



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: Lake Riviera Middle School

2. Name of Owner in Fee: Board of Education Tel. () _____

Address 171 Beaverson Blvd. Brick NJ 08723

street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Sign Depot Tel. (732) 920-1818

Address 214 Brick Blvd. Brick, NJ 08723

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

Federal Employee No. EIN22-2935285 FAX: () _____

5. Architect or Engineer _____ Tel. () _____

Address _____

6. Responsible Person in Charge of Work Frank Ivaroha

Tel. (732) 920-1818 FAX (732) 920-1555

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. 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. New Building Area _____ sq. ft.

5. Volume of New 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 _____ no _____

11. Max. Live Load _____

12. Max. Occupancy Load _____

II. PROPOSED WORK

1. ☐ Minor Work

2. ☐ New Building

3. ☐ Addition

4. ☒ Alteration (sign)

5. ☐ Fire Protection

6. ☐ Plumbing

7. ☒ Electrical

8. ☐ Elevator Devices

9. ☐ Asbestos Abat. Subch. 8

10. ☐ Lead Hazard Abatement

11. ☐ Demolition

Est. Cost \$3850.

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<u>REC</u>	<u>9/26/99</u>		<u>9-7-99</u>	<u>FM</u>		
			<u>10/10/01</u>	<u>mm</u>	<u>10/11/01</u>	
<u>ENC</u>	<u>9/1/99</u>		<u>ENVA</u>	<u>R</u>		

TOTAL COSTS

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:

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 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 Sign Depot

Address 214 Brick Blvd.

Brick, NJ 08723

Telephone (920-1818)

Signature [Signature]

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

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	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 09/08/99
Control #
Permit # 99-3428

IDENTIFICATION Block 380 Lot 13 Qual

Work Site Location 171 BEAVERSON BLVD/LAKE RIVIE
Owner in Fee BRICK BD OF EDUCATION
Address SAME
BRICK, NJ 08723-
Telephone () -
Contractor SIGN DEPOT
Address 214 BRICK BLVD
BRICK, NJ 08723-
Telephone (732) 920-1818
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2935285

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
 - ☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
 - ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
- (Subchapter 8 only)

DESCRIPTION OF WORK:
MOVE AND REPLACE EXISTING SIGN FOR 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 \$ 3,850

Construction Official *[Signature]* 09/08/99
Date
U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)
Building 0
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other 0
DCA Training Fee 0
Cert. of Occupancy 0
Other 0
Total 0
Check No. 0
Cash 0
Collected By

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/26/99
Date Issued 9/18/99
Control # C30-138 99
Permit # 99-3428

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 Qual
Work Site Location 171 BEAVERSON BLVD/LAKE RIVER

SIGN

Owner in Fee BRICK HD OF EDUCATION

Address SAME

BRICK, NJ 08723-

Tele. ()

Contractor SIGN DEPOT

Address 214 BRICK BLVD

BRICK, NJ 08723-

Tele. (732) 920-1818 Fax ()

Lic. No. of Bldrs. Reg. No.

Federal Emp. No. 22-2935285

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[] No Plans Req 9-18-99

[X] All

[] Footing

[] Foundation

[] Frame

[] Other

Joint Plan Review Required:

[] Elect [] Plumb [] Fire

SUBCODE APPROVAL [] Elev

[] CO [] CCG [] CK

Date:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

B. BUILDING CHARACTERISTICS

Use Group Present E Proposed E

Constr. Class Present Proposed

No. of Stories 0 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 3,850

3. Total (1+2) \$ 3,850

Industrialized Building:

[] State Approved

[] HUD

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

MOVE AND REPLACE EXISTING SIGN FOR LAKE RIVIERA MIDDLE SCHOOL.

TYPE OF WORK

[] New Building

[] Addition

[X] Alteration

[] Roofing

[] Siding

[] Fence 0

[X] Sign 24

[] Pool

[] Asbestos Abatement Subchapter 8.

[] Lead Haz. Abatement NJAC 5:17

[] Other

Other

[] Demolition

Height (exceeds 6')

Sq. Ft.

