

BLOCK 380 LOT 13 QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) 171 Beaveron Blvd PERMIT NO. 12-1205



# CONSTRUCTION PERMIT APPLICATION

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

**I. IDENTIFICATION**

1. Proposed Work Site at: BEAVERSON BLVD, BRICK, NJ 08723

2. Name of Owner in Fee: LAKE RIVIERA Middle School  
 Tel. ( 732 ) 262-2600 e-mail aanderson@brickschools.org  
 Address 171 BEAVERSON BLVD, BRICK, NJ 08723  
street municipality zip code

3. Ownership in Fee: Public ☒ Private \_\_\_\_\_

4. Principal Contractor: K&J Accessories, Inc Tel. ( 973 ) 277-6741  
 Address 25 Tidgewood Rd e-mail \_\_\_\_\_  
CLIFTON, NJ 07012

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

5. Architect or Engineer \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_ e-mail \_\_\_\_\_  
 Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

6. Responsible Person in Charge once Work has Begun \_\_\_\_\_  
 Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

**V. FEE SUMMARY (for office use only)**

|                                      | Update | Update |
|--------------------------------------|--------|--------|
| 1. Building                          |        |        |
| 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                            |        |        |

**VI. BUILDING/SITE CHARACTERISTICS**

|                                               |               |                   |
|-----------------------------------------------|---------------|-------------------|
| 1. Number of Stories                          | _____         | (office use only) |
| 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 | _____         |                   |
| 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)

|                                          | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates | Re-viewer |
|------------------------------------------|-----------|----------------|------------|----------------|---------------|-----------|--------------------|-----------|
| <input type="checkbox"/> Building        |           |                |            |                | 5-1-12        | JL        |                    |           |
| <input type="checkbox"/> Electrical      |           |                | 4/16/12    |                | 5-1-12        | JS        |                    |           |
| <input type="checkbox"/> Plumbing        |           |                |            |                |               |           |                    |           |
| <input type="checkbox"/> Fire Protection |           |                |            |                |               |           |                    |           |
| <input type="checkbox"/> Elevator        |           |                |            |                |               |           |                    |           |
| <b>TOTAL COST</b>                        |           |                |            |                |               |           |                    |           |

**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)**

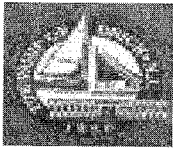
DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

|                                                                                  |                                                                   |                                                                 |                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------|
| 1. <input type="checkbox"/> Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks | 4. <input type="checkbox"/> Refrigeration Systems                 | 8. <input type="checkbox"/> Smoke Control Systems in Open Wells | 12. <input type="checkbox"/> Fire Alarm |
| 2. <input type="checkbox"/> High Pressure Boilers                                | 5. <input type="checkbox"/> Cross-Connections/Backflow Preventers | 9. <input type="checkbox"/> Underground Storage Tanks           |                                         |
| 3. <input type="checkbox"/> Pressure Vessels                                     | 6. <input type="checkbox"/> Hazardous Uses/Places of Assembly     | 10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs  |                                         |
|                                                                                  | 7. <input type="checkbox"/> Sprinklers/Standpipes                 | 11. <input type="checkbox"/> LPGas Tanks                        |                                         |



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723

Date Issued 08/30/2016  
Control Number C-12-001284  
Permit Number 12-1205  
Permit Issue Date 05/07/2012  
Certificate Number 12-1205

## Certificate

Construction Code Division

(Certificate of Approval)

### Identification

Work Site Location: 171 BEAVERSON BLVD. Lake Riviera Middle School 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) 262-2600  
Contractor K & J Accessories, Inc  
Address 25 Ridgewood Road Clifton NJ 07012  
Telephone: 973-77-6741 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: SIGN INSTALLATION Replacing sign originally approved on permit #99-3428

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: \_\_\_\_\_

**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 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 [Signature]

Date 4-16-2012

**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 \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_

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

# ELECTRICAL SUBCODE



**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 171 Beverson Blvd. Brick NJ 08723

Owner in Fee: LAKE RIVIERA Middle School  
Tel. (732) 262-2100 e-mail anderson@brickschools.org

