



CONSTRUCTION PERMIT APPLICATION

09-06-2488

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

I. IDENTIFICATION

1. Proposed Work Site at: BRICK HIGH SCHOOL

2. Name of Owner in Fee: BRICK BOARD OF EDUCATION

Tel. () e-mail

Address HENDRICKSON RD BRICK street municipality zip code

3. Ownership in Fee: Public Private

4. Principal Contractor: EBN, INC Tel. (732) 3680550

Address PO BOX 44 e-mail

HOWELL, NJ 07731

License No. OR, if new home, Builder Reg. No. P00716 Exp. Date 4/2010

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-3330961 FAX: (732) 9011614

5. Architect or Engineer Contact

Address e-mail

Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun RICHARD EISENSTEIN

Tel. (908) 2788419 FAX: (732) 9011614

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>1000</u>	
2. Electrical	\$ <u>1000</u>	
3. Plumbing	\$ <u>1000</u>	
4. Fire Protection	\$ <u>1000</u>	
5. Elevator Devices	\$ <u>1000</u>	
6. Subtotal	\$ <u>4000</u>	
7. Less 20% for State Plan Review	\$ <u>800</u>	
8. Subtotal	\$ <u>3200</u>	
9. State Permit Surcharge Fee	\$ <u>0</u>	
10. Subtotal	\$ <u>3200</u>	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>3200</u>	

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 _____

COMMITTEE

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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☒ Fire Protection									
☐ Elevator									
TOTAL COST									

FOR OFFICE USE ONLY (Optional)

Plans Rec'd by KD Date Rec'd 7/13/09

Approval Date 2-16-9 Re-viewer AS

Approval Date 7/13/09 Re-viewer RD

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

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.

☐ Check if contractor.

Agent Name EBN, INC
Address PO Box 44
HOWELL, NJ 07731
Telephone (732 368 0550)
Signature [Signature]

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



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

07-22-09
C-09-002488

09-1737

IDENTIFICATION Block: 701.39 Lot: 12 Qualifier
Work Site Location: 346 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor: EBN INC
Address: PO BOX 44 HOWELL NJ 07731
Owner in Fee: BRICK TOWNSHIP EDUCATION
101 HENDRICKSON AVE. BRICK NJ 08723 Telephone: (732) 363-0550
Lic. No. or Bldrs. Reg. No.
Federal Employee No. 22-3330961

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:

ALARM SYSTEM (BURGLAR OR FIRE) INSTALL SMOKE DETECTORS & RELAY MODULES
FOR 2 WHEELCHAIR LIFTS <COMMERCIAL>

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 \$2,970

Construction Official

Date

7-17-09

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

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	

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.



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/08/2009
Control Number C-09-002488
Permit Number 09-1737
Permit Issue Date 07/22/2009
Certificate Number 09-1737

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:
Contractor EBN INC
Address PO BOX 44 HOWELL NJ 07731
Telephone: (732) 363-0550 Fax: (732) 901-1614
License Number or Builders Registration Number: Federal Emp. Number: 22-3330961

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: ALARM SYSTEM (BURGLAR OR FIRE) INSTALL SMOKE DETECTORS & RELAY MODULES FOR 2 WHEELCHAIR LIFTS <COMMERCIAL>

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:

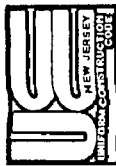
Conditions to be met:

Construction Official

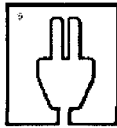
Fee: \$0.00

Check Number:

Collected By:



ELECTRICAL SUBCODE TECHNICAL SECTION



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 Chambers Blide

Owner in Fee: BRICK BOARD OF EDUCATION

Tel. () e-mail
Address HENDRICKSON RD Municipality BRICK Zip code 07005

Contractor: EBN, INC Tel. (732) 3630550
Address PO BOX 44 e-mail
HOWELL NJ 07731

Contractor License No. 100716 Exp. Date 4/2010

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-3330961 FAX: (732) 9011614

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
☐ Pole/Pad # ☐ Temporary ☐ Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 1485

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☒ No Plans Required 26-97AS
☐ Partial - Underslab Utilities Approved
Date: Approved by:
☐ Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.
SUBCODE APPROVAL for PERMIT
Date: Approved by:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
☐ CO. ☐ SO. ☐ CA
Date: 2-11-09 Approved by: [Signature]
Date of Grounding and Bonding Certification

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.

☐ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contractor ☐ Licensed Applicant

Applicant's Signature/Contractor's Seal and Signature

Date Received Control #
Date Issued Permit #

07-22-09
09-1737

D. TECHNICAL SITEDATA

DESCRIPTION OF WORK

INSTALL 4 SMOKE DETECTORS & 2 RELAY MODULES FOR 2 WHEELCHAIR LIFTS.

