICS**

**Use Group** Present E Proposed E
**Constr. Class** Present IIB Proposed SAME
No. of Stories 1
Height of Structure 20'-0" ft.
Area — Largest Floor 28,559 sq. ft.
New Bldg. Area/All Floors No change sq. ft.
Volume of New Structure NA cu. ft.
Max. Live Load NA
Max. Occupancy Load NA

If Industrialized Building:
State Approved HUD

**Est. Cost of Bldg. Work:**
1. New Bldg. $
2. Rehabilitation $ ~~100~~
3. Total (1+ 2) $ 5000 per email

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

6/28/12 Change of Contractor

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received 8/22/12
Control # C12.000471

Date Issued
Permit # 12-2386

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

Block 70.39 Lot 13 Qualification Code

Work Site Location BRICK HIGH SCHOOL
346 CHAMBERS BRIDGE RD

Owner in Fee: BRICK BOE

Tel. ( ) e-mail

Address 101 HENDRICK SON AVE.
street municipality

Contractor: WALLACE Tel. (732) 295-9340
zip code

Address 413 RAILROAD SQ. PLAZA e-mail SWALLACE@WALLACEGC.COM
FT. PLEASANT BEACH

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

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

Federal Emp. ID No. 22-775668 FAX: (732) 295-5358

**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: STEVE WALLACE

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
ADA LIFTS (2)

**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: 9/11/12
Approved by:

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 9/7/12 | |
| Barrier-Free | | | | |

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

FEE (Office Use Only)
$

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

**B. BUILDING CHARACTERISTICS**

**Use Group** Present E Proposed E
No. of Stories
Height of Structure ft.
Area — Largest Floor 218,559 sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

**Constr. Class** Present 11B Proposed 11B

If Industrialized Building:
State Approved HUD

**Est. Cost of Bldg. Work:**
1. New Bldg. $
2. Rehabilitation $ 88,000 —
3. Total (1+ 2) $ 88,000

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

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

7/19/12 New Contractor

# ELEVATOR SUBCODE
## TECHNICAL SECTION

JUL 19 2012

Date Received 8/22/12
Control #
Date Issued
Permit # 12-2386

**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 0722

Work Site Location BRICK HIGH SCHOOL
346 CHAMBERS BRIDGE ROAD

Owner in Fee: BRICK BOARD OF EDUCATION

Tel. (732) 295-9340 e-mail

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

Contractor/Installer: HANDI-LIFT INC Tel. (201) 933-0111

Address 730 GARDEN STREET e-mail tluminoso@handi-lift.com
CARLSTADT, NEW JERSEY 07072

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02199600

Federal Emp. ID No. 222069748 FAX: (201) 933-0050

Maintenance/Service Contractor N/A

Address

e-mail

Tel FAX

**B. ELEVATOR CHARACTERISTICS**

Building Use Group Building Registration No.

Manufacturer GARAVENTA LTD Device I.D. X-PRESS

Machine Room Location SELF CONTAINED

No. of Stops 2 No. of Openings 2

Travel (ft.) 3' - 1-5/8" Speed (f.p.m.) 16

Type of Control RELAY LOGIC Type of Operation CONSTANT PRESSURE

Passenger X Freight

Capacity (lbs.) 550

Year of Installation 2012 Year of Alteration

**Estimated Cost of Elevator Work $** 24,000

**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.

Sign here:

Print name here: TOM LUMINOSO

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

INSTALL INCLINE LIFT IN REAR OF BUILDING
LIFT # 2

| QTY. | ITEM | FEE (Office Use Only) |
|---|---|---|
| | Traction or Winding Drum | |
| ____ | 1 to 10 Floors | $ ____ |
| ____ | Over 10 Floors | ____ |
| ____ | Hydraulic | ____ |
| ____ | Roped Hydraulic | ____ |
| ____ | Escalator/Moving Walk | ____ |
| ____ | Dumbwaiter | ____ |
| 1 | Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts | ____ |
| ____ | Oil Buffers | ____ |
| ____ | Counterweight Governor and Safeties | ____ |
| ____ | Auxiliary Power Generator | ____ |
| ____ | Alterations | ____ |
| ____ | Other | ____ |
| ____ | Other | ____ |
| | Administrative Surcharge | $ ____ |
| | State Permit Surcharge Fee | $ ____ |
| | TOTAL FEE | $ ____ |

COMMERCIAL

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Building Plans and Elevator Specs.
Date: Approved by:
[X] Elevator Layout Drawings
Date: 8-2-12 Approved by: R Ely
Joint Plan Review Required:
[ ] Bldg. [X] Elec. [ ] Plumb. [X] Fire.
SUBCODE APPROVAL for PERMIT
Date: 8-2-12
Approved by: R Ely

