BLOCK 701.39 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 05-3547

CONSTRUCTION PERMIT APPLICATION (05-B7481)

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

I. IDENTIFICATION New Bath House at Brick H.S

1. Proposed Work Site at: 346 Chambers Bridge Road Brick NJ 08723
2. Name of Owner in Fee: Brick Twp. Bd. of Ed. Tel. (732) 785-3000
   Address 101 Hendrickson Ave. (street) Brick NJ (municipality) 08724 (zip code)
3. Ownership in fee: Public ✓ Private _____
4. Principal Contractor: Gingerelli Bros. INC. Tel. (732) 929 9779
   Address 2606 RT. 37 E Toms NJ
   License No. OR, if new home, Builder Reg. No. N/A Exp. Date _____
   Federal Employee No. 222 999 098 FAX: (732) 929 2971
5. Architect or Engineer Yezzi Assoc. LLC Tel. (732) 240 3433
   Address 18 WASHINGTON STREET TR Contact MATT Yezzi
6. Responsible Person in Charge once Work has Begun Frank M Gingerelli
   Tel. (732) 803 6445 FAX: (732) 929 2971

Bath House at BTHS.

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ X		
2.	Electrical	X		
3.	Plumbing	X		
4.	Fire Protection	Y	Y	
5.	Elevator Devices	trees		
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	ONE	
2.	Height of Structure	17'-5" ft.	
3.	Area — Largest Floor	816 sq. ft.	
4.	New Building Area	816 sq. ft.	
5.	Volume of New Structure	8,160 cu. ft.	
6.	Construction Classification	A-3	
7.	Total Land Area Disturbed	1,500 sq. ft.	
8.	Flood Hazard Zone		
9.	Base Flood Elevation	ft.	
10.	Wetlands yes		
	no ✓		
11.	Max. Live Load	125	
12.	Max. Occupancy Load	12	

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	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☒ New Building	153,300	MP	9/1/05		9/1/05	FG	3/9/06		
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☒ Fire Protection	100-								
6.	☒ Plumbing	29,900				9-2-05		3/14/06		
7.	☒ Electrical	16,700				8.31.05		12/27/06		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		GR	8/29/05		8/29/05				
	TOTAL COSTS	199,900								

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: Bath House / School
2. Use Group: E
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

LDS BR-B 10427466

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 8/4/05

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 Gingerelli Bros. Inc.

Address 2606 RT 37 E

Toms River NJ

Telephone (732) 929 9779

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 (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	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

IMPORTANT
A.H.B.T. - EXEMPT

ANY BUILDING QUESTIONS
CALL 732-262-1027

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Nick Monday
609 410-2899

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/09/2006
Tracking Number C-05-137481
Permit Number 05-3547
Permit Issue Date 09/02/2005

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

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

Owner in Fee: BRICK TOWNSHIP EDUCATION

Owner Address: 101 HENDRICKSON AVE. BRICK NJ 08723

Telephone:

Contractor GINGARELLI BROTHERS INC

Address 2606 RT 37E TOMS RIVER NJ

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-2999098

Home Warranty Number: N/A

Type of Warranty Plan: ☑ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use: COMMERCIAL ADDITION NEW BATH HOUSE AT BRICK HIGH SCHOOL

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:

(a c o)
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 03/09/2006

CONSTRUCTION PERMIT

Date Issued 09/02/2005
Control # C-05-137481
Permit # 05-3547

IDENTIFICATION Block: 701.39 Lot: 12 Qualifier

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

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

Contractor: GINGARELLI BROTHERS INC
Address: 2606 RT 37E TOMS RIVER NJ
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2999098

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

COMMERCIAL ADDITION NEW BATH HOUSE AT BRICK HIGH SCHOOL

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

Estimated Cost of Work $246,596

Construction Official

09/02/2005
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$0
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 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:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 9/2/05
Permit # 05-3547

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 New Bath House Brick HS 346 Chamber Bridge Road Brick NJ

Owner in Fee Brick Twp. Bd. of Ed.

Address 101 Hendrickson Ave. Brick NJ 08724

Tel. (732) 785 - 3000

Contractor Gingerelli Bros. INC.