FEE (Office Use Only)

QTY. SIZE ITEMS
Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/FA.C. Panel

TOTAL NUMBERS
Pool Permit/with UW Lights
Storable Pool/Spa/Hot Tub
KW Elec. Range/Receptacle
KW Oven/Surface Unit
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
AMP Service
AMP Subpanels
AMP Motor Control Center
KW Elec. Sign/Outline Light

COMMERCIAL

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

7/31/09
(2) NO KEY TO OPERATE LIFT

COMMERCIAL



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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 346 Chambers
Work Site Location BRICK HIGH SCHOOL

Owner in Fee BRICK BOARD OF EDUCATION
Address HENDRICKSON RD

Tel () ERW, INC
Contractor PO BOX 44

Address HOWELL, NJ 07731

Tel (732) 363 0550 FAX (732) 901 1614

Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. 800 716
Federal Emp. No. 22-3330961

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present Proposed Fire Alarm System: New or Existing
Constr. Class: Present Proposed Location of Panel:

Heating System: New or Existing HVAC Fire Suppression/Standpipe System:
Type: Gas Oil Electric Solar New or Existing
 Other Location of Main Control Valve:

Location:
Fuel Storage Tank:
Fuel Type: Flammable or Combustible Capacity

Total Cost of Fire Protection Work \$ 1485

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	Type:	Failure	Dates (Month/Day)
☒ No Plans Required	Alarm System		Initial <u> </u>
☐ Joint Plan Review Required:	Suppression Sys.		Approval <u> </u>
☐ Building <u> </u> Plumbing <u> </u>	Standpipe		
☐ Electric <u> </u> Elevator <u> </u>	Fire Pump		
☐ Fire Plans Approved	Pre-Eng. System		
Date: <u> </u>	Mechanical		
Approved by: <u> </u>	Smoke Control		
SUBCODE APPROVAL	TCO		
☐ CO <u> </u> CCG <u> </u> CA <u> </u>	Flam/Combust Tanks		
Date: <u>8-7-09</u>	Fireplace Venting		
Approved by: <u> </u>	Final		
	Other		

1 White = Inspector Copy
3 Pink = Office Copy

U.C.C. F140
(rev. 1/04)



C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent/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: INSTALL 4 SMOKE DETECTORS AND 2 RELAY MODULES FOR 2 WHEEL CHAIR LIFTS.

Water Supply Source

Method of Alarm/Suppression System Supervision

FEE (Office Use Only)

NUMBER

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

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

CO₂ 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 \$

COMMERCIAL



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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 346 (number) Bligh Rd

Work Site Location BRICK HIGH SCHOOL

Owner in Fee BRICK BOARD OF EDUCATION

Address HENDRICKSON RD

Tel () EPW INC

Contractor PO BOX 44

Address HOWELL, NJ 07731

Tel (732) 363 0550 FAX (732) 9011619

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

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

Fire Alarm Contractor No. 100716

Federal Emp. No. 22-3330961

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System: _____

Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing

[] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank: _____

Fuel Type: [] Flammable or [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ 1185

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Alarm System	Failure	Approval	Initial
☒ No Plans Required	Suppression Sys.				
☐ Joint Plan Review Required:	Standpipe				
☐ Building [] Plumbing	Fire Pump				
☐ Electric [] Elevator	Pre-Eng. System				
☐ Fire Plans Approved	Mechanical				
Date: <u>11/13/07</u>	Smoke Control				
Approved by: <u>[Signature]</u>	TCO				
SUBCODE APPROVAL	Flam/Combust Tanks				
[] CO [] CCO [] CA	Fireplace Venting				
Date: _____	Final				
Approved by: _____	Other				

U.C.C. F140
(rev. 1/04)

1 White = Inspector Copy
3 Pink = Office Copy



Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent/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: INSTALL 4 SMOKE DETECTORS AND 2 RAY MODULES FOR 2 WHEEL CHAIR LIFTS.

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, water/flow)	<u>4</u>	
Supervisory Devices (i.e., tamper, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	<u>2</u>	
Other Devices		
TOTAL	<u>6</u>	
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 \$

2 Canary = Office Copy
4 Gold = Applicant Copy

67-22-09
09-1737



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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 340 (N.J.S. 17:27)
Work Site Location BRICK HIGH SCHOOL

Owner in Fee ERIC BOARD OF EDUCATION
Address HENDERSON RD

Tel () EDW INC
Contractor PO BOX 414
Address HOWELL, NJ 07731

Tel (732) 363 0350 FAX (732) 9011614
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. 20-3230961
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System:
Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing
[] Other _____ Location of Main Control Valve: _____

Location: _____
Fuel Storage Tank:
Fuel Type: [] Flammable or [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ 1185