INSPECTIONS

| Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Temporary | | | | |
| Final | | | | |

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [X] CA
Date: 9-10-12
Approved by: R Ely



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

Jul. 25. 2012 2:59PM HANDI-LIFT INC 201-933-0050 No. 5682 P. 2

# ELEVATOR SUBCODE
## TECHNICAL SECTION

Date Received / Control # 8/22/12

Date Issued / Permit # 12-2386

**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 0722

Work Site Location BRICK HIGH SCHOOL
346 CHAMBERS BRIDGE ROAD

Owner in Fee: BRICK BOARD OF EDUCATION

Tel. (732) 295-9340 e-mail

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

Contractor/Installer: HANDI-LIFT INC Tel. (201) 933-0111

Address 730 GARDEN STREET e-mail tluminoso@handi-lift.com
CARLSTADT, NEW JERSEY 07072

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02199600

Federal Emp. ID No. 222069748 FAX: (201) 933-0050

Maintenance/Service Contractor N/A

Address

e-mail

Tel FAX

**B. ELEVATOR CHARACTERISTICS**

Building Use Group Building Registration No.

Manufacturer GARAVENTA LTD Device I.D. X-PRESS

Machine Room Location SELF CONTAINED

No. of Stops 2 No. of Openings 2

Travel (ft.) 3' - 1" Speed (f.p.m.) 16

Type of Control RELAY LOGIC Type of Operation CONSTANT PRESSURE

Passenger X Freight

Capacity (lbs.) 550

Year of Installation 2012 Year of Alteration

**Estimated Cost of Elevator Work $** 24,000

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Building Plans and Elevator Specs
Date: Approved by:
[X] Elevator Layout Drawings
Date: 8-22-12 Approved by: R Ey
Joint Plan Review Required:
[ ] Bldg. [X] Elec. [ ] Plumb. [X] Fire
SUBCODE APPROVAL for PERMIT
Date: 8-22-12
Approved by: R Ey

INSPECTIONS

| Type | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Temporary | | | | |
| Final | | | | |

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

**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: TOM LUMINOSO

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
INSTALL INCLINE LIFT IN REAR OF BUILDING
LIFT # 1

| QTY. | ITEM | FEE (Office Use Only) |
|---|---|---|
| | Traction or Winding Drum | |
| ____ | 1 to 10 Floors | $ |
| ____ | Over 10 Floors | |
| ____ | Hydraulic | |
| ____ | Roped Hydraulic | |
| ____ | Escalator/Moving Walk | |
| ____ | Dumbwaiter | |
| 1 | Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts | |
| ____ | Oil Buffers | |
| ____ | Counterweight Governor and Safeties | |
| ____ | Auxiliary Power Generator | |
| ____ | Alterations | |
| ____ | Other | |
| ____ | Other | |

COMMERCIAL

Administrative Surcharge $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F150 (rev. 11/09) Internet version

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

# CONSTRUCTION PERMIT

Date Issued 8/22/12
Control # C-12-000471
Permit # 12-2386

IDENTIFICATION Block: 701.39 Lot: 12 Qualifier

Work Site Location: 346 CHAMBERS BRIDGE RD. Brick Town High School Brick Township, NJ

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

Telephone: 7327853000

Contractor: Design Resources Group

Address: 371 Hoes Lane Ste. 301 Piscataway NJ 08854

Telephone: 7325607900

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

**Is hereby granted permission to perform the following work:**

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

DESCRIPTION OF WORK:

ALTERATION - -COMMERCIAL Installation of ADA chairlifts

**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 | |

**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** $145,500

Construction Official

8-24-12
Date

U.C.C. F170
equiv (rev 8/03)

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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State of New Jersey
Department of Community Affairs
Division of Fire Safety
Hereby Issues To:

CBW INC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

The Alarm System

P00716 | 04/04/2010 | to 04/30/2013

Permit ID | Date Issued | Lapse Date

Lori Grifa, Acting Commissioner

PLEASE DETACH HERE

Fire Protection System Abbreviation Key:

APPES: Automatic Protection Suppression System
FSS: Fire Sprinkler System
SHFSS: Special Hazard Fire Suppression Syst
FAS: Fire Alarm System
FPES: Portable Fire Extinguishing
KFSS: Kitchen Fire Suppression System

PLEASE DETACH HERE

Dear Contractor:

Congratulations on receiving a business permit as a Fire Protection Equipment Contractor. The business identified above is authorized by the New Jersey Department of Community Affairs to install, service, repair, inspect and maintain fire protection equipment on the systems/services identified on the permit. The services authorized by this permit are restricted to the Fire Protection Equipment services identified on the business permit application, and may be limited within each permit classification.