Address 2606 RT 37 E
Toms River NJ

Tel. (732) 929 9779 FAX (732) 929 2971

Contractor License No. or Builder Registration No. N/A

Federal Emp. No 222 999 098

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Bath House
AT
Brick High School

See Note in Rec

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	9-1-05	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 03/09/06
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing - PERIMETER			09/14/05	
Footing Bonding				
Foundation			09/21/05	
Slab			10/04/05	
Frame OVER	11/22/05			
~~Truss Sys./Bracing~~ ROOF SHEATHING			11/09/05	
Barrier-Free				
Insulation			11/28/05	
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final ~~3/1/06~~ 3/6/06			3/8/06	
Barrier-Free 3/6/06				

No Access - Bldg. locked

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] 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	Proposed	
No. of Stories	ONE		
Height of Structure	17'-5"	Ft.	
Area — Largest Floor	816	Sq. Ft.	
New Bldg. Area/All Floors	816	Sq. Ft.	
Volume of New Structure		Cu. Ft.	
Total Land Area Disturbed	1500	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 199,900
2. Rehabilitation $
3. Total (1+ 2) $ 199,900

11/22/05 . INTERIOR BLOCK WALL BUILT TO UNDERSIDE OF ROOF, NO DETAIL ON PLANS, JOISTS, RAFTERS, RIDGE IN CONTACT W/ MASONRY NOT TREATED OR FLASHED.

EXHAUST FANS NOT DUCTED TO EXT.

3/6/06. MV Final REQ.

① Attic Access Reqd-
② Re-install Vents on Bathrm Exterior walls (See-Plans)
③ Emerg. Light doesn't work (Womens Bathrm)
④ Seal penetration at Mech rm. ceiling

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued 9/2/05
Permit # 05-3547

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 New Bath House Brick HS
346 Chamber Bridge

Owner in Fee Brick TWP. Bd. of Ed

Address 101 Hendrickson AVE Brick NJ

Tel (732) 785 3000

Contractor LAKE Electric INC.

Address 1565 Route 37 WEST UNIT 13
Toms River N.J. 08755

Tel (732) 818-9287 FAX (732) 818-9286

Contractor License No. 5164

Federal Emp. No. 223461058

B. ELECTRICAL CHARACTERISTICS Bill C 732-684 0322

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 16756.00
OR 313698815

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
23		Lighting Fixtures	
6		Receptacles	
4		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	
1	5	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	
1	100	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 9/30/05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/27/05
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			11/28/05	TO
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other Trench			12-2-05	MM
Service			12/6/05 TO	
Final			12/27/05 MM	
Barrier-Free				

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

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

U.C.C. F120 (rev. 07/03)
Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 85-3547-A

Date Issued
Permit # 05-140019

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 Rd.
Brick, NJ 08723

Owner in Fee Brick B.O.E.

Address 101 Hendrickson Blvd.
Brick, NJ 08723

Tel (732) 785-3000

Contractor Cingarella Bros. Inc.

Address 2006 Rt. 37 E.
Toms River, NJ 08753

Tel (732) 929-9779 FAX ( )

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

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

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other

Location: _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ 100-

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's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, waterflow)	2	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
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		
Fired Appliances [ ] Gas or [ ] Oil		
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

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 08/15/2005
Control # C-05-137481
Date Issued ~~12/31/1899~~ 9/2/05
Permit # 05-3547

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 RD. Brick Township, NJ

Owner in Fee: BRICK TOWNSHIP EDUCATION

Address 101 HENDRICKSON AVE. BRICK NJ Frank

Tel. 732 840 6441

Contractor: ANNESE MECHANICAL

Address 1889 LAKEWOOD RD UNIT 28 TOMS RIVER NJ

Tel. 732/240-4893 Fax. 908 930 3880

Contractor License No. BIO7079

Federal Employee No. 22-2966462

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U

Building Sewer Size 0 ☐ Public Sewer ☐ Private Septic

Water Service Size 0 ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $29,900

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 9-2-05

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: 5-1-06

Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			9.28.05	
Rough			11-21-05	
Water			11-30-05	
Sewer			11-15-05	
Fixtures	12-22-05		3-1-06	
Gas Equipment				
Gas Piping				
Solar				
TCO				
York	12-22-05		5-1-06	

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$30
3	Urinal/Bidet	$30
0	Bath Tub	$0
6	Lavatory	$60
0	Shower	$0
0	Floor Drain	$0
1	Sink	$10
0	Dishwasher	$0
0	Drinking Fountain	$0
0	Washing Machine	$0
0	Hose Bibb	$0
1	Water Heater	$40
0	Fuel Oil Piping	$0
0	Gas Piping	$0
0	LP Gas Tank	$0
0	Steam Boiler	$0
0	Hot Water Boiler	$0
0	Sewer Pump	$0
0	Interceptor/Separator	$0
0	Backflow Preventor	$0
0	Greasetrap	$0
0	Sewer Connector	$0
0	Water Service Connection	$0
0	Stacks	$0
0	Other	$0
0	Other	$0
	Administrative Surcharge	$0
	Minimum Fee	$0
	State Permit Surcharge Fee	$0
	TOTAL FEE	$0

