BLOCK 380 LOT 13 QUALIFICATION CODE _____ ADDRESS (SITE) 171 Beaverson Blvd. Brick, NJ PERMIT NO. 19-16616

CONSTRUCTION PERMIT APPLICATION

C19-062134

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

I. IDENTIFICATION

1. Proposed Work Site at: Lake Riviera Middle School 171 Beaverson Blvd. Brick, NJ
2. Name of Owner in Fee: Brick Twp. Board of Education
   Tel. (732) 785-3000 e-mail _____
   Address 101 Hendrickson Avenue Brick Twp. NJ 0 (street / municipality / zip code)
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: Spartan Construction, Inc. Tel. (732) 489-1448
   Address 399 Oak Street, Suite C e-mail timk.spartan@gmail.com
   South Amboy, NJ 08879
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 223587000 FAX: (732) 571-9720
5. Architect or Engineer Netta Architects Contact George Tortoya
   Address 1084 Rt. 22 Mountainside, NJ 07092 e-mail gtortora@nettaarchitects.c
   Tel. (973) 379-0006 FAX: (973) 379-1061
6. Responsible Person in Charge once Work has Begun Timmy Koukoumis
   Tel. (732) 489-1448 FAX: (732) 571-9720

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 0		
2. Electrical			
3. Plumbing			
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	$ 0		

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 COMMERCIAL
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

Alt + Facade

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	849,000				06/25/19	MSK			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng Exempt			6/18/19	ECC			
TOTAL COST	$849,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Select Group
3. Change in Use Group, Indicate Presen Select Group

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/25/2019
Control Number C-19-002134
Permit Number 19-1666
Permit Issue Date 6/26/2019
Certificate Number 19-1666

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 171 BEAVERSON BLVD. Brick Township, NJ Block: 380 Lot: 13 Qual:

Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION

Owner Address: 101 HENDRICKSON AVE. BRICK NJ 08723

Telephone: (732) 785-3000

Contractor SPARTAN CONSTRUCTION, INC

Address 399 OAK STREET SUITE C SOUTH AMBOY NJ 08879

Telephone: (732) 489-1449 Fax:

License Number or Builders Registration Number: 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: ALTERATION - COMMERCIAL - - LAKE RIVIERA M.S. ....LINTEL RESTORATION AND FACADE

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:

Daniel J. Newman Jr.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 9/25/2019

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(f)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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Spartan Construction, Inc

Address 399 Oak Street Suite C

South Amboy, NJ 08879

Telephone (732) 571-8884

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6/26/19
Control #
Date Issued
Permit # 19-1666

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

Block 380 Lot 13 Qualification Code

Work Site Location Lake Riviera Middle School
171 Beaverson Blvd Brick, NJ

Owner in Fee: Brick Twp. Board of Education

Tel. (732) 785-3000 e-mail

Address 101 Hendrickson Avenue (street) Brick Twp. (municipality) NJ 08724 (zip code)

Contractor: Spartan Construction, Inc. Tel. (732) 489-1448

Address 399 Oak Street, Suite C e-mail timk.spartan@gmail.com
South Amboy, NJ 08879

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223587000 FAX: (732) 571-9720

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All 06/25/19 KEW
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 06/25/19
Approved by: KEW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 849,000
3. Total (1+ 2) $ 849,000

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.

Sign here:

Print name here: Timmy Koukoumis, President

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

"Lintel Restoration & Exterior Wall Replacement"

*Removing existing EIFS stucco facade & installing new metal panel wall system

COMMERCIAL

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other
- [ ] Demolition

FEE (Office Use Only)

$

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

U.C.C. F110 (rev. 11/09)
Internet version

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6/26/19
Control #
Date Issued
Permit # 19-1666

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

Block 380 Lot 13 Qualification Code

Work Site Location Lake Riviera Middle School
171 Beaverson Blvd Brick, NJ

Owner in Fee: Brick Twp. Board of Education

Tel. (732) 785-3000 e-mail

Address 101 Hendrickson Avenue (street) Brick Twp. (municipality) NJ 08724 (zip code)

Contractor: Spartan Construction, Inc. Tel. (732) 489-1448

Address 399 Oak Street, Suite C e-mail timk.spartan@gmail.com
South Amboy, NJ 08879

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223587000 FAX: (732) 571-9720

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	06/25/19	KRH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 06/25/19
Approved by: KRH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 09/19/19
Approved by: KRH

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			9-18-19	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 849,000
3. Total (1+ 2) $ 849,000

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.