Let me commend you on your professional attitude and desire to provide a valuable service to the citizens of New Jersey. The business permit will be valid for a period of three years. At least one employee of the business must be certified within "each" specialty listed on the permit. An individual certified as a "All Fire Protection Equipment Systems" contractor is permitted to work on all fire protection equipment systems authorized by Public Law P.L. 2001, c. 289.

Please do not hesitate to contact our office if we may further assist you. Our mailing address is: Division of Fire Safety, Contractor Certification and Emblems Unit, P.O. Box 809, Trenton, New Jersey 08625-0809, or phone us at (609) 633-6737.

Sincerely,

Lori Grifa, Acting Commissioner

PLEASE REVIEW BACK

Jas - Wallace 732-295-5358
EBW, INC P0071G

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

# Subcode Official Review

Date: Monday, August 13, 2012

To: 101 HENDRICKSON AVE. BRICK, NJ 08723

RE: Fire Subcode
Block: 701.39 Lot: 12 Qual:
346 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-12-000471
Last Submit Date: Thursday, August 09, 2012

Dear BRICK TOWNSHIP EDUCATION,

Your request is hereby denied based upon the following infractions.

Fire permit to have alarm contractors information showing NJ Div. of Fire Safety certified alarm contractor permit number.

Sincerely,

Ron Piszar, Subcode Official

CC:

RESUBMIT CR

SUBCODES Fire

DATES 8-16-12

**********
*** FAX TX REPORT ***
**********

TRANSMISSION OK

| | |
|---|---|
| JOB NO. | 1388 |
| DESTINATION ADDRESS | 97322955358 |
| PSWD/SUBADDRESS | |
| DESTINATION ID | |
| ST. TIME | 08/13 11:08 |
| USAGE T | 00'19 |
| PGS. | 1 |
| RESULT | OK |

Fax - Wallace 732-295-5358

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

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Sincerely,

Ron Piszar, Subcode Official

CC:

*SINCE 1986*

August 08,2012

Brick Township Code Enforcement
401 Chambersbridge Rd.
Brick, NJ 08753

Re: Brick High School -Incline Chair Lifts

Attention: Lisa

Lisa
As per the lift installer ( Handilift) the lift disconnect is an integral part of the lift and will be mounted on the top rail of the lift. All other lift accessories will be mounted where the lockers are to be removed and new walls built next to the lift.

Steve Wallace
Wallace Contracting

Wallace Bros., Inc. • 413 Railroad Square Plaza • Point Pleasant Beach, NJ 08742 • info@wallacegc.com • 732-295-9340 (O) • 732-295-5358 (F)

413 Railroad Sq Plaza Point Pleasant Beach , NJ 08742
(732) 295-9340 Fax (732) 295-5358

| Date: August 8, 2012 | DRG#1037 |
|---|---|

| |
|---|
| Attention: Lisa |
| Project: (2) ADA Chair Lifts |
| Bricktown High School |
| Chambers Bridge Road |
| Brick , NJ 08723 |

| |
|---|
| Brick Township Code Enforcement |
| 401 Chamberbridge Rd |
| Brick, NJ 08753 |
| |

WE ARE SENDING YOU: ☐ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawing ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☐ _____

| | | |
|---|---|---|
| | | Please see the following Letter from Mr. Wallace |
| | | |
| | | |
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THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution

☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐ _____

☐ FOR BIDS DUE _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS

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COPY TO File

*Lilly Rudd*

Lilly Rudd

DRG
DESIGN RESOURCES GROUP ARCHITECTS

PRINCIPALS:
Hany Y. Salib, AIA, NCARB
NJ Lic # 21AI01733900
PA Lic # RA404803
NY Lic # 032590-1

Patrick S. Seiwell, AIA, NCARB
LEED AP
NJ Lic # 21AI01611000
PA Lic # RA403783
NY Lic # 031550-1

Phillip J. Cacossa, PE
LEED AP
NJ Lic # 24GE03704900
PA Lic # PE056000E
NY Lic# 079633-1

ASSOCIATE:
Alan N. Trovato

# FAX TRANSMITTAL

We have enclosed the following for your use:

| | | | |
|---|---|---|---|
| DATE: | 03/12/12 | FROM: | David Galati |
| TO: | Township of Brick Building Dept. | REF: | Brick Township High School |
| ATTN: | Raymond Ely | PROJECT # | DRG-1037 |
| FAX # | 732-262-2941 | PAGES | 1 |
| Cc: | Patrick Sciwell | | |
| | | | |

