

BLOCK 701.39 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) _____PERMIT NO. 04-0801

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION	
1. Proposed Work Site at: <u>346 CHAMBERS BRIDGE RD.</u>	
2. Name of Owner in Fee: <u>BRICK ROAD OF EO.</u> Tel. (<u>732</u>) <u>785-3000</u>	
Address <u>101 HENDERSON AVE</u>	street municipality zip code
3. Ownership in Fee: Public _____ Private _____	
4. Principal Contractor: <u>SCHOOL MAINT.</u> Tel. (_____) _____	
Address _____	
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____	
Federal Employee No. _____ FAX: (_____) _____	
5. Architect or Engineer _____ Tel. (_____) _____	
Address _____ Contact _____	
6. Responsible Person in Charge once Work has Begun <u>KEN ESTELLE</u>	
Tel. (<u>732</u>) <u>262-2625</u> FAX: (_____) _____	

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review		
8. Subtotal		
9. State Permit Fee Surcharge		
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. 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	

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE**A. RESIDENTIAL**

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

4. 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:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

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)

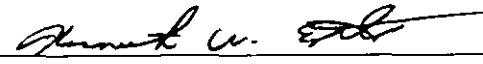
I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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 

Address _____

Telephone (_____) _____

Signature _____

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

Constituent Contact Report

[illegible]

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/25/2004
Control #
Permit # 04-0501

UCC NEW JERSEY
CONSTRUCTION
PERMITE

IDENTIFICATION Block 701.39 Lot 12 Sub 1

Work Site Location 346 CHAMBERSBRIDGE RD

Contractor BRICK BOARD OF ED

ELECTRIC

Address 101 HENDRICKSON AVE

Owner in Fee BRICK RD OF ED-HIGH SCHOOL

BRICK, NJ 08724-

Address 101 HENDRICKSON BLVD

Telephone (732) 785-3900

BRICK, NJ

Lic. No. or Bldgs. Reg. No.

Telephone (732) 262-2626

Federal Emp. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter B only)
- DESCRIPTION OF WORK:
SERVICE REPAIR

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 \$ 100

Construction Official

02/25/2004

Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24B

PAYMENTS (Office Use Only)

Building 0
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other 0
DCA State Permit Fee 0
Permit Occupancy 0
Other 0
Total 0
Check No. 0
Cash 0
Collected By 0

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

Block 701.39 Lot 12 Quail
Work Site Location 346 CHAMBERSBRIDGE RD

ELECTRIC

Owner in Fee BRICK BD OF ED-HIGH SCHOOL

Address 101 HENDRICKSON BLVD

BRICK, NJ

Tele. (732) 262-2626

Contractor BRICK BOARD OF ED

Address 101 HENDRICKSON AVE

BRICK, NJ 08724-

Tele. (732) 785-3000

Lic. No. of Bldrs. Reg. No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed E

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Print Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 2/25/04

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [X] CA

Date: 2/25/04

Approved By: [Signature]

INSPECTIONS	Dates (Month/Day)
Type	Failure Failure Approval Initial
Rough	
Temp Serv	
Const Serv	
TCO	
Other	
Service	
Final	

Temp. Cut-in-Card Date Issued	
Final Cut-in-Card Date Issued	

D. TECHNICAL SITE DATA

MD.

SIZE

ITEM

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 UM Lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elect Sign/Outline Light

Other

Other

FEE (Office Use Only)

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: TOTAL FEE
Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$
DCA State Permit Fee \$

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THE OFFICE. CALL UTILITY DIS NO: 1-800-272-1060

Block 701.35 Lot 12 Sub 1
Work Site Location 346 CHABERS BRIDGE RD
ELECTRIC

Owner in Fee BRICK RD OF ED-HIGH SCHOOL
Address 101 HENRICKSON BLVD
BRICK, NJ

Tele. (732) 822-2026
Contractor BRICK BOARD OF ED
Address 101 HENRICKSON AVE
BRICK, NJ 08724

Tele. (732) 785-3000
Lic. No. or Bldg. Reg. No.
Federal Exp. No.

B. ELECTRICAL CHARACTERISTICS
Use Group - Present Proposed E
[] Pole/Pad # [] Temporary [] Other

Building Occupied as Utility Co.
Estimated Cost of Electrical Work: 100

JOB SUMMARY (Office Use Only)
PLAN REVIEW

1) No Plans Required
Joint Plan Review Required:

[] Bldg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved

Date: 2/25/04
Approved By: [Signature]
SUBCODE APPROVAL

[] CO [] CCO [] CA
Date: _____
Approved By: _____

C. CERTIFICATION IN LIEU OF DATA
I hereby certify that I am the agent of record and am authorized to take this application and perform the work listed on this application.

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

D. TECHNICAL SITE DATA
NO. SIZE ITEM

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors-Trans 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 Elect Range/Receptacle
KW Oven/Surface Unit
KW Elect Water Heater
KW Elect Dryer/Receptacle
KW Dishwasher
HP Garbage Disposal
KW Central A/C Unit
HP/KW Space Heater/Air Handler
Baseboard Heat
HP Motors 1/4 HP
KW Transformer/Generator
AMP Service
AMP Subpanels
AMP Motor Control Center
KW Elect Sign/Outline Light
Other
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AMP Service
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Other
Other

FEE (Office Use Only)

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

Township of Brick

Counter Form
(PLEASE PRINT)

Location: 346 CHAMBERSBRIDGE Rd.
 C: 701.39 Lot: 12
 er's Name: BRICK BOARD of ED.
 er's Mailing Address: 101 HENDERKSON AVE
BRICK, N.J. 08724
 ie: (732-) 785-3000

BUILDING

Factor: _____
 res: _____
 eff: _____
 / _____
 eral 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

Group Present: _____ Proposed: _____
 of Stories: _____
 ight of Structure: _____
 ea of the largest floor: _____
 ea of New Building: _____
 ume of Structure: _____
 tal Land Disturbed: _____

st of Alteration: _____

st of New Building: _____

tal Cost of Building Work: _____

gnature: _____

ase Print Name _____

ELECTRICAL

Contractor: SCHOOL MAINT.
 Address: _____
 Phone#: 732-262-2625
 Lis #: _____
 Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
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: <u>SERVICE REPAIR 800 AMP</u>	

Estimated Cost of Electrical Work: _____

Signature: Kenneth Estelle

Please Print Name KENNETH ESTELLE

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

FIRE

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

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

Technical Data

Technical Data

Fixtures	Quantity
Water Closets	_____
Urinals/Bidets	_____
Bath Tub	_____
Lavatory	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping	_____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Grease Trap	_____
Water Cooled A/C or Refrig. Unit	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Other:	_____

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel _____
Combustible Storage Tanks _____ capacity _____ fuel _____
LPG Storage Tanks _____ capacity _____ fuel _____

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____
Smoke Detectors	_____
Heat Detectors	_____
Total	_____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Plumbing Work _____

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

Estimated Cost of Fire Work _____

Signature: _____

Print Name: _____