BLOCK 701.39 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 346 Chambersbridge PERMIT NO. 09-0155

CONSTRUCTION PERMIT APPLICATION 09-000053

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

I. IDENTIFICATION

1. Proposed Work Site at: Repair gas line 346 Chambersbridge
2. Name of Owner in Fee: Brick B. O. E. Brick H.S.
   Tel. (732) 262-2628 e-mail _____
   Address 346 Chambersbridge R.D. (street / municipality / zip code)
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: Harold Mark Plumbing Tel. (732) 938-2197
   Address 116 East ST. e-mail _____
   Howell N.J.
   License No. OR, if new home, Builder Reg. No. 5049 Exp. Date 2010
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (732) 938-7659
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Dale Marks
   Tel. (732) 489-7267 FAX: (732) 938-7659

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(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 ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☒ Plumbing	1/7/09	✓	1/7/09	1-14-09		3J	1-28-09		3J
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____
D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

1. ☐ 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
11. ☐ LPGas Tanks

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/11/2009
Control Number C-09-000053
Permit Number 09-0155
Permit Issue Date 1/30/2009
Certificate Number 09-0155

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: BRICK TOWNSHIP EDUCATION

Owner Address: 101 HENDRICKSON AVE. BRICK NJ 08723

Telephone: (732) 262-2628

Contractor HAROLD MARK PLUMBING

Address 116 EASY STREET HOWELL NJ

Telephone: (732) 938-2197 Fax: (732) 938-7659

License Number or Builders Registration Number: 5049 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: GAS PIPING RE-ROUTE GAS LINE TO DEMO TABLE IN SCIENCE ROOM.

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: 2/11/2009 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(e)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.

(X) Check if contractor.

Agent Name Hank L. Mark.

Address 116 EASY ST

HOWELL N.J. 07731

Telephone (732) 938-2197

Signature Hank L. Mark

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-0155
Date Issued 1/30/09
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 Chambersbridge Rd -
Owner in Fee: Brick B.o.E. Maint. Dept.
Tel. (732) 262-2628 e-mail
Address 346 Chambers Bridge RD. Brick NJ.
Contractor: Harold Marks (street) Plumbing (municipality) Tel. (732) 938-2197 (zip code)
Address 116 Easy ST e-mail
Howell N.J.
Contractor License No. 5049 Exp. Date 2010
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: (732) 938-7659

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work ($) 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 1-28-09 Approved by: GL
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 2-11-09
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			02/10/09	PA
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			02/10/09	PA

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.

Harold Marks / Harold Marks
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Re Route gas line To Demo table in science Room.

QTY.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
✓	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
1	Other Demo Table
	Other

FEE (Office Use Only)
$

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

U.C.C. F130 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CONSTRUCTION PERMIT

Date Issued
Control # C-09-000053
Permit #

IDENTIFICATION Block: 701.39 Lot: 12 Qualifier
Work Site Location: 346 CHAMBERS BRIDGE RD. Brick Township, NJ
Contractor HAROLD MARK PLUMBING
Address 116 EASY STREET HOWELL NJ
Telephone: (732) 938-2197
Lic. No. or Bldrs. Reg. No. 5049
Federal Employee. No.

Owner in Fee BRICK TOWNSHIP EDUCATION
101 HENDRICKSON AVE. BRICK NJ 08723
Telephone: (732) 262-2628

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GAS PIPING RE-ROUTE GAS LINE TO DEMO TABLE IN SCIENCE ROOM.

