BLOCK 701.39 LOT 12 QUALIF /CODE _____ ADDRESS (SITE) 346 Chamberbridge Rd PERMIT NO. 09-1166

09-001383

CONSTRUCTION PERMIT APPLICATION

RECD MAY 05 2009

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

I. IDENTIFICATION

1. Proposed Work Site at: 346 Chamberbridge Rd. Brick, N.J
2. Name of Owner in Fee: Brick Twp BOE Tel. ( )
   Address: 101 Hendrickson Ave. Brick, N.J. 08724
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Mobility Elevator Tel. (973) 618-9545
   Address 4 York Ave W. Caldwell, NJ 07006
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date
   Federal Employee No. 22-2869761 Fax (973) 618-9638
5. Architect or Engineer SAME Tel. ( )
   Address ✓
6. Responsible Person in Charge of Work Sophia Stathis
   Tel. (973) 618-9545 Fax (973) 618-9631.

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices	X		
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	$		

EXEMPT ✓

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 _____ sq. ft.
    no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

COMMERCIAL

II. PROPOSED WORK

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					5/22/09	KA			
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☑ Elevator Devices					5-19-09	ne			
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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

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:

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 Sophia Stathis @ Mobility Elevator

Address 4 York Ave
W. Caldwell, N.J. 07006

Telephone (973) 618-9545

Signature Sophia Stathis

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

JON S. CORZINE
GOVERNOR

LOCATION
101 S. BROAD ST., 4th FL
TRENTON, NEW JERSEY

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
BUREAU OF CODE SERVICES
ELEVATOR SAFETY

JOSEPH V. DORIA, JR.
COMMISSIONER

MAILING ADDRESS
PO BOX 816
TRENTON, NJ 08625-0816

Date: 08/12/09

BRICK TWP BD OF ED
101 HENDRICKSON AVE
BRICK NJ 08724

BRICK TWP HIGH SCHOOL
346 CHAMBERS BRIDGE RD
BRICK NJ

Re: Elevator Registration

Municipality to which taxes are paid:

BRICK TWP

Dear Building Owner:

I would like to take this opportunity to thank you for your cooperation and effort in meeting your obligation regarding the registration of elevator devices in your building. This is the first phase of the State's comprehensive elevator safety program and has been successful due to your cooperation.

Each building has been assigned a unique registration number. The first four digits are a county municipality code followed by a five digit number for the project/building. The last three digits are the number of the individual building in your project.

The registration number for your building is: 1506-00182-001

The total number of elevator devices registered in your building is: 002

In order to provide accurate coding of the above number, the registration application asked for the name of the municipality to which taxes are paid for the above building because mailing addresses do not always reflect this accurately. If the above municipality is incorrect, please provide the correct information on the form below and return it to us.

Please refer to this registration number in all your correspondence. If the municipality is changed per the above paragraph, you will receive a corrected number and a copy of this letter confirming the change.

If you have any questions, please contact the Elevator Safety Unit at (609) 984-7833. Your cooperation is appreciated.

Very truly yours,

Michael Baier
Acting Chief

:ESOWN (REV. 1/08)

Registration number: 1506-00182-001 Corrected Municipality: _____

County: _____

Mail to the above address.

05-1166
5/22/09

ELEVATOR SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 701 .39 Lot 12 Qualification Code

Work Site Location 346 CHAMBERBRIDGE RD LIFT #1
BRICK NJ

Owner in Fee BRICK TWP BOE

Address 101 HENDRICKSON AVE
BRICK NJ 08724

Tel ( ) 856-299-1720

Contractor/Installer Mobility Elevator

Address 4 York Avenue
West Caldwell, NJ 07006

Tel ( ) (973) 618 9545 FAX ( ) (973)-618 9638

Federal Emp. No. 22 1869761

Maintenance/Service Contractor Mobility Elevator

Address 4 York Avenue West Caldwell, NJ 07006

Tel ( ) (973) 618 9545 FAX ( ) (973)-618 9638

B. ELEVATOR CHARACTERISTICS

Building Use Group E-EDUCATIONAL Building Registration No.

Manufacturer SCHINDLER Device I.D.

Machine Room Location

No. of Stops 2 No. of Openings 2

Travel (ft.) 6' 5" Speed (f.p.m.) 21

Type of Control Paddle Switch Type of Operation Constant Press

Passenger YES Freight

Capacity (lbs.) 450

Year of Installation 2009 Year of Alteration 2009

Estimated Cost of Elevator Work $ $19,850.00

C. CERTIFICATION IN LIEU OF OATH

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

Sophia Stathis Date 5/4/09.
Signature

D. TECHNICAL SITE DATA

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
	1 to 10 Floors	$
	Over 10 Floors	
	Hydraulic	
	Roped Hydraulic	
	Escalator/Moving Walk	
	Dumbwaiter	
2	Stairway Chairlift, Inclined and	$ 260.00
	Vertical Wheelchair Lifts and Man Lifts	
	Oil Buffers	
	Counterweight Governor and Safeties	
	Auxiliary Power Generator	
	Alterations	
1	Other PLAN Review	260.
	Other	