☐ URGENT ☐ FOR APPROVAL ☒ FOR REVIEW ☒ PLEASE REPLY

REMARKS: Mr. Ely,

We are working on a new ADA compliant Horizontal Chair Lift addition at the Brick Township High School. In our specifications we are providing a code requirement section. Would you be able to review the codes we are listing and let us know if they will satisfy the needs of the building department and if there is any additional codes or requirements that the Brick Township Building Department requires? Please see below for the list of codes:

*Regulatory Requirements and Applicable Standards: Lifts shall be designed, manufactured and installed in accordance with local and state requirements and the following:

1. New Jersey Uniform Construction Code
2. ASME A18.1 2005 "Safety Standard for Platform Lifts and Stairway Chairlifts".
3. ADA: Americans with Disabilities Act.
4. IBC International Building Code 2009, New Jersey Edition.
5. ICC/ANSI A117.1-2003 "Accessible and Usable Buildings and Facilities".
6. ASTM: American Society for Testing Materials.
7. UL: Underwriters Laboratories.
8. NFPA No. 70 National Electric Code 2008.
9. NFPA 101: Life Safety Code.
10. Elevator Safety Unit – Procedural Memorandum 98-1 "Appendix A" provided at the end of this specification section.

If you have any questions please feel free to contact me (or Patrick Seiwell) at 732-560-7900.

Thank you,
David Galati

**********
*** FAX TX REPORT ***
**********

TRANSMISSION OK

| | |
|---|---|
| JOB NO. | 4010 |
| DESTINATION ADDRESS | 97325607910 |
| PSWD/SUBADDRESS | |
| DESTINATION ID | |
| ST. TIME | 02/22 09:19 |
| USAGE T | 00'23 |
| PGS. | 1 |
| RESULT | OK |

Fax - 732-560-7910 Pat
2/22/12

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

## Subcode Official Review

To: 101 HENDRICKSON AVE. BRICK, NJ 08723 CC:

RE: Electrical Subcode
Block: 701.39 Lot: 12 Qual:
346 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-12-000471
Last Submit Date: Thursday, February 16, 2012

Date: Tuesday, February 21, 2012

Dear BRICK TOWNSHIP EDUCATION,
Your request is hereby denied based upon the following infractions.

must have a signed and sealed permit from an electrical contractor

Hi Patrick,
We still have an elevator permit to be done and I think the inspector requested plans on the chair lift. Thanks
Lisa Rose

Sincerely,

Geoffrey Stahl

Geoffrey Stahl, Subcode Official

Jax - 732-560-7910 Pat
2/22/12

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

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RE: Electrical Subcode
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We still have an elevator issued to be done and I think the inspector requested plans on the chair lift. Thanks
Lisa Lee

Sincerely,

Geoffrey Stahl

Geoffrey Stahl, Subcode Official

6/28/12 Resubmit Jax

FAX C12.000471

DATE: 6-12-12

TO: Brick Bldg Dept
Atten Dan Newman

FAX # 732 262-2041

RE: 346 Chambers Bridge Rd High School
Vertical Wheel Chair Lifts

Dan there were 3 Pages on the DCA Memorandum

FROM: RAY ELY

FAX # 732-677-3779

# Appendix A

## ELEVATOR SAFETY UNIT

Date: 2/23/00

Richard Z. Osworth

## PROCEDURAL MEMORANDUM No. 98-1
(Revised 1/2000)

**Title:** Inclined Wheelchair Lifts of a folding type (FIWL).

**Citation:** A 17.1, Part XX and N.J.A.C. 5:23-2.9.

**Procedure:** The following is to give guidance in dealing with installation of inclined wheelchair lifts of a folding type (FIWL).

FIW Lifts are not permitted in a new construction.

In an existing building, installation of FIW Lifts is permitted only under a variation granted by the construction official and building subcode official.

Note: a) It is highly advisable that for every project involving FIWL, the construction official and the building subcode official should require the applicant to furnish a report or summary of the egress study, and analysis of the building for all possible alternatives, which led to a conclusion that installation of a FIWL on the egress stairs is the only feasible approach in making the existing building accessible.

b) Travel of FIWL should not exceed 10 verticle feet. Multiple stops within the travel are acceptable. Only one lift may be installed on a stair connecting multiple floors with the level of the exit discharge (designated or alternative)

c) Lifts shall not be placed in a stair tower unless the path of travel is at least seven feet (7') wide. For this purpose, a stair tower is a required vertical exit that is or should be enclosed and which traverses at least 1 story.

For the installation of a lift on non-required stairs:

- The local fire official shall be informed.
- A "Not An Exit" sign shall be posted.
- The lift shall not be part of the building egress plan. The Fire Official should be requested to ensure that this always remains the case.