Address 171 Beverson Blvd, Brick, NJ 08723

Contractor: ESTELLE ELECTRIC street ESTELLE ELECTRIC municipality BRICK NJ Tel. (732) 840-8844 zip code 08723

Address 250 Montclair Dr. e-mail \_\_\_\_\_

Contractor License No. 41699 Exp. Date 3/31/2015

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

Federal Emp. ID No. \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**  
Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other \_\_\_\_\_  
Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
Est. Cost of Elec. Work \$ 100.00

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                                                  |             | INSPECTIONS                                 |         |         |                   |
|------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------|---------|---------|-------------------|
| <input checked="" type="checkbox"/> No Plans Required                                                                        |             | Type:                                       | Failure | Failure | Dates (Month/Day) |
| <input type="checkbox"/> Partial - Underslab Utilities Approved                                                              | Date: _____ | Rough                                       | _____   | _____   | _____             |
| <input type="checkbox"/> Electric Plans Approved                                                                             | Date: _____ | Barrier-Free                                | _____   | _____   | _____             |
| <input type="checkbox"/> Electric Plans Approved                                                                             | Date: _____ | Trench                                      | _____   | _____   | _____             |
| <input type="checkbox"/> Electric Plans Approved                                                                             | Date: _____ | Temp. Serv.                                 | _____   | _____   | _____             |
| <input type="checkbox"/> Electric Plans Approved                                                                             | Date: _____ | Constr. Serv.                               | _____   | _____   | _____             |
| <input type="checkbox"/> Electric Plans Approved                                                                             | Date: _____ | TCO                                         | _____   | _____   | _____             |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. | Date: _____ | Other                                       | _____   | _____   | _____             |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. | Date: _____ | Service                                     | _____   | _____   | _____             |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. | Date: _____ | Final                                       | _____   | _____   | _____             |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. | Date: _____ | Barrier-Free                                | _____   | _____   | _____             |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. | Date: _____ | Temp. Cut-in-Card Date Issued               | _____   | _____   | _____             |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. | Date: _____ | Final Cut-in-Card Date Issued               | _____   | _____   | _____             |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. | Date: _____ | Annual Pool Inspection                      | _____   | _____   | _____             |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. | Date: _____ | 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 sign/Contractor sign and seal here: \_\_\_\_\_  
Print name here: Ken Estelle  
Date Received \_\_\_\_\_  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

**D. TECHNICAL SITE DATA**  
I am Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

| 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     |                       |
| <b>TOTAL NUMBERS</b> |      |                                | \$ _____              |
|                      |      | Pool Permit/with UV Lights     |                       |
|                      |      | Storable Pool/Spa/Hot Tub      |                       |
|                      |      | KW Elec. Range/Receptacle      |                       |
|                      |      | KW Elec. Dishwasher            |                       |
|                      |      | KW Elec. Dryer/Receptacle      |                       |
|                      |      | KW Elec. Dishwasher            |                       |
|                      |      | HP Garbage Disposal            |                       |
|                      |      | KW Central A/C Unit            |                       |
|                      |      | HP/KW Space Heater/Air Handler |                       |
|                      |      | KW Baseboard Heat              |                       |
|                      |      | HP Motors 1/4+ HP              |                       |
|                      |      | KW Transformer/Generator       |                       |
|                      |      | AMP Service                    |                       |
|                      |      | AMP Subpanels                  |                       |
|                      |      | AMP Motor Control Center       |                       |
|                      |      | AMP Sign/Outline Light         |                       |

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

12-1205  
517/12



# BUILDING 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 380 Lot 13 Qualification Code \_\_\_\_\_  
Work Site Location 171 BEVERSON BLVD, BRICK, NJ 08723

Owner In Fee: LAKE RIVERA Middle School

Tel. ( 732 ) 262-2600 e-mail ganderson@brickschools.org

Address 171 BEVERSON BLVD, BRICK, NJ 08723 zip code \_\_\_\_\_

Contractor: K & J ACCESSORIES, INC Tel. ( 973 ) 777-6741

Address 25 RIDGEWOOD RD. e-mail \_\_\_\_\_

CLIFTON, NJ 07012

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

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

Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

### PLAN REVIEW

Date \_\_\_\_\_

### INSPECTIONS

Dates (Month/Day)

