



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/2/2013
Control Number C-12-002360
Permit Number 13-2435
Permit Issue Date 6/8/2013
Certificate Number 13-2435

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 Design Resources Group
Address 371 Hoes Lane Ste. 301 Piscataway NJ 08854
Telephone: (732) 560-7900 Fax: (732) 560-7910
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: AIR CONDITIONER, ALTERATION - -COMMERCIAL Replace existing corridor ceiling finishes
Reinstall existing lights
Install new A/C units in several rooms

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



Date Received
Control #
Date Issued
Permit #

13-2435
6/8/13

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
Block 380 Lot K3 Qualification Code _____

Work Site Location Lake Riviera Middle School

Owner In Fee: 171 Beaverson Boulevard, Brick, NJ 08723
Brick Township Board of Education

Tel. () _____ e-mail _____

Address 101 Hendrickson Avenue, Brick 08724

Contractor: R&A Electric, Inc., m.d./p.d. Tel. (732) 495-5050 zip code

Address 7 Debele Lane, Lincroft 07738 mail _____

Contractor License No. 7246 Exp. Date 03-31-15

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

Federal Emp. ID No. 22-3282269 FAX: (732) 495-7700

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Occupied as _____ [] Temporary [] Other _____

Est. Cost of Elec. Work \$ 11,750.00 Utility Co. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS			
Date	Initial	Type	Dates (Month/Day)		
			Failure	Approval	Initial
1. No Plans Required <u>6-6-13</u> <u>JS</u>					
Joint Plan Review Required:					
1. Building	1. Plumbing	Rough			
1. Fire	1. Elevator	Barrier-Free			
1. Elec. Plans Approved		Trench			
		Temp. Serv.			
		Const. Serv.			
		TCO			
		Other			
		Service			
		Final			
		Barrier-Free			
		Temp. Cur-in-Card Date Issued			
		Final Cur-in-Card Date Issued			
		Annual Pool Inspection			
		Date of Grounding and Bonding			
		Certification			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent 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

XX Licensed Elec. Contractor [] Certified Landscape Irrigation Contr. [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Hook up (3) air conditioner split units and (1) roof top air conditioner unit. Hook up (1) unit ventilator and (3) exhaust fans per the drawings.

QTY	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Frac. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
7		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	
3	4	HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
4	1	KW Baseboard Heat	
		HP Motors 1/4+ 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 \$



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

6/8/13
C-12-002360
13-2435

IDENTIFICATION Block: 380 Lot: 13 Qualifier
Work Site Location: 171 BEAVERSON BLVD. Brick Township, NJ Contractor Design Resources Group
Owner in Fee BRICK TOWNSHIP BOARD OF EDUCATION Address 371 Hoes Lane Ste. 301 Piscataway NJ 08854
101 HENDRICKSON AVE. BRICK NJ 08723 Telephone: (732) 560-7900
Telephone: (732) 785-3000 Lic. No. or Bldrs. Reg. No.
Federal Employee No.

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:

AIR CONDITIONER, ALTERATION - -COMMERCIAL Replace existing corridor ceiling finishes
Reinstall existing lights
Install new A/C units in several rooms

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 \$90,590

Donald A. Newman Jr.
Construction Officer

Date

6/7/13

U.C.C. F170
equiv (rev 1/04)

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.



PERMIT UPDATE

Date Update Issued 6/8/13
Control # C-12-002360-A
Permit # +A

13.2435

IDENTIFICATION Block: 380 Lot: 13 Qualifier _____
Work Site Location: 171 BEAVERSON BLVD. Brick Township, NJ Contractor Design Resources Group
Owner in Fee BRICK TOWNSHIP BOARD OF EDUCATION Address 371 Hoes Lane Ste. 301 Piscataway NJ 08854
101 HENDRICKSON AVE. BRICK NJ 08723 Telephone: (732) 560-7900
Telephone: (732) 785-3000 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

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:

COMMUNICATION POINTS

Lake Riviera Middle School

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 \$10,400

Daniel Newman Jr
Construction Official

6/7/13
Date

U.C.C. F170
equiv (rev 1/04)

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.