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the 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 Plumbing Contractor ☐ Exempt Applicant

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

[redacted]

[redacted]

10

12-22-05

② 10.15.60
Bubble Layer

③ No note

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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
Work Site Location Brick High School Bath House
346 Chambers Bridge, NJ
Owner in Fee Brick TWP. Bd. OF ED
Address 101 Hendrickson Ave. Brick NJ 08724

Tele. (732) 785 - 3000
Contractor Annese Mechanical, Inc.
Address 1889 Lakewood Road Unit 28
Toms River, NJ 08755
Tele. (732) 240-4893 Fax (732) 505-8315
Lic. No. 36B100707900
Federal Emp. No. 222964462

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer 4" Private Septic _____
Water Service Size _____ Public Water 2" Private Well _____
Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				

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.

Signature — Contractor's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$
3	Urinal/Bidet	
	Bath Tub	
6	Lavatory	
	Shower	
	Floor Drain	
1	Sink (Service)	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

Township of Brick
Zoning Permit

Approved: Thursday, August 25, 2005 **Number:** 1267

Block 701.39 **Lot** 12 **Zone:** R-R-1, Rural Res.

Property Address: 346 Chambers Bridge Road

Applicant: Frank M. Gingerelli; Gingerelli Brothers, Inc.

Property Owner Brick Township Board of Education

Existing Use: Brick Township High School

Proposed Use: Brick Township High School.

Proposed Construction: Bath House, 28' x 38', 17'5" high.

Conditions: Capital project approved by the Planning Board.
Resolution R-35-05 approved on April 27, 2005.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

AUG 15 2005

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 701.39 LOT 12 QUALIFIER _____

PROPERTY ADDRESS 346 Chamber Bridge Rd. / Brick HS

PERSONAL NAME OF APPLICANT Frank m Ginnelli

BUSINESS NAME OF APPLICANT Ginnelli Bros. Inc / For Brick Bd of Ed

MAILING ADDRESS OF APPLICANT 2606 RT 37 E TR 08753

PROPERTY OWNER'S FULL NAME Brick Twp. Bd. of Ed.

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) Bath House / Brick HS (Vacant Land)

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☑ Commercial (please describe) Bath House / Brick HS

PROPOSED CONSTRUCTION (check all that apply)

☑ New Building (please describe) Bath House Height 17'-5"
☐ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____ Height _____
☐ Fence - Type _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a 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.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT _____ Date 8/11/05

Reviewed by Zoning Office _____ Date 8/17/05 (X) Approved ( ) Denied

March 2003

103
8/11/05

2-35-05

BRICK TOWNSHIP PLANNING BOARD

CAPITAL PROJECT APPROVAL RESOLUTION

RESOLUTION R- 35 -05

April 27, 2005

File-2
Board of Ed
PB Att
PB Eng
Clerk
Council
Eng

WHEREAS, the Brick Township Board of Education intends to take certain actions necessitating the expenditure of public funds for the addition of a restroom facility at the Brick Township High School Complex, located at Block 701.39, Lot 12. The Board of Education proposes this action to attempt to alleviate an on-going need for accommodating the public during events, including athletic sporting meets and games, and other special events. The Board of Education further represents that this proposal is consistent with the preliminary and final site plan previously presented to the Planning Board.

WHEREAS, pursuant to N.J.S.A. 40:55D-31, this proposed action as described hereinabove was referred to the Planning Board for its recommendation; and

WHEREAS, Mr. Robert Meyers, Construction Manager for the Brick Township Board of Education and James A. Priolo, P.E., Board Engineer, presented to the Planning Board certain information and materials relating to the development and necessity of this improvement;

NOW, THEREFORE, the Board does, based upon the foregoing information, make the following findings:

1. The proposal is consistent with the Master Plan and in particular those aspects of the Master Plan relating to the development of public facilities and the location thereof.

NOW, THEREFORE, be it resolved by the Brick Township Planning Board on this 27th day of April, 2005, that it favorably recommends the undertaking and completion of this project by the Brick Township Board of Education.

MOVED BY: Mr. Kelly

SECONDED BY: Mr. Eredo

VOTING IN THE AFFIRMATIVE: Mr. Petoia, Mrs. LaDuke, Mr. Dockery, Mr. Eredo, Mr. Gross, Councilwoman Scaturro, Mr. Kelly

VOTING IN THE NEGATIVE:

INELIGIBLE TO VOTE:

ABSTAINING:

ABSENT: Mr. Vespi, Mr. Aiello, Mr. Reilly, Mr. Brando

CERTIFICATION

I, **JUDITH FOX NELSON**, Clerk of the Planning Board of the Township of Brick,. County of Ocean, State of New Jersey, do hereby certify that the foregoing resolution was duly **ADOPTED** by the said Planning Board of the Township of Brick at a regular meeting held on the 27th day of April, 2005.