☐ No Plans Required

Initial \_\_\_\_\_

Type: \_\_\_\_\_

Failure \_\_\_\_\_

Approval \_\_\_\_\_

Initial \_\_\_\_\_

☒ All 5-1-12 SC

Footings/Foundations \_\_\_\_\_

Footings Bonding \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Frame \_\_\_\_\_

☐ Structural/Framework \_\_\_\_\_

Truss Sys./Bracing \_\_\_\_\_

Barrier-Free \_\_\_\_\_

Insulation \_\_\_\_\_

Finishes -Base Layer \_\_\_\_\_

Finishes -Final \_\_\_\_\_

☐ Exterior \_\_\_\_\_

Energy \_\_\_\_\_

Mechanical \_\_\_\_\_

TCO \_\_\_\_\_

Other \_\_\_\_\_

Final \_\_\_\_\_

☐ Interior \_\_\_\_\_

Barrier-Free \_\_\_\_\_

Insulation \_\_\_\_\_

Finishes -Base Layer \_\_\_\_\_

Finishes -Final \_\_\_\_\_

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SubCODE APPROVAL for PERMIT

Date: 5-1-12

Approved by: KALIN

SubCODE APPROVAL for CERTIFICATE

Date: 02/25/14

Approved by: WAL

☐ CO ☐ CCO ☒ MCA

Barrier-Free \_\_\_\_\_

Insulation \_\_\_\_\_

Finishes -Base Layer \_\_\_\_\_

Finishes -Final \_\_\_\_\_

Other \_\_\_\_\_

Final \_\_\_\_\_

☐ Approved by: \_\_\_\_\_

Barrier-Free \_\_\_\_\_

Insulation \_\_\_\_\_

Finishes -Base Layer \_\_\_\_\_

Finishes -Final \_\_\_\_\_

Other \_\_\_\_\_

Final \_\_\_\_\_

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Barrier-Free \_\_\_\_\_

Insulation \_\_\_\_\_

Finishes -Base Layer \_\_\_\_\_

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Other \_\_\_\_\_

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Final \_\_\_\_\_

☐ Approved by: \_\_\_\_\_

Barrier-Free \_\_\_\_\_

Insulation \_\_\_\_\_

Finishes -Base Layer \_\_\_\_\_

Finishes -Final \_\_\_\_\_

Other \_\_\_\_\_

Final \_\_\_\_\_

☐ Approved by: \_\_\_\_\_

Barrier-Free \_\_\_\_\_

Insulation \_\_\_\_\_

Finishes -Base Layer \_\_\_\_\_

Finishes -Final \_\_\_\_\_

Other \_\_\_\_\_

Final \_\_\_\_\_

☐ Approved by: \_\_\_\_\_

Barrier-Free \_\_\_\_\_

Insulation \_\_\_\_\_

Finishes -Base Layer \_\_\_\_\_

Finishes -Final \_\_\_\_\_

Other \_\_\_\_\_

Final \_\_\_\_\_

## 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: \_\_\_\_\_

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

REPAIRING SIGN

TAKE  
973-809-2464

## COMMERCIAL

Fee (Office Use Only)

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1. White = Inspector Copy

3. Pink = Office Copy

2. Canary = Office Copy

4. Gold = Applicant Copy

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_

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# CONSTRUCTION PERMIT

Date Issued  
Control #  
Permit #

5/7/12  
C-12-001284  
12.1205

IDENTIFICATION Block: 380 Lot: 13 Qualifier  
Work Site Location: 171 BEAVERSON BLVD. Lake Riviera Middle Contractor K & J Accessories, Inc.  
School Brick Township, NJ Address 25 Ridgewood Road Clifton NJ 07012  
Owner in Fee BRICK TOWNSHIP BOARD OF EDUCATION  
101 HENDRICKSON AVE. BRICK NJ 08723 Telephone: 973-77-6741  
Lic. No. or Bldrs. Reg. No.  
Federal Employee. No.  
Telephone: (732) 262-2600

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:

SIGN INSTALLATION Replacing sign originally approved on permit #99-3428

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 \$100

Construction Official

Date

5-1-12

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           | \$0    |
| 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.

