BLOCK 701.39 LOT 12 ADDRESS (SITE) 346 CHAMBERSBRIDGE PERMIT NO. 1803-90

RECEIVED

AUG 30 1990

BUILDING

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 346 CHAMBERSBRIDGE RD.
2. Name of Owner in Fee: BRICK BD OF ED. Tel. (201) 477-2800
   Address 101 HENDRICKSON AVE. BRICK N.J. 08723
   street municipality zip code
3. Ownership in Fee: Public ✓ Private ____ BILL BUCHANAN
4. Principal Contractor: SELF Tel. (____) ____
   Address ____
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person In Charge of Work ____ Tel. (____) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	EXEMPT	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft.	
no ____	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

Demo - Bus Canopy

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	3,700

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			9/5/90	Reg/C			

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10409767

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓ Check if contractor.

Agent Name GUARDIAN INC.

Address 60 Jerseyville Ave
Freehold, N.J. 07728

Telephone (908) 462-5771

Signature _____ Date 9/19/90

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED **(office use only)**

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/18/90
Control #
Permit # 1803-90

IDENTIFICATION Block 701.39 Lot 12

Work Site Location 346 Chamberbridge Rd Contractor Self

Address

Owner in Fee Brick Bd of Education

Address 101 Hendrickson Ave Tele. ( )

Brick Lic. No. or Bldrs. Reg. No. Exp. Date

Tele. ( ) Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Demo - Bus Canopy

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 $ 2200 —

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**	
Building	
Plumbing	—
Electrical	—
Fire Protection	NC
Other	
Other	P
DCA Training Fee	1 —
Cert. of Occ.	7
Other	
Total	
Check No.	
Cash	
Collected By:	

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # AUG 1 9 4 0 0 6 9 1 9

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

Block 101.39 Lot 12
Work Site Location MAINTENANCE GARAGE, CHAMBERS BRIDGE ROAD, BRICK, N.J.
Owner in Fee TOWNSHIP OF BRICK
Address BRICK TOWNSHIP N.J.
Tele. (908) 262-1057
Contractor CHARLES J. HOFFMAN AND SON
Address 204 W. SYLVANIA AVE
NEPTUNE CITY, N.J. 07753
Tele. (908) 775-7979
Lic. No. 5542
Federal Emp. No. 22-1841273 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed PLANS PREPARED BY
[ ] Pole/Pad # [ ] Temporary [ ] Other TOWNSHIP ENG OF
Building Occupied as Utility Co. BRICK UT. AUTH
Est. Cost of Elec. Work $ (OU SITE)

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv. TEMP Panel only				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
		Fixtures (1)
		Receptacles (2)
		Switches (3)
		Total 1 + 2 + 3
	___ Kw	Range
	___ Kw	Oven(s)
	___ Kw	Surface Unit
	___ hp	Dishwasher
	___ hp	Garbage Disposal
	___ Kw	Dryer
	___ Kw	A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
	___ hp	Whirlpool/spa
		Pool Bonding
	___ hp	Pool Filter Motor
		Pool Lights
	___ Kw	Water Heater(s)
	___ Kw	Central heat: oil, gas or elec.
	___ Kw	Baseboard Heat Units
		Thermostats
	___ hp	Heat Pump
2	1½ hp	Pump(s) S.T.P.
	___ Amp	Motor Control Center/Sub Panels
		Signs
		Light Standards
	___ hp	Motors—Fractional H.P.
	___ hp	Motors—All Others
	___ Kw	Transformers
	___ Kw	Generators
	___ Amp	Service Entrance
1	1 HP	Other GATE MOTORS

FEE (Office Use Only)

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ N/C
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-1208 MF 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

State of New Jersey
Department of Labor
DIVISION OF WORKPLACE STANDARDS

ASBESTOS LICENSE

LICENSE NUMBER: 00013

ISSUE DATE: 06/21/88 EXPIRATION DATE: 06/21/90

THIS LICENSE has been issued in accordance with and subject to the provisions of the Asbestos Control and Licensing Act, P. L. 1984, c. 173.