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 $1,000

Construction Official

1-29-09
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:

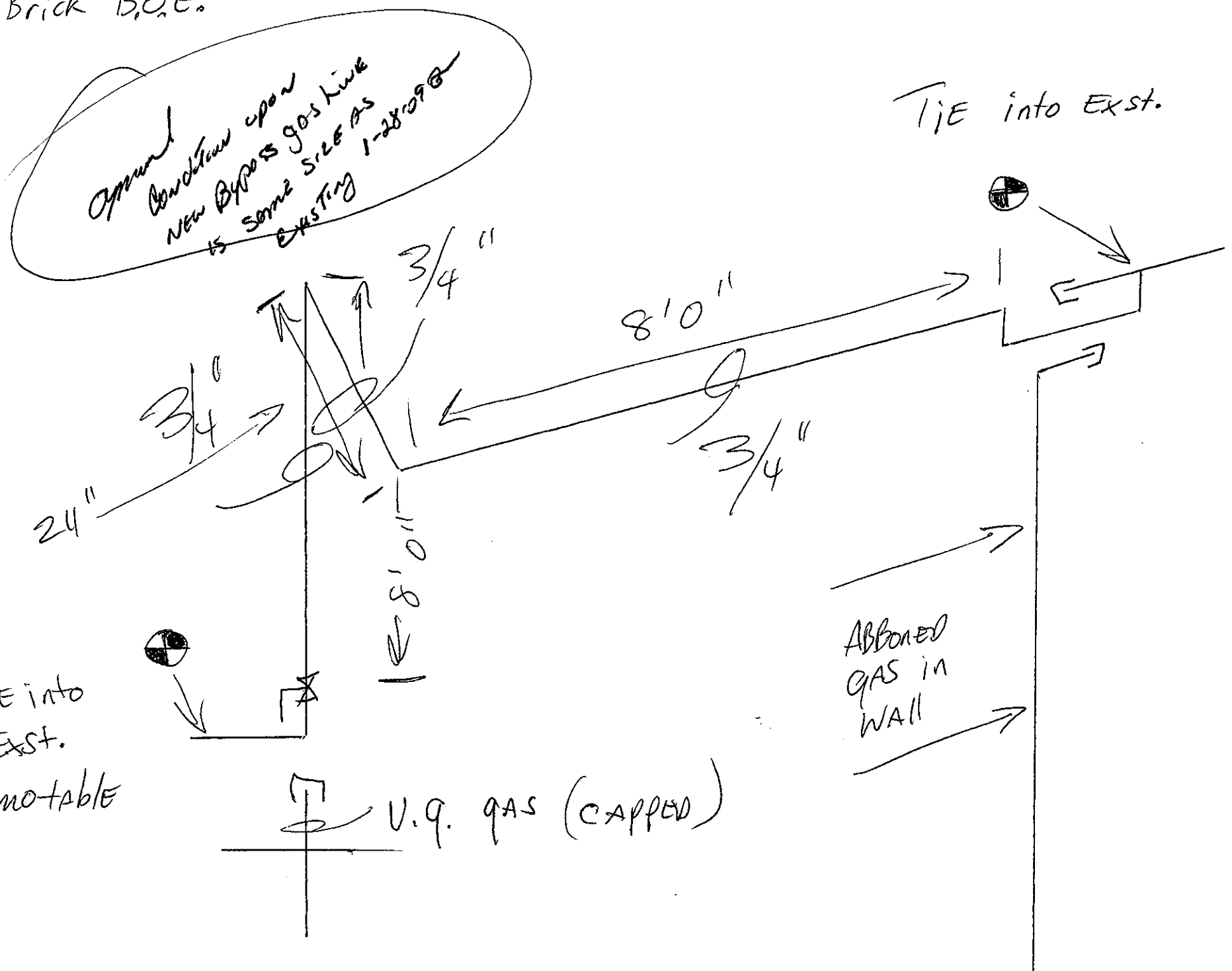
☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; 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.

Drawn By. Dale. H.M.P.