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 380 Lot 13 Qualification Code _____

Work Site Location Lake Riviera Middle School
171 Beaverson Blvd, Brick, NJ 08723

Owner in Fee: Brick Board of Education

Tel. (732) 785-3000 e-mail _____

Address 101 Hendrickson Avenue Brick 08724

Contractor: Design Resources Group street municipality zip code
Tel. (732) 560-7900

Address 371 Hoes Lanes, Suite 301 e-mail davidg@dtgaia.com

Piscataway, NJ 08854

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (732) 560-7910

B. ELECTRICAL CHARACTERISTICS

Use Group Present E Proposed E

☐ Pole/Pad # _____ ☐ Temporary ☒ Other Renovation

Building Occupied as Educational Utility Co. _____

Est. Cost of Elec. Work \$ 120,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ 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: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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: David Galati

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: install new A/C units in several room

QTY. SIZE

ITEMS

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 Heater

HP Motors 1/2 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 \$ _____

U.C.C. F120 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



**BUILDING SUBCODE
TECHNICAL SECTION**



Change of Contractor

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

Owner In Fee: Brick Township BOE

Tel. (732) 785-3000 e-mail _____

Address 101 Hendrickson Ave, Brick, NJ 08724

Contractor: Midcoast Mechanical, Inc Tel. (732) 918-1222 zip code _____

Address 6 Columbia Road e-mail midcoast@optonline.net

Neptune, NJ 07753

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

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

Federal Emp. ID No. 22-3257222 FAX: (732) 918-8254

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☐ No Plans Required			Footings		
☐ All			Footings/Bonding		
☐ Footings/Foundations			Foundation		
☐ Structural/Framework			Slab		
☐ Exterior			Frame		
☐ Interior			Truss Sys/Bracing		
Joint Plan Review Required:			Barrier-Free		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation		
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer		
Date:			Finishes -Final		
Approved by:			Energy		
			Mechanical		
SUBCODE APPROVAL for CERTIFICATE			TCO		
☐ CO ☐ CCO			Other		
Date:	<u>10/30/13</u>	<u>WCA</u>	Final	<u>10-22-13</u>	<u>C.P.</u>
Approved by:	<u>[Signature]</u>		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. \$ 75,840.00

2. Rehabilitation \$ 25,840.00

3. Total (1+2) \$ 101,680.00

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

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: Robert C. Maddy Jr.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HVAC Upgrades

TYPE OF WORK:	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☐ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence _____ Height (exceeds 6') _____ Sq. Ft. _____	
☐ Sign _____ Sq. Ft. _____	
☐ Pool	
☐ Retaining Wall _____ Sq. Ft. _____	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Radon Remediation	
☒ Other <u>HVAC</u>	
☐ Demolition	

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

Date Received 6/8/13
Control # C12-0023601
Date Issued 13.24355
Permit # _____



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 Lake Riviera Middle School

171 Beaverson Blvd, Brick, NJ 08723

Owner in Fee: Brick Board of Education

Tel. (732) 785-3000 e-mail _____

Address 101 Hendrickson Avenue Brick 08724

Contractor: Design Resources Group Tel. (732) 560-7900 zip code _____

Address 371 Hoes Lane, Suite 301 e-mail davidg@drgaia.com

Piscataway, NJ 08854

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

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

Federal Emp. ID No. _____ FAX: (732) 560-7910

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Dates (Month/Day)	Initial
						Failure	Approval
☐ No Plans Required			☐ All	Footings			
☐ Footings/Foundations			☐ Structural/Framework	Footings Bonding			
☐ Exterior			☐ Slab	Foundation			
☐ Interior			☐ Frame	Slab			
Joint Plan Review Required:			☐ Truss Sys./Bracing	Frame			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			☐ Barrier-Free	Truss Sys./Bracing			
SUBCODE APPROVAL for PERMIT			☐ Insulation	Barrier-Free			
Date:			☐ Finishes -Base Layer	Insulation			
Approved by:			☐ Finishes -Final	Finishes -Base Layer			
			☐ Energy	Finishes -Final			
SUBCODE APPROVAL for CERTIFICATE			☐ Mechanical	Energy			
☐ CO ☐ CCO ☐ CA			☐ TCO	Mechanical			
Date:			☐ Other	TCO			
Approved by:			☐ Final	Other			
			☐ Barrier-Free	Final			