# *Lakeview*

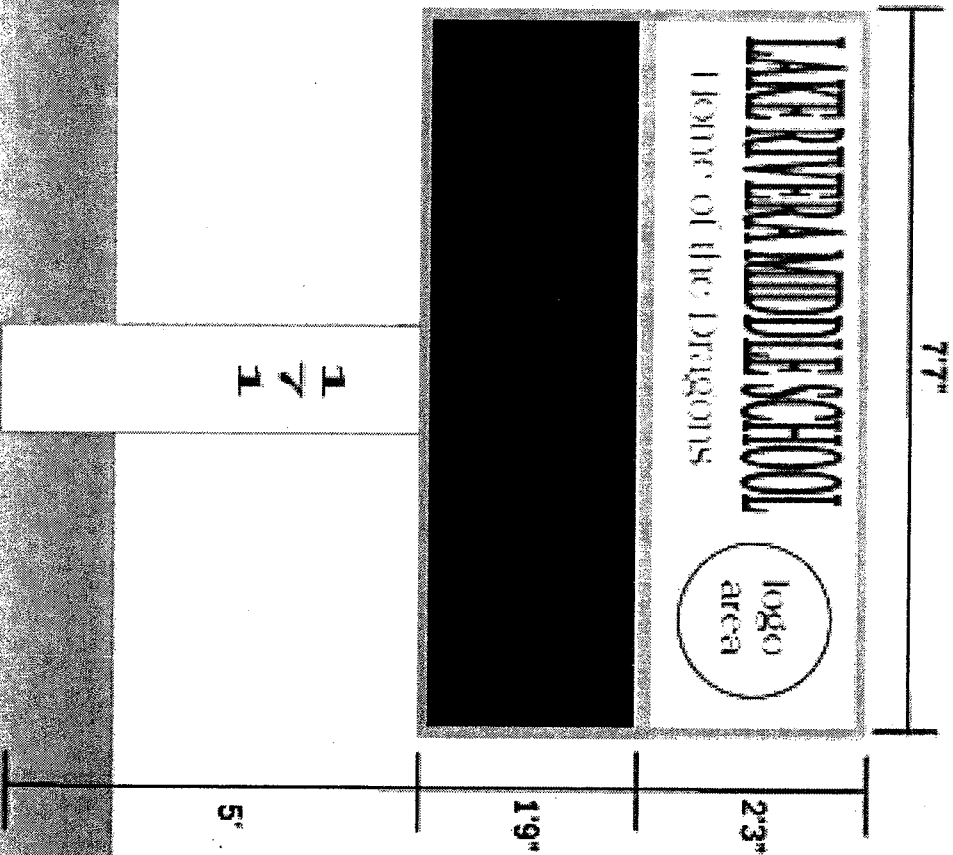
House of the Lakeview

## MIDDLE SCHOOL

APPROVED FOR ZONING ONLY  
SEAN KINNEY, ZONING OFFICER

APR 26 2012

*SK*



**FACIMILE**

**BRICK TOWNSHIP BOARD OF EDUCATION**  
346 CHAMBERS BRIDGE ROAD  
BRICK, NEW JERSEY 08723  
PHONE - 732-317-5528  
FAX - 732-477-8228

**TO:** K & J Accessories, Inc.

**FROM:** Ken Estelle

**FAX #:** 973-591-1191

**DATE:** March 22, 2012

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Please see attached application regarding the Lake Riviera Middle School sign. Thank you.

+ needs letter from  
town permitting  
the BOE to install  
the sign

tax exempt # 22-3340434  
HIC #

Dept of Labor - Public Works  
Contractor # 623270 exp. 4-1-13

NJ Registration # 0637993 exp 2013