

ADDRESS (SITE) 346 Chambersbridge Rd PERMIT NO. 03-1747



CONSTRUCTION PERMIT APPLICATION

008-67

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. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

REPLACE AIR COND

II. PROPOSED WORK		Est. Cost	OPTIONAL (for office use only)							
			Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval Rejection		Re-viewer
1. ☐ Minor Work			[Signature]	5-8-03						
2. ☐ New Building										
3. ☐ Addition										
4. ☐ Alteration										
5. ☐ Fire Protection										
6. ☐ Plumbing										
7. ☒ Electrical							5.30.03	W		
8. ☐ Elevator Devices										
9. ☐ Asbestos Abat. Subch. 8										
10. ☐ Lead Hazard Abatement										
11. ☐ Demolition										
TOTAL COSTS			III. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?							

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

Township of Brick

Counter Form
(PLEASE PRINT)

Location: _____
 Block: 701.39 Lot: 12
 Owner's Name: Brick Board of Ed
 Owner's Mailing Address: 101 Hendrickson Ave Brick NJ
 Phone: (732) 262-2628

BUILDING

Contractor: _____
 Address: _____
 Phone #: _____
 Federal Emp # or SSN _____

Technical Data

Description of Work: _____

Type of Work

New Building _____ Siding _____
 Addition _____ Fence _____
 Alteration _____ Pool _____
 Roofing _____ Demolition _____
 Asbestos Abatement _____ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
 No. of Stories: _____
 Height of Structure: _____
 Area of the largest floor: _____
 Area of New Building: _____
 Volume of Structure: _____
 Total Land Disturbed: _____
 Cost of Alteration: _____
 Cost of New Building: _____
 Total Cost of Building Work: _____

Signature: _____
 Please Print Name _____

ELECTRICAL

Contractor: BRICK SCHOOLS
 Address: 346 CHAMBERS PRING Rd. BRICK
 Phone #: 732-262-2626
 Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	<u>1</u>
Receptacles	<u>1 GFCI</u>
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Pool	_____
Spa/Hot Tub/Storable Pool	_____
Electric Range	_____ KW
Oven/Surface Unit	_____ KW
Electric Water Heater	_____ KW
Electric Dryer	_____ KW
Dishwasher	_____ KW
Garbage Disposal	_____ HP
A/C Unit - Central Air	_____ KW
Space Heater/Air Handler	_____ KW
Baseboard Heating	_____ KW
Motors 1+ HP	_____
Transformer/Generator	_____ KW
Light Stander	_____ AMP
Service	_____ AMP
Subpanel	_____ AMP
Motor Control Center	_____ AMP
Sign/Outline Light	_____ KW
Furnace	_____
Steam Boiler	_____
Other:	_____

EXTEND FEEDERS 16'
TO NEW A/C UNIT

Estimated Cost of Electrical Work: _____
 Signature: _____
 Please Print Name _____

CONTRACTOR'S SEAL

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☐ Check if contractor.

Agent Name Joe Guadagnolo

Address _____

Telephone (202) 262-7628

Signature [Signature]

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/08/2003
Date Issued 5/11/03
Control # C08-67
Permit # 03-1947

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

D. TECHNICAL SITE DATA

FEE (Office Use Only)

Block 701.39 Lot 12 Qual
Work Site Location 346 CHAMBERSBRIDGE RD
REPLACE A/C

Owner in Fee BRICK RD OF ED-HIGH SCHOOL
Address 101 HENDRICKSON BLVD

BRICK, NJ
Tele. (732) 262-2626

Contractor MAINTENANCE DEPT

Address 346 CHAMBERSBRIDGE RD

BRICK, NJ 08723-

Tele. (732) 262-2626

Lic. No. or Bldg's. Reg. No.

Federal Emp. No. 26-22626

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 5/13/03

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved By: _____

INSPECTIONS
Type Failure Failure Approval Initial
Rough
Temp Serv
Const Serv
TCO
Other
Service
Final

Dates (Month/Day)
Initial
Final
Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

NO.	SITE	ITEM	
1		Lighting fixtures	
1		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	35
0		Pool Permit/with UM Lights	
0		Storable Pool/Spa/Hot Tub	
0		KW Elect Range/Receptacle	
0		KW Oven/Surface Unit	
0		KW Elect Water Heater	
0		KW Elect Dryer/Receptacle	
0		KW Dishwasher	
0		HP Garbage Disposal	
0		KW Central A/C Unit	
0		HP/KW Space Heater/Air Handler	
0		Baseboard Heat	
0		HP Motors 1/4 HP	
0		KW Transformer/Generator	
0		AMP Service	
0		AMP Subpanels	
0		AMP Motor Control Center	
0		KW Elect Sign/Outline Light	
0		Other	
0		Other	

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's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant

Paid [] Check # _____
Collected by: _____
Administrative Surcharge \$ _____
Minimum Fee \$ _____
TOTAL FEE \$ _____
OCA State Permit Fee \$ _____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/15/2003
Control #
Permit # 03-1947

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 201.39 Lot 12

Work Site Location 346 CHAMBERS BRIDGE RD
REPLACE A/C

Owner In Fee BRICK RD OF ED-HIGH SCHOOL
Address 101 HENORICKSON BLVD
BRICK, NJ

Telephone (732)262-2828

Contractor MAINTENANCE DEPT
Address 346 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Telephone (732)262-2828
Lic. No. of Bldgs. Reg. No.
Federal Emp. No. 26-22628

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REPLACE A/C
EXTEND FEEDERS 16' TO NEW A/C UNIT

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 1,500

D. F. Lawrence
Construction Official
05/15/2003

U.C.C. F170 (rev. 3/96)

Date

PAYMENTS (Office Use Only)

Building ☒
Electrical ☒
Plumbing ☒
Fire Protection ☒
Elevator Devices ☒
Other ☒
DCA State Permit Fee ☒
Cert. of occupancy ☒
Other ☒
Total ☒
Check No. ☒
Cash ☒
Collected By ☒