B. BUILDING CHARACTERISTICS

Use Group Present E Proposed E

No. of Stories 1 Constr. Class Present VB Proposed VB

Height of Structure 25 ft. If Industrialized Building: _____

Area — Largest Floor 103,022 sq. ft. State Approved _____ HUD _____

New Bldg. Area/All Floors No Change sq. ft. **Est. Cost of Bldg. Work:**

Volume of New Structure No Change cu. ft. 1. New Bldg. \$ _____ 97,088

Max. Live Load _____ 2. Rehabilitation \$ _____ 97,088

Max. Occupancy Load _____ 3. Total (1+2) \$ _____ 97,088

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: David Galati

Print name here: David Galati

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace existing corridor ceiling finishes in there entirety.
Reinstall existing lights and other misc. equipment back into
there original locations. Install new A/C units in several rooms.

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ 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 \$ _____

Date Received
Control #

Date Issued
Permit #

6/8/13
13-2435



PLUMBING 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 Lake Riviera Middle School
2282 Lanes Mill Road, Brick, NJ 08723
Owner in Fee: Brick Board of Education
Tel. (732) 785-3000 e-mail _____
Address 101 Hendrickson Avenue Brick 08724
Contractor: Design Resources Group municipally Tel. (732) 560-7900
Address 371 Hoes Lane, Suite 301 e-mail davidg@drgrain.com
Piscataway, NJ 08854

Contractor License No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (732) 560-7910

B. PLUMBING CHARACTERISTICS
Use Group Present E Proposed E
Building Sewer Size _____ Public Sewer _____
Water Service Size _____ Public Water _____ Private Septic _____
Est. Cost of Plumbing Work \$ 5,000 Private Well _____

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
☒ No Plans Required		Slab				
☐ Partial - Under-slab Utilities Approved		Rough				
Date <u>06-28-17</u> Approved by: <u>PH</u>		Water				
☐ Plumbing Plans Approved		Sewer				
Date: _____ Approved by: _____		Fixtures				
Joint Plan Review Required: _____		Gas Equipment				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping				
SUBCODE APPROVAL for PERMIT		LP Gas Tank				
Date: _____		Fuel Oil Piping				
SUBCODE APPROVAL for CERTIFICATE		Solar				
☐ CO ☐ CCO ☐ CA		TCO				
Date: _____		Final				
Approved by: _____						

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: David Galati

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	DESCRIPTION OF WORK	FIXTURE/EQUIPMENT	FEE (Office Use Only)
		Water Closet	
		Urinal/Bidet	
		Bath Tub	
		Lavatory	
		Shower	
		Floor Drain	
		Sink	
		Dishwasher	
		Drinking Fountain	
		Washing Machine	
		Hose Bibb	
		Water Heater	
		Fuel Oil Piping	
		Gas Piping	
		LP Gas Tank	
		Steam Boiler	
		Hot Water Boiler	
		Sewer Pump	
		Interceptor/Separator	
		Backflow Preventer	
		Greasetrap	
		Sewer Connection	
		Water Service Connection	
		Stacks	
		Other	

Date Received
Control #

Date Issued
Permit #

6/8/13
132435

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Change of Contractor

6/8/13



PLUMBING 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 Lake Riviera Middle School