Administrative Surcharge $
State Permit Surcharge Fee $
TOTAL FEE $

CANCELLED

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[X] Building [ ] Plumbing
[X] Fire [X] Electric
[X] Elevator Plans Approved
Date: 5-19-09
Approved by: R Ely

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Temporary				
Final			9/3/09	OK

SUBCODE APPPROVAL:
[X] C of C [ ] Temp C of C
Date: 9-3-09
Approved by: R Ely

UCC/F-150
Professional Printing
(856) 468-7933

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

05-1166
5/22/09

ELEVATOR SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 701 .37 Lot 12 Qualification Code

Work Site Location 346 CHAMBERBRIDGE RD LIFT #1
BRICK NJ

Owner in Fee BRICK TWP BOE

Address 101 HENDRICKSON AVE
BRICK NJ 08724

Tel ( ) 856-299-1720

Contractor/Installer Mobility Elevator

Address 4 York Avenue
West Caldwell, NJ 07006

Tel ( ) (973) 618 9545 FAX ( ) (973)-618 9638

Federal Emp. No. 22 3869761

Maintenance/Service Contractor Mobility Elevator

Address 4 York Avenue West Caldwell, NJ 07006

Tel ( ) (973) 618 9545 FAX ( ) (973)-618 9638

B. ELEVATOR CHARACTERISTICS

Building Use Group EDUCATIONAL Building Registration No.

Manufacturer SAVARIA Device I.D.

Machine Room Location

No. of Stops 2 No. of Openings 2

Travel (ft.) 8' 5" Speed (f.p.m.) 21

Type of Control Paddle Switch Type of Operation Constant Press

Passenger YES Freight

Capacity (lbs.) 450

Year of Installation 2009 Year of Alteration 2009

Estimated Cost of Elevator Work $ $19,650.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature Stephen Mathis Date 1/14/09

D. TECHNICAL SITE DATA

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
	1 to 10 Floors	$
	Over 10 Floors	
	Hydraulic	
	Roped Hydraulic	
	Escalator/Moving Walk	
	Dumbwaiter	
2	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	$ 260.00
	Oil Buffers	
	Counterweight Governor and Safeties	
	Auxiliary Power Generator	
	Alterations	
1	Other PLAN Review	260.
	Other	

Administrative Surcharge $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[X] Building [ ] Plumbing
[X] Fire [X] Electric
[X] Elevator Plans Approved
Date: 5-19-09
Approved by: R Ely

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Temporary				
Final		9/3/09	(initials)	

SUBCODE APPPROVAL:
[X] C of C [ ] Temp C of C
Date: 9-3-09
Approved by:

UCC/F-150
Professional Printing
(856) 468-7933

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

APPLICATION VERSION
V 2.3 (09.03.08)

FORM: DOE-124

STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION - CHIEF OF STAFF
OFFICE OF SCHOOL FACILITIES

STATE PROJECT#:	
Parent	0530-020-09-1002
Land	
Temporary	
Feasibility	
Emergent	

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:	0530	District Telephone #:	732-785-3000
School Name:	Brick Township High School	District Fax #:	732-840-9089
School Code:	020	District E-Mail:	jedwards@brickschools.org
Project Title:	ADA Upgrades to Brick Township High Sch	A/E Firm:	Spiezle Architectural Group
Project Address:	346 Chambersbridge Road	A/E Contact:	Steven Siegel, Associate
Municipality:	Brick Twp	A/E Phone #:	609-6957400 x224
Zip Code:	08723	A/E Fax #:	609-3942274
		A/E E-Mail:	Ssiegel@spiezle.com

Brief Description of Project:

Installation of new ADA chairlift at exisitng stairs in corridors at two locations.

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 00-3) 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:**

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)*: Daniel F. Newman, Jr.

Municipal Code Enforcing Agency Construction Official *(Signature)*: **Date:** 11-14-08

Municipal Code Enforcing Agency Classification is class: Class 1

Municipal Code Enforcing Agency Address:

Street:	Municipal Building 401 Chambers Bridge Road	Phone:	732-262-1027
City:	Brick Township	Fax:	732-262-8954
State:	NJ		
Zip Code:	08723		

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:

CONSTRUCTION PERMIT

Date Issued 5/22/09
Control # C-09-001383
Permit #

IDENTIFICATION Block: 701.39 Lot: 12 Qualifier
Work Site Location: 346 CHAMBERS BRIDGE RD. , NJ
Owner in Fee: BRICK TOWNSHIP EDUCATION
101 HENDRICKSON AVENUE BRICK NJ 08724
Telephone:

Contractor: MOBILITY ELEV & LIFT CO
Address: 4 YORK AVE WEST CALDWELL NJ 07006
Telephone: (800) 441-4181
Lic. No. or Bldrs. Reg. No. 13VH0226400
Federal Employee. No. 22-2869761

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:
ELEVATOR INCLINED STAIRWAY CHAIRLIFT

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 $19,850

Construction Official — Date 5-22-09

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.