Employer: Guardian, Inc.

Address: 60 Jerseyville Avenue
Freehold, NJ 07728

TYPE "A" LICENSE

DUPLICATE

Responsible Individual: Herbert H. Frank, President

This license is VALID ONLY FOR THE EMPLOYER NAMED HEREIN and must be readily available at the work site for inspection by the Commissioners of Labor and Health and the contracting agency.

003744

Commissioner

ACL-4 (R-8-86)

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Daniel F. Newman, Mayor

Members of Township Council
Mary Anne L. Butler, Council President
Charles E. Anderson
Patrick L. Bottazzi
Edmund H. Hibbard
Joseph C. Scarpelli
Warren H. Wolf
David W. Wolfe

Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 252

Called
9-17-90
11:10 AM

CHECK LIST

RE: Block 701.39 Lot 12 Address 346 Chambers Bridge

Please be advised that your application for a construction permit for the subject property has beenrejected due to deficiencies in the following areas:

Administrative _____

Zoning _____

Engineering _____

Building _____

Plumbing _____

Electric _____

Fire _____

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

William Buchanan
Head of Maint.
ext. 222

Arthur J. Cierzo,
Construction Official

Date _____

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1): 09/13/90

Name of Building Owner/Operator (2): Bricktown Board of Education - Maintenance Dept.

Street Address: 346 Chambers Bridge Road

City, State, Zip Code: Bricktown, NJ 08723

Name of Contact: Mr. Tom Frese

Telephone Number: 201 477-2800 Ext, 223

Agencies Notified: [X] EPA, [X] DEP, [X] DOL, [X] DOH, [X] DCA

Type Notification: [X] Initial Notification; [ ] Amended Notification

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Bricktown High School

Street Address: 346 Chambers Bridge Road

City (5): Bricktown

County (6): Ocean

County Code (7) (STATE USE ONLY):

Type of Facility (4): [X] School (K-12); [ ] Subchapter 8 (Other than K-12); [ ] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet	# of Floors	Bldg. Age
100,000	2	1960

Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): Abernethy Associates Inc.

ASCM No.: 0039

Street Address: 8 Spring St.

City, State, Zip Code: Freehold, NJ 07728

Project Manager for Monitoring Firm: Kerry Abernethy

Telephone Number: 908 409-6086

Name of Contractor (9): Guardian, Inc.

Street Address: 60 Jerseyville Avenue

City, State, Zip Code: Freehold, NJ 07728

Telephone Number: 908 462-5771

License Number: 00013

Scheduled Start Date (10): 09/27/90

Sched. Completion Date (11): 09/28/90

Name of OSHA Monitor: E.P.C. Technologies

Street Address: P.O. 337

City, State, Zip Code: New Egypt, NJ 08533

Occupancy Status During Abatement (Check only one):
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours - Describe: 9pm - 6am
- [ ] Other - Describe:

Scope of Work (Check all that apply):
- [ ] Demolition
- [ ] Renovation
- [ ] Large Project (> 160 SF or > 260 LF ACM)
- [X] Small Project (>25 <160 SF or >10 <260 LF ACM)
- [ ] Minor Project (≤ 25 SF or ≤ 10 LF ACM)
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL	ENCLOSURE
Mechanical Room	x			Asbestos pipe fitting	18 lf	x			

Name of Registered Waste Hauler: Guardian, Inc.

NJDEP Waste Hauler ID No.: 3282

Cubic Yards of Waste: 1

Name of Registered Landfill: Grand Central Sanitation

City, State: Freehold, NJ

Disposal Date: 9-28-90

City, State: Pen Argyl, PA

Completed By (Print or Type): Mahlon Stevens

Title: Project Manager

Signature: Mahlon Stevens

Date: 9/13/90

ASB-
MAY 90