171 Beauvallon Blvd, Brick, NJ 08723

Owner in Fee: Brick Township BOE

Tel. (732) 785-3000 e-mail _____

Address 101 Hendrickson Ave, Brick, NJ 08724

Contractor: Midcoast Mechanical, Inc. Tel. (732) 918-1222

Address 60 Columbia Road e-mail midcoastoptical@net

Contractor License No. 12075 Exp. Date 6/30/15

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

Federal Emp. ID No. 22-3257222 FAX: (732) 918-8254

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Failure	Approval
☐ No Plans Required		Slab			
☐ Partial - Underslab Utilities Approved		Rough			
Date: _____	Approved by: _____	Water			
☐ Plumbing Plans Approved		Sewer			
Date: _____	Approved by: _____	Fixtures			
Joint Plan Review Required:		Gas Equipment			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping			
SUBCODE APPROVAL for PERMIT		LP Gas Tank			
Date: _____	Approved by: _____	Fuel Oil Piping			
SUBCODE APPROVAL for CERTIFICATE		Solar			
☐ CO ☐ CCO ☒ CA		TCO			
Date: <u>9-26-13</u>		Final			
Approved by: <u>BJ</u>					

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: Robert C. Maddux Jr.

Print name here: Robert C. Maddux Jr.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK HVAC Upgrades

QTY. _____

Water Closet _____

Urinal/Bidet _____

Bath Tub _____

Lavatory _____

Shower _____

Floor Drain _____

Sink _____

Dishwasher _____

Drinking Fountain _____

Washing Machine _____

Hose Bibb _____

Water Heater _____

Fuel Oil Piping _____

Gas Piping _____

LP Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other Condensate Drains

Date Received
Control # C12-002360

Date Issued
Permit # 13-2435

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



PLUMBING 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 Lake Riviera Middle School
2282 Lanes Mill Road, Brick, NJ 08723

Owner in Fee: Brick Board of Education

Tel. (732) 785-3000 e-mail

Address 101 Hendrickson Avenue Brick 08724

Contractor: Design Resources Group municipality Tel. (732) 560-7900

Address 371 Hoes Lane, Suite 301 e-mail davidg@drgaia.com

Piscataway, NJ 08854

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: (732) 560-7910

B. PLUMBING CHARACTERISTICS
Use Group Present E Proposed E

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[] Partial - Under/Slab Utilities Approved

Date 06-28-13 Approved by: PA

[] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required: [] Bldg. [] Elec. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6-28-13 WBC

Approved by:

SUBCODE APPROVAL for CERTIFICATE
[] CO [] CCO [] CA

Date: 9-26-13

Approved by: 2

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: David Galati

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

QTY.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Intercepting Sewer

Grease Trap

Sewer Connection

Water Service Connection

Stacks

Other

Date Received
Control #
Date Issued
Permit #

6/8/13
13-2435



13-2435

Bek 380
hot 13

August 13, 2013

Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Attn: Daniel Newman

Re: Brick Board of Education
Lake Riviera Middle School
New Air Conditioning Units, Ceiling and Lighting Improvements
Division of Inspection Control No. C12-002360

PRINCIPALS:
Hany Y. Salib, AIA, NCARB
NJ Lic # 21A101733800
PA Lic # RA404803
NY Lic # 032590-1

Patrick S. Seiwel, AIA, NCARB
LEED AP
NJ Lic # 21A101611000
PA Lic # RA403783
NY Lic # 031550-1

Phillip J. Cacossa, PE
LEED AP
NJ Lic # 24GE03704900
PA Lic # PE056000E
NY Lic # 079633-1

ASSOCIATE:
Alan N. Trovato

Dear Mr. Newman,

Please find the enclosed items in reference to the above mentioned project:

- (2) Complete sets of plans, signed and sealed by the Architect.

This is a copy of the bid set of drawings that includes G-Series sheets which are general notes and drawings A1.1 and A1.2 that simply references the mechanical work detailed on the mechanical and electrical drawings. They also depicts ceiling and lighting replacements that the Brick Board of Education has decided to **not** do at this time.

We wanted to submit these for your records as the G series drawings and drawings A1.2 and A1.3 were not part of the permit set of drawings submitted last summer.