IN WITNESS WHEREOF, I have set my hand this 9th day of May 2005.

Judith Fox Nelson

JUDITH FOX NELSON
Clerk of the Planning Board

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 346 Chambers Bridge Rd

Block: 701.39 Lot: 12

Contractor: Gingarelli Bros. Inc.

Contractor's Address: 2606 RT 37 E Toms River

Type of Construction (minor, new home): New Bath House at Brick HS

Type of Debris (shingles, siding, wood, etc.): Drywall, masonry

Party responsible for removal: Absolute Disposal Toms River

Dumpster size: 20 + 30 yds

Destination of debris: ~~CRRA~~ OC Landfill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

8/9/05
Date

Frank M Gingarelli
Print Name

REVISED 9/24/02

TOWNSHIP OF BRICK
PLOT PLAN REVIEW
CHECK LIST

BLOCK 701.39 LOT 12 DATE RECEIVED _____

PROPERTY ADDRESS Brick HS 346 Chambers Bridge Rd. Brick

APPLICANT Brick Twp. Bd. of Ed. PHONE 732 785 3000

ADDRESS 101 Hendrickson Ave. Brick NJ

CONTRACTOR Gingerelli Bros. INC. PHONE 732 929 9779

ADDRESS 2606 RT 37 E Toms River

TYPE OF WORK New ~~Pool~~ Building ZONING APPROVAL _____

FLOOD ZONE _____ FLOOD ELEVATION _____

PANEL # _____ MAP # _____ DATE _____

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVAL YES ✓ NO _____

		YES	NO	N/A
1.	PLAN SIGNED & SEALED			
2	SCALE OF NOT LESS THAN 1"-50"			
3.	EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)			
4.	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES			
5	STREET GUTTER, CURB & CENTER LINE ELEVATIONS			
6.	CONTOURS 1' INCREMENTS			
7.	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS			
8.	PROPOSED GRADING/ELEVATIONS			
9.	GARAGE/ST FLOOR/CRAWL SPACE/BASEMENT ELEVATIONS			
10.	PROPOSED DWELLING, DIMENSIONS & CORNER ELEVATIONS			
11.	METHOD OF DRAINAGE			
12.	NORTH ARROW			
13.	DRIVEWAY WIDTH/TYOE			
14.	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES			
15.	PROPERTY ADDRESS/LOT AND BLOCK NUMBER			
16.	SIDEWALK, CURB AND APRONS			
17.	PARKING AREAS			
18.	UTILITY AND CONNECTIONS; WATER/SEWER/GAS/ELECTRIC			
19.	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS			
20.	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH			
21.	LIMITS OF CLEARING			
22.	BASEMENTS/DEDICATIONS/ENVIRONMENTAL CONSTRAINTS			
23.	PRIOR APPR: ARMY CORP/NJDEP/SOIL EROSION, ETC.			
24.	EXISTING STRUCTURES			
25.	RETAINING WALLS/SERVICE WALKS, OTHER MISC. ITEMS			

PLOT PLAN REVIEW: Site Plan

APPROVED ✓ REJECTED _____ SIGNED _____ DATE 8/29/08

REVISION:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

COMMENTS: _____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

SHADE TREE PERMIT

RECEIPT OF FEES

DATE: 8/4/05

BLOCK: 701.39

LOT: 12

FEE: $ 0

INSPECTION: _____

APPLICATION FOR SHADE TREE PERMIT
ORDINANCE #158-E-99

1. **Name and address of Applicant:** owner ; Brick Twp. Bd. oF Ed. 101 Hendrickson AVE. Applicant ; Ingarelli Bros. Inc 2606 RT 37 E TR
Provide name & address of person applying for permit. If applicant is other than owner, give and identify names and addresses of both;

2. **Property Block:** 701.39 **, Lot(s):** 12
This information is available from your deed or tax bill;

3. **Address if different from applicant:** 346 Chamber Bridge Rd.
Give street and number if one is assigned. If there is no street number, estimate distance and direction from nearest intersection or other easily recognizable landmark;

4. **Location of trees on property** See SITE PLAN SP-1 **and number of trees presently on property** _____;

A. **FOR INDIVIDUAL BUILDING LOTS:**
Provide either a copy of a recent survey or a sketch of the property drawn to scale including any pertinent distances not easily read from the sketch. Include existing buildings, driveways and other constructions in SOLID LINES. Show all existing trees (see note below) with a circle. Trees may be keyed as to genus and species if desired, otherwise include a "C" inside circle for coniferous (pine, etc.) trees and "A" "D" for deciduous trees.