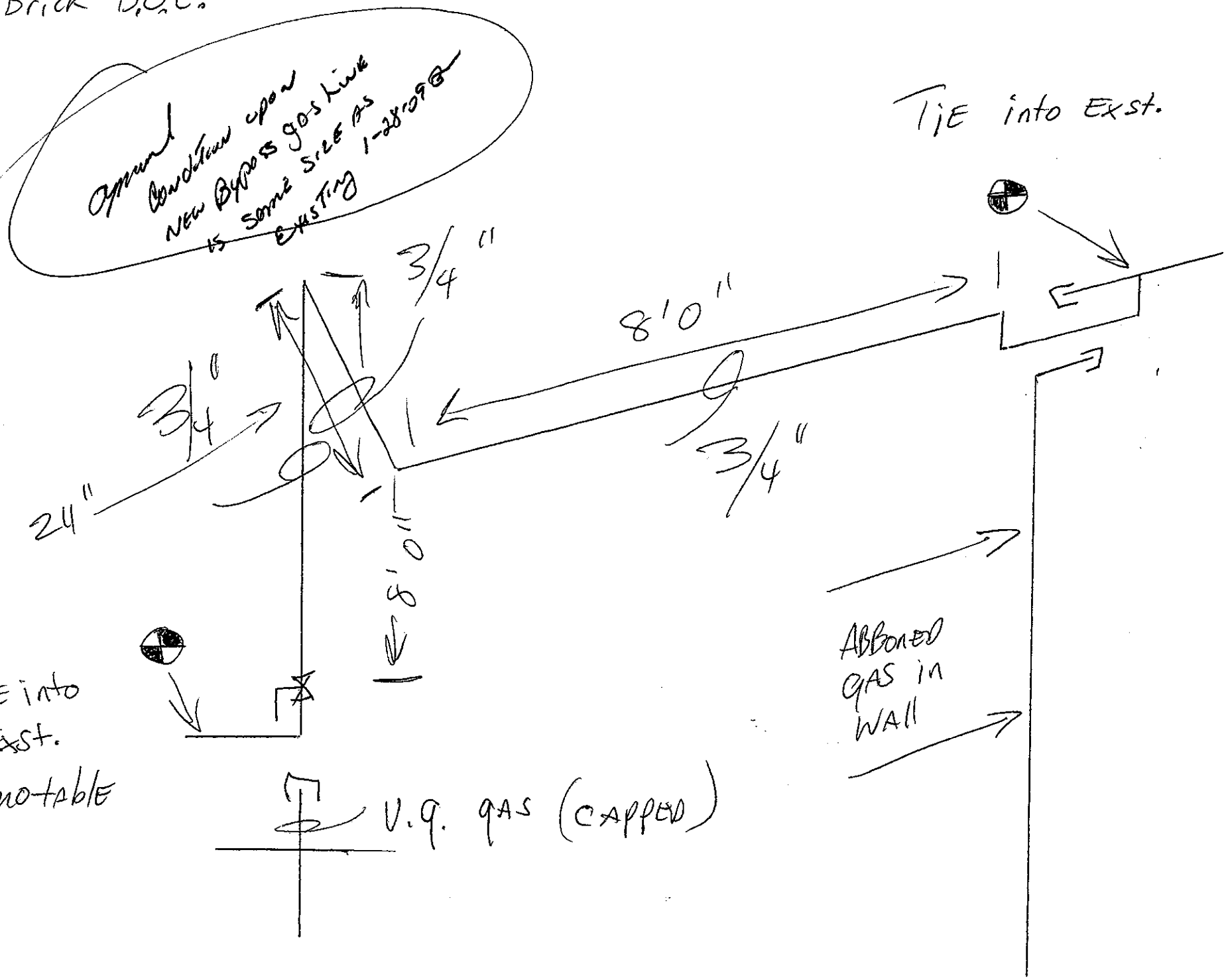
For Brick B.O.E.



Drawn By. Dale. H.M.P.

For Brick B.O.E.

Ground Condition upon New Bypass gas line is same size as existing 1-28-98



APPLICATION VERSION FORM: DOE-124 STATE PROJECT#:
V 2.3 (Beta/Alpha)
Parent/

Exempt: STATE OF NEW JERSEY and DEPARTMENT OF EDUCATION - CHIEF OF STAFF Temporary OFFICE OF SCHOOL FACILITIES Feasibility

REQUEST FOR LOCAL RELEASE OF SCHOOL CONSTRUCTION PLANS

Project and District Information

County:	OCEAN	District Contact:	Mr. James Edwards
District Name:	BRICK TWP	Contact Title:	Business Administrator
District Number:	0440	District Telephone #:	732-785-3000
School Name:	Brick Township High School	District Fax #:	732-840-0089
School Code:	020	District E-Mail:	jedwards@brickschools.org
Project Title:	Renovations	A/E Firm:	Harold Mertz Plumbing LLC
Project Address:	548 Chambersbridge Rd	A/E Contact:	Harold L. Mertz
Municipality:	Brick Twp	A/E Phone #:	732-836-2197
Zip Code:	087245	A/E Fax #:	732-966-7850
		A/E E-Mail:	

Brief Description of Project:

Reroute gas line to bypass leak in room 12 (Science Lab).