Please feel free to call should you have any questions or require any additional information. I can be reached at 732-560-7900, Ext. 112 or by e-mail at frankb@drgaia.com.

Sincerely,

Frank Bowlby
Design Resources Group Architects AIA, Inc.
Project Manager

Cc: file

(p:1205/02/1205 G&A Drawings.doc)



DESIGN RESOURCES GROUP ARCHITECTS

May 29, 2013

Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Attn: Mr. Daniel Newman

Re: Brick Board of Education
Computer Room HVAC Upgrades
Lake Riviera Middle School
DRG Project No. 1207-02
State Plan No. 0530-043-10-1030

Division of Inspection Control Number C12-002360

Dear Mr. Newman,

This is to advise you that the Brick Board of Education is not proceeding with plans to replace the corridor ceilings as shown on drawings A1.1 and A1.2 of the above referenced project (and reviewed by your office). The contractor for this project, Midcoast Mechanical is only proceeding with the HVAC upgrades.

Please feel free to call should you have any questions or require any additional information. I can be reached at 732-560-7900, Ext. 112 or by e-mail at frankb@drgaia.com.

Sincerely,

Frank Bowlby
Design Resources Group Architects AIA, Inc.
Project Manager

Cc: Patrick Seiwel, DRG
James Edwards BBOE Business Administrator

(p:1207/02/1207 No Ceilings 5-29-13.doc)

PRINCIPALS:

Hany Y. Salib, AIA, NCARB
NJ Lic # 21A101733800
PA Lic # RA404803
NY Lic # 032590-1

Patrick S. Seiwel, AIA, NCARB
LEED AP
NJ Lic # 21A101611000
PA Lic # RA403783
NY Lic # 031550-1

Phillip J. Cacossa, PE
LEED AP
NJ Lic # 24GE03704900
PA Lic # PE056000E
NY Lic # 079633-1

ASSOCIATE:

Alan N. Trovato



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 380 Lot 13 Qualification Code _____
Work Site Location BRICK, NJ 08723 (LL RIVERA MIDDLE)

Owner In Fee: BRICK BOARD OF EDUCATION

Tel. (732) 785-3000 e-mail _____
Address 101 HENDERICKSON AVE BRICK, NJ 08724 Zip Code 08724

Contractor: JSC ELECTRIC LLC Municipality _____ Tel. (732) 206-0010
Address BRICK, NJ 08724 e-mail _____

Contractor License No. 9455 Exp. Date 3/31/2015

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 46-1693051 FAX: (732) 206-0080

B. ELECTRICAL CHARACTERISTICS

Use Group Present SCHOOL Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as SCHOOL Utility Co. _____
Est. Cost of Elec. Work \$ 10,400-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required	Type: _____	Failure Failure Approval Initial
☐ Partial - Underslab Utilities Approved	Rough _____	
Date: _____	Barrier-Free _____	
☐ Electric Plans Approved	Trench _____	
Date: _____	Temp. Serv. _____	
☐ Approved by: _____	Constr. Serv. _____	
Joint Plan Review Required:	TCO _____	
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	Other _____	
SUBCODE APPROVAL for PERMIT	Service _____	
Date: <u>6-6-13</u>	Final _____	
Barrier-Free _____		
Approved by: <u>ST</u>		
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued _____	
☐ CO ☐ CCO ☐ CA	Final Cut-in-Card Date Issued _____	
Date: _____	Annual Pool Inspection _____	
Approved by: _____	Date of Grounding and Bonding _____	

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.