Sign here:

Print name here: Timmy Koukoumis, President

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
"Lintel Restoration & Exterior Wall Replacement"

*Removing existing EIFS stucco facade & installing new metal panel wall system

COMMERCIAL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

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

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

CONSTRUCTION PERMIT

Date Issued 6/26/2019
Control # C-19-002134
Permit # 19-1666

IDENTIFICATION Block: 380 Lot: 13 Qualifier

Work Site Location: 171 BEAVERSON BLVD. Brick Township, NJ

Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION
101 HENDRICKSON AVE. BRICK NJ 08723

Telephone: (732) 785-3000

Contractor: SPARTAN CONSTRUCTION, INC
Address: 399 OAK STREET SUITE C SOUTH AMBOY NJ 08879

Telephone: (732) 489-1449
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL - LAKE RIVIERA M.S. ....LINTEL RESTORATION AND FACADE

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 $849,000

D. Hartman Jr. 6/26/19

Construction Official — 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 1/04)

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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-19-00200
DATE ISSUED 6/24/19

BLOCK: 380 LOT: 13 QUALIFIER: — SITE ADDRESS: 171 Beaverson Blvd. Brick, NJ

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Brick Twp. Board of Education
   COMPLETE ADDRESS: 101 Hendrickson Avenue
   Brick, NJ 08724
   PHONE # 732-785-3000 EMAIL: _____

2. NAME OF APPLICANT: Spartan Construction, Inc.
   APPLICANT ADDRESS: 399 Oak Street, Suite C
   South Amboy, NJ 08879
   PHONE # 732-489-1448 EMAIL: timk.spartan@gmail.com

3. RESPONSIBLE PERSON FOR WORK: Timmy Koukoumis
   PHONE# 732-489-1448 FAX# 732-571-9720

4. SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ Ø
OTHER: $ _____
TOTAL: $ Ø

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Bd of Ed
PROPOSED USE Bd of Ed

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION X *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: 25' (*APPLICABLE)

OTHER _____

DESCRIPTION: Demo Exterior Stucco facade & Install Metal Panels

ZONING REVIEW:
DATE REVIEWED: 6-18-19 DATE DENIED: _____ DATE APPROVED: 6-18-19 INTLS: CC

(SEE BACK PAGE)

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued:
Application Number: ZA-19-00722
Application Date: 6/11/2019
Project Number:
Permit Number:
Fee: $0.00

Zoning Permit

Worksite Location: **101 Hendrickson Avenue**
Brick Township, NJ 08724

Owner: **BRICK TOWNSHIP BOARD OF EDUCATION**
Address: **101 HENDRICKSON AVE.**
BRICK, NJ 08723

Applicant: **SPARTAN CONSTRUCTION, INC**
Address: **399 OAK STREET SUITE C**
SOUTH AMBOY, NJ 08879

Block: **380** Lot: **13** Qualifier: Zone: **R-R-2**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Single-Family Residential**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Single-Family Residential (Lake Riviera Middle School)**

Work Description:
Rehabilitation - Exterior alterations to remove existing stucco facade and metal panels.

Additional Zoning Permit is required for additional work.

Application Approved Date: 6/18/2019

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer — 6/18/2019 Date

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 380 LOT: 5 ADDRESS: 171 Beaverson Blvd. Brick, NJ

IDENTIFICATION:

1. WORK SITE ADDRESS: 171 Beaverson Blvd Brick, NJ
2. NAME OF OWNER IN FEE: Brick Twp. Board of Education

   ADDRESS: 101 Hendrickson Avenue PHONE #: (__) 732-785-3000

   Brick, NJ FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Spartan Construction, Inc.

   ADDRESS: 399 Oak Street, Suite C PHONE #: (__) 732-489-1448

   South Amboy, NJ 08879 FAX #: (__) 732-489-4534
4. ARCHITECT OR ENGINEER: Netta Architects

   ADDRESS: 1084 Rt. 22 Mountainside, NJ PHONE: # (__)973-379-0006
5. RESPONSIBLE PERSON FOR WORK: Timmy Koukoumis

   ADDRESS: 399 Oak Street, Suite C South Amboy, NJ 08879

PHONE #: (__)732-489-1448 FAX #: (__)732-571-9720 E-MAIL: timk.spartan@gmail.com

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER Demo exterior stucco facade & install new metal panels. Interior CMU replacement

LENGTH: _____ WIDTH: _____ HEIGHT: 25'

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	SPARTAN CONSTRUCTION GENERAL CONTRACTING INC.
Trade Name:	
Address:	399 OAK STREET SUITE C SOUTH AMBOY, NJ 08879
Certificate Number:	0714990
Effective Date:	June 12, 1998
Date of Issuance:	March 04, 2016

For Office Use Only:

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