NOTE Trees to be removed will have an "X" through the circle.**

If removal is desired because of proposed construction of any kind, include such construction in DOTTED LINES and identify. If planting of new trees (including but not limited to those in note below), is proposed in application to replace those removed, or for any other reason, show approximate proposed location with a DOTTED CIRCLE and specify species and approximate planting size (height & caliper).

There should be a minimum of one tree for each 2,000 square foot after all tree removal and replacement, (e.g. an 80 X 100 ft lot includes 8,000 SF and would require a minimum of 4 trees).

B. **FOR OTHER ACREAGE**
Include copy of subdivision plot plan or equivalent outlining all wooded areas and solitary trees. Identify each (e.g. "heavily wooded mature oak with scattered Dogwood" or sparsely wooded mixed Pitch Pine and small Oak, etc.)

Same minimum of one tree per 2,000 SF as above is required.

APPLICATION FOR SHADE TREE PERMIT – ORDINANCE #158-E-99

Note **

"Tree" for the purpose of this permit means (1)-one any live coniferous tree, 4" or more DBH (diameter breast high), (2)-two any deciduous tree (live 3" or more DBH, (3)-three any live American Holly or Dogwood 1" or more, one foot above-ground and (4)-four any live Laurel 3" or more across root crown.

Date: 8/4/05

Name of Applicant: Brick Bd. of Education 101 Hendrickson Ave. Brick

Address: ~~7[illegible]~~ 101 Hendrickson Ave Brick

Block: 701.39 **, Lot(s):** 12

Residential: _____ **, Commercial:** School

Address (if different from applicants): 346 Chamber Bridge Rd / Brick HS

See Site Plan SP-1

LOCATION OF TREES ON PROPERTY

See Site Plan SP-1

NUMBER OF TREES PRESENTLY ON PROPERTY

++

FEES:

$5.00 per tree (maximum $25.00) on individual building lot;

$25.00 per acre for approved subdivisions/site plans.

AMOUNT OF FEE $ 0

++

Reviewed by: _____

Approved by: _____ **Township Engineer** **Date:** 8/29/05

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER BRICK H.S - B.O OF ED DATE 8/18/05

PROPERTY ADDRESS 346 CHAMBERBRIDGE RD BLOCK 201.39 LOT 12

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	4	( )	20.0 F.V	( )	
4. LAVATORY	6	( )	6.0	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK	1	( )	3.0	( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE		( )		( )	
12. URINAL	2	( )	8.0	( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS	1	( )	2.5	( )	
		TOTALS	39.5		

GALLONS PER MINUTE _____

SIZE of SERVICE 2" PER PLAN - 1½ METER

DATE: 8/18/05

APPROVED BY: MARK H. BRAD

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER ________

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 346 Chambers Bridge Rd.

DATE REVIEWED: 9-1-05

REVIEWED BY: [illegible]

CONTACT CALLED/FAXED: Frank Gingerelli · left message @ 2[illegible]

1- No info on alarms??

~~Building~~

Actual use of Other Room

Please Seperate Above Block Wall

Township of Brick
Zoning Permit

Approved: Thursday, August 25, 2005 **Number:** 1267

Block 701.39 **Lot** 12 **Zone:** R-R-1, Rural Res.

Property Address: 346 Chambers Bridge Road

Applicant: Frank M. Gingerelli; Gingerelli Brothers, Inc.

Property Owner Brick Township Board of Education

Existing Use: Brick Township High School

Proposed Use: Brick Township High School.

Proposed Construction: Bath House, 28' x 38', 17'5" high.

Conditions: Capital project approved by the Planning Board.
Resolution R-35-05 approved on April 27, 2005.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. *This permit shall expire one* (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

CUT-IN-CARD

MUNICIPALITY BRICK

LOCATION 346 Chambers Bridge Rd UTILITY CO _____

WR 3136988 15 BLK 701.39 LOT 12

OWNER BRICK BOARD OF ED OCCUPANT _____

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 100 AMP 1°

INSTALLED BY LAKE ELEC INC LICENSE NO 5164

DATE 12 6 05 PERMIT # 05-3547 INSPECTOR Thos Olsen

☐ CALLED IN / / Lic. No: 5151

U.C.C. Form F-350B 1 WHITE–UTILITY 2 CANARY–OFFICE/FILE 3 PINK–OFFICE/CONTRACTOR