Print name here: _____

Frank Nieves

☐ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contractor

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: _____

ATC 1DDC CONTRDLS. LOW VOLTAGE WIRING

QTY. SIZE ITEMS

- 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 1/4 HP
- KW Transformer/Generator
- AMP Service
- AMP Subpanels
- AMP Motor Control Center
- KW Elec. Sign/Outline Light

Date Received _____
Control # _____
Date Issued _____
Permit # _____

6/8/13

130435

414

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



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 380 Lot 13 Qualification Code _____

Work Site Location Lake Riviera Middle School
171 Beaverson Blvd, Brick, NJ 08723

Owner in Fee: Brick Board of Education

Tel. (732) 785-3000 e-mail _____

Address 101 Hendrickson Avenue Brick 08724

street

municipality

zip code

Contractor: Design Resources Group Tel. (732) 560-7900

Address 371 Hoes Lanes, Suite 301 e-mail davidg@drgaia.com

Piscataway, NJ 08854

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (732) 560-7910

B. ELECTRICAL CHARACTERISTICS

Use Group Present E Proposed E

☐ Pole/Pad # _____ ☐ Temporary ☒ Other Renovation

Building Occupied as Educational Utility Co. _____

Est. Cost of Elec. Work \$ 120,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
	Type:	Failure Failure Approval Initial
☐ No Plans Required	Rough	
☐ Partial - Underslab Utilities Approved	Barrier-Free	
Date: _____ Approved by: _____	Trench	
☐ Electric Plans Approved	Temp. Serv.	
Date: _____ Approved by: _____	Constr. Serv.	
Joint Plan Review Required:	TCO	
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	Other	
SUBCODE APPROVAL for PERMIT	Service	
Date: _____	Final	
Approved by: _____	Barrier-Free	
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-In-Card Date Issued	
☐ CO ☐ CCO ☐ CA	Final Cut-In-Card Date Issued	
Date: _____	Annual Pool Inspection	
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 sign/Contractor sign and seal here:

Print name here:

David Galati

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

install new A/C units in several room

QTY.	SIZE	ITEMS	FEE (Office Use Only)
<u>6</u>		Lighting Fixtures	
<u>10</u>		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
<u>16</u>		TOTAL NUMBERS	\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Stephen C. Acropolis, Mayor

Township Council:

John Ducey - President
Bob Moore - Vice President
Domenick Brando
Jim Fozman
Susan Lydecker
Joseph Sangiovanni
Dan Toth
July 19, 2012



Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

Design Resources Group
371 Hoes Lane Suite #301
Piscataway, New Jersey 08854
Attention: Patrick Seiwel

Re: Lake Riviera Middle School
New Air Conditioning Unit, Ceiling and Lighting Improvements
171 Beaverson Boulevard
Division of Inspection Control Number C12-002360

Dear Mr. Seiwel:

It is the understanding of this office that the selection of contractors for the above project will not take place until the review of the construction plans and permit application is completed.

This office has reviewed the permit application for the above-referenced project. It has been determined that the submitted application and the associated construction documents, plans, and specifications are satisfactory and indicate substantial compliance to the construction codes.

Prior to issuing the permits, the applicant is required to provide contractor information. Once contractors have been determined, some additional information may be required from the contractors such as additional shop drawings, manufacturer installation instructions for specific materials and contractor licensing information.

If you have any questions, please contact the Division of Inspections at 732-262-1030.

Very truly yours,

Daniel F. Newman, Jr.
Construction Official

DFN/mk

Cc: Dr. Walter Uszenski, Superintendent of Schools
James Edwards, Business Administrator
Robert Vogel, Director of Facilities





State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO Box 802
TRENTON, NJ 08625-0802

JUN 15 2012

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

RICHARD E. CONSTABLE, III
Acting Commissioner

June 12, 2012

Mr. Daniel F. Newman, Jr.
Construction Official
Brick Township
401 Chambers Bridge Road
Brick Township, New Jersey 08723

Re: Project: HVAC Upgrades
School: Lake Riviera MS
School District: Brick Township
County: Ocean
DOE Project #: 0530-043-10-1030

Dear Mr. Newman:

The New Jersey Department of Education (NJDOE) has forwarded the above-referenced school district's request for permission to allow your agency to perform plan review in accordance with the requirements of the New Jersey Uniform Construction Code (NJUCC). The New Jersey Department of Community Affairs hereby grants the requested permission.