It is the request of the above-named school district to have this project reviewed for State Uniform Construction Code compliance (including N.J.A.C. 5:23-3.11A(c) and Department of Community Affairs, Division of Codes and Standard Bulletin 003) and other applicable State Codes by a municipal code enforcing agency, pursuant to P.L. 1990 c. 23.

Chief School Administrator *(Signature)* **:Chief School Administrator:** Mr. Walter Hrycenko **Date:**

Chief School Administrator *(Signature)*:
Chief School Administrator: Mr. Walter Hrycenko Date: 1/29/09

This project will be reviewed for compliance by the below named appropriately licensed municipal code enforcing agency

Municipality Name:Other Municipality (only if project located in > 1 jurisdiction): Brick Township

Municipal Code Enforcing Agency Construction Official *(Name)* **:Municipal Code Enforcing Agency Construction Official** *(Signature)* **:**
Municipal Code Enforcing Agency Classification is class:
Municipal Code Enforcing Agency Address:

Municipal Code Enforcing Agency Construction Official (Name): Daniel P. Newman, Jr.
Municipal Code Enforcing Agency Construction Official (Signature): Date: 1-29-09
Municipal Code Enforcing Agency Classification is class: Class 1

Street:

Phone:

City:

Fax:

State:
Zip Code:

732-262-1987
732-262-6664

Comments/Notes for ease of UCC Review:

FOR DCA* USE ONLY

*Note: For all capital projects for NJ Private Schools for the Disabled, DOE will Approve this Form in place of DCA.

Request Reviewed By:

Signature:

Title:

Date Acted Upon: Action:

APPROVED

DENIED *(identify reason below)* RETURNED NO ACTION *(identify reason below)*

Comments:

Version 2.5(09/05/08)

Land Use/ Bldg Dept Fax:732-262-8954

**** Transmit Conf.Report ****

P.1 Jan 14 2009 13:09

Telephone Number	Mode	Start	Time	Page	Result	Note
7329387659	NORMAL	14,13:08	0'20"	1	* O K	

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

Subcode Official Review

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

RE: Plumbing Subcode
Block: 701.39 Lot: 12 Qual:
346 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-09-000053
Last Submit Date: Thursday, January 08, 2009

Date: Wednesday, January 14, 2009

Dear BRICK TOWNSHIP EDUCATION,
Your request is hereby denied based upon the following infractions.
The following denial reason was made during the Plan Review process:

The following comments were made during the Plan Review process:
requires d.o.e. review or release letter

Sincerely,

Robert Wennlund, Subcode Official

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

Subcode Official Review

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

RE: Plumbing Subcode
Block: 701.38 Lot: 12 Qual:
346 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-09-000053
Last Submit Date: Thursday, January 08, 2009

Date: Wednesday, January 14, 2009

Dear BRICK TOWNSHIP EDUCATION,
Your request is hereby denied based upon the following infractions.
The following denial reason was made during the Plan Review process:

The following comments were made during the Plan Review process:
requires d.c.e. review or release letter

Sincerely,

Robert Wennlund, Subcode Official

BRICK TOWNSHIP BOARD OF EDUCATION
MAINTENANCE DEPARTMENT

TO FAX NUMBER: 732-262-8954

DATE: 1/23/09

ATTENTION: Jamie

FROM: Gabby

IF ALL PAGES ARE NOT RECEIVED PLEASE CALL:

732-262-2628

For Harold Marks Plumbing

Repairs at Brick High School