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Alarm System	Failure	Approval	Initial
☒ No Plans Required	Suppression System	_____	_____	_____	_____
☒ Joint Plan Review Required:	Standpipe	_____	_____	_____	_____
[] Building [] Plumbing	Fire Pump	_____	_____	_____	_____
[] Electric [] Elevator	Pre-Eng. System	_____	_____	_____	_____
[] Fire Plans Approved	Mechanical	_____	_____	_____	_____
Date: <u>11/13/11</u>	Smoke Control	_____	_____	_____	_____
Approved by: <u>[Signature]</u>	TCO	_____	_____	_____	_____
SUBCODE APPROVAL	Flam/Combust Tanks	_____	_____	_____	_____
[] CO [] CCO [] CA	Fireplace Venting	_____	_____	_____	_____
Date: _____	Final	_____	_____	_____	_____
Approved by: _____	Other	_____	_____	_____	_____

1 White = Inspector Copy
3 Pink = Office Copy

U.C.C. F140
(rev. 1/04)

Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent/owner) of record and am authorized to make this application.

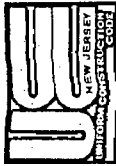
Applicant's Signature/Contractor's Signature
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: INSTALL 1 SMOKE DETECTOR
HAD 2 HEALTH MONITORS FOR 2
WATER SUPPLY SOURCE
METHOD OF ALARM/SUPPRESSION SYSTEM SUPERVISION

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems		
[] System		
[] 110v Interconnected		
[] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tamper, 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 \$

2 Canary = Office Copy
4 Gold = Applicant Copy



ELECTRICAL SUBCODE TECHNICAL SECTION

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 Chambers Bridge

Owner in Fee: BRICK BOARD OF EDUCATION

Tel. () e-mail
Address HENDRICKSON RD BRICK Municipality

Contractor: EBN, INC. Tel. (732) 3630550 Zip code

Address PO BOX 44 e-mail
HOWELL NJ 07731

Contractor License No. 100716 Exp. Date 4/2010

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-3330961 FAX (732) 901614

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 1485

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required 2-16-87

[] Partial - Underslab Utilities Approved

Date: Approved by:

[] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: Approved by:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: Approved by:

Approved by:

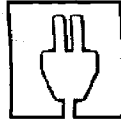
Date of Grounding and Bonding Certification

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 [] Certifd Landscape Irrigation Contr [] Exempt Applicant



**ELECTRICAL SUBCODE
TECHNICAL SECTION**

Block 701-39 Lot 12 Qualification Code
Work Site Location BRICK HIGH SCHOOL 346 Chambers Bridge

Owner in Fee: BRICK BOARD OF EDUCATION

Tel. () e-mail
Address HENDRICKSON RD BRICK Municipality

Contractor: EBN, INC. Tel. (732) 3630550 Zip code

Address PO BOX 44 e-mail
HOWELL NJ 07731

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Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

Date Received
Control #

Date Issued
Permit #

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL 4 SMOKE DETECTORS &
2 RAY MODULES FOR 2 WATER CAMP
LIGHTS.

FEE (Office Use Only)

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

6

6

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

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

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

9

9

9

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9

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9

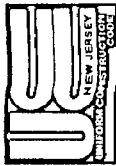
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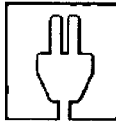
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ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 201-39 Lot 12 Qualification Code 340 (Handwritten: BRICK HIGH SCHOOL)
Work Site Location BRICK HIGH SCHOOL

Owner in Fee: BRICK BOARD OF EDUCATION

Tel. () e-mail HENDRICKSON RD BRICK
Address NEW JERSEY Municipality

Contractor: EBN, INC Tel. (732) 263-5550
Address PO BOX 44 e-mail
HOWELL, NJ 07731

Contractor License No. ROC716 Exp. Date 11/2010

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-3330961 FAX: (732) 9011614

B. ELECTRICAL CHARACTERISTICS

Use Group Present ☐ Proposed ☐
☐ Pole/Pad # ☐ Temporary ☐ Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 1485

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type	Failure	Approval	Initial		
☒ No Plans Required					
☐ Partial - Underslab Utilities Approved					
Date: <u>2/16-9/13</u>					
☐ Electric Plans Approved					
Date: <u>2/16-9/13</u>					
Joint Plan Review Required:					
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.					
SUBCODE APPROVAL for PERMIT					
Date: <u>2/16-9/13</u>					
Approved by: <u>[Signature]</u>					
SUBCODE APPROVAL for CERTIFICATE					
☐ CO ☐ CCO ☐ CA					
Date: <u>2/16-9/13</u>					
Approved by: <u>[Signature]</u>					

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☐ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL 4 SMOKE DETECTORS & 2 RELAY MODULES FOR 2 WATER CHANGING LIFTS.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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 UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		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	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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