Please be aware that it is your agency's responsibility to ensure the NJDOE has issued final educational adequacy approval or has determined no such approval is required. Furthermore, your agency must obtain the plans that have been approved by the NJDOE from the school district or its design professional.

In addition to plan review for compliance with all of the subcodes of the NJUCC, as they may be applicable, it is also your responsibility to ensure compliance with N.J.A.C. 5:23-3.11A(c) and the NJDOE's public school facility requirements enumerated in Bulletin #00-3, as appropriate.

If you have any questions, please feel free to contact this office at (609) 984-7609.

Sincerely,

John N. Terry
Division of Codes and Standards

- c: Walter Hrycenko, Superintendent, Brick Township School District
Enclosure to Construction Official: DOE Stamped Plans



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

STATE PROJECT#:

Parent 0530-043-10-1030
Land
Temporary
Feasibility
Emergent

REQUEST FOR LOCAL RELEASE OF SCHOOL CONSTRUCTION PLANS**Project and District Information**

County: OCEAN
District Name: BRICK TWP
District Number: 0530
School Name: Lake Riviera MS-HVAC IN COMP
School Code: 043
Project Title: HVAC in Computer Rms at Lake Riviera M
Project Address: 171 Beaverson Blvd.
Municipality: Brick Township
Zip Code: 08723

District Contact: Mr. James Edwards
Contact Title: Business Administrator
District Telephone #: 732-785-3000
District Fax #: 732-840-9089
District E-Mail: jedwards@brickschools.org
A/E Firm: Design Resources Group
A/E Contact: Mr. Patrick S. Seiwel, Principal
A/E Phone #: 732-560-7900
A/E Fax #: 732-560-7910
A/E E-Mail: patricks@draga.com

Brief Description of Project:

Provide HVAC in computer server rooms and ceiling replacement associated with HVAC upgrades.

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:

5/1/12

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):

[Signature]

Date:

5-3-12

Municipal Code Enforcing Agency Classification is class:

Class 1

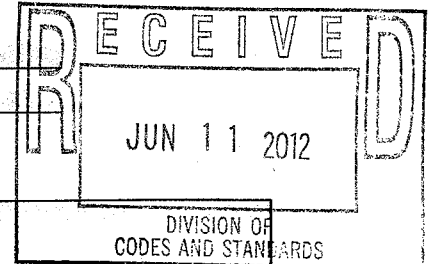
Municipal Code Enforcing Agency Address:

Street: Municipal Building
401 Chambers Bridge Road
City: Brick Township
State: New Jersey
Zip Code: 08723

Phone: 732-262-1027

Fax: 732-262-8954

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: John N. Terry
Title: Mgr., CCE

Signature:

Date Acted Upon:

Action: ☒ APPROVED☐ DENIED (identify reason below)☐ RETURNED NO ACTION (identify reason below)

Comments:

Lisa Rose Tavalaccio

To: davidg@drgaia.com
Subject: Incomplete Applications

Hello David,

We are in receipt of the school applications for the HVAC systems. The following require a plumbing tech to be completed for the A/C units:

*Vets Memorial Middle School
Drum Point Elementary School
Lake Riviera Middle School*

Also a reminder, we will require a change of contractors before the applications will be approved through building, electric and plumbing. This includes the above schools and Osbornville Elementary School.

Once I receive the plumbing techs for each school, I can proceed with the review process.

I will be entering the applications for Emma Havens and Lanes Mill Schools for the exterior doors and electric. But again, we will require the change of contractors for all applicable subcodes. (Electric and plumbing)

Thank you
Have a great Day!

Lisa Rose Tavalaccio
Township of Brick
Senior Permit Clerk
732-262-1030 Phone
732-262-2941 Fax

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 David Galati Date 6/18/12

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 David Galati (Design Resources Group)
Address 371 Hoos Lane, Suite 301
Piscataway, NJ 08854
Telephone (732) 560-7900
Signature David Galati

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