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/11/2001
Date Issued 01/01/1954
Control #
Permit # 99-3428+A

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 Qual
Work Site Location 171 BEVERSON BLVD/LAKE RIVIE
ELECTRICAL FOR SIGN
Owner in Fee BRICK BD OF EDUCATION
Address SAME
BRICK, NJ 08723-
Tele. (732)262-2626 Fax ()
Contractor MAINTENANCE DEPT
Address 346 CHAMBERSBRIDGE RD
BRICK, NJ 08723-
Tele. (732)262-2626
Lic. No. or Bids. Reg. No.
Federal Emp. No. 26-22626

D. TECHNICAL SITE DATA

NO. SITE ITEM

FEE (Office Use Only)

Lighting fixtures	0	
Receptacles	0	
Switches	0	
Detectors	0	
Light Poles	0	
Motors-Fract HP	0	
Emergency & Exit lights	0	
Communications Points	0	
Alarm Devices/F.A.C. Panel	0	
TOTAL NUMBERS	1	35
Pool Permit/with UM lights	0	
Storable Pool/Spa/Hot Tub	0	
KW Elect Range/Receptacle	0	
KW Oven/Surface Unit	0	
KW Elect Water Heater	0	
KW Elect Dryer/Receptacle	0	
KW Dishwasher	0	
HP Garbage Disposal	0	
KW Central A/C Unit	0	
HP/KW Space Heater/Air Handler	0	
Baseboard Heat	0	
HP Motors 1/4 HP	0	
KW Transformer/Generator	0	
AMP Service	0	
AMP Subpanels	0	
AMP Motor Control Center	0	
KW Elect Sign/Outline Light	0	
Other	0	
Other	0	

8. ELECTRICAL CHARACTERISTICS

Use Group - Present F Proposed F
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required
Joint Plan Review Required:

INSPECTIONS
Type Failure Failure Approval Initial

[] Bldg [] Plumb
[] Fire [] Elevator

[] Elect Plans Approved
Date: 10/11/01

Approved By: [Signature]
SUBCODE APPROVAL:

[] CO [] CCO [] CA
Date: _____

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's Signature/Contractor's Seal and Signature

[] Licensed Electrical Contractor [] Exempt Applicant

Paid [] Check #
Collected by: _____

Administrative Surcharge \$

Minimum Fee \$

TOTAL FEE \$

DCA Training Fee \$

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/11/2001
Date Issued 01/01/1954
Control #
Permit # 99-3428+A

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 Qual
Work Site Location 171 BEAVERSON BLVD/LAKE RIVIE
ELECTRICAL FOR SIGN
Owner in fee BRICK BD OF EDUCATION
Address SAME
BRICK, NJ 08723-
Tele. (732) 262-2626 Fax ()
Contractor MAINTENANCE DEPT
Address 346 CHAMBERSBRIDGE RD
BRICK, NJ 08723-
Tele. (732) 262-2626
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 26-22626

0. TECHNICAL SITE DATA
NO. SIZE ITEM

FEE (Office Use Only)

8. ELECTRICAL CHARACTERISTICS
Use Group - Present E Proposed E
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 100

NO.	SIZE	ITEM	FEE
0		Lighting fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UV lights	
0		Storable Pool/Spa/Hot Tub	
0		KW Elect Range/Receptacle	
0		KW Oven/Surface Unit	
0		KW Elect Water Heater	
0		KW Elect Dryer/Receptacle	
0		KW Dishwasher	
0		HP Garbage Disposal	
0		KW Central A/C Unit	
0		HP/KW Space Heater/Air Handler	
0		Baseboard Heat	
0		HP Motors 1/4 HP	
0		KW Transformer/Generator	
0		AMP Service	
0		AMP Subpanels	
0		AMP Motor Control Center	
0		KW Elect Sign/Outline Light	
0		Other	
0		Other	

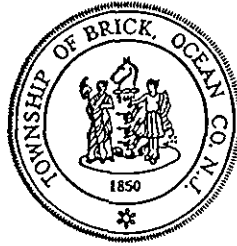
JOB SUMMARY (Office Use Only)
PLAN REVIEW
No Plans Required
Joint Plan Review Required:
[] Bidg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved
Date: 10/11/01
Approved by: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: 10/12/01
Approved by: [Signature]

INSPECTIONS
Type Failure Failure Approval Initial
Rough
Temp Serv
Const Serv
TCO
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.

Paid [] Check #
Collected by: [Signature]
Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$
OCA Training Fee \$

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



Joseph C. Scarpelli, Mayor

Township Council:

Helen Fayad – President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
<http://www.gbshost.com/brick>
<http://www.twp.brick.nj.us>

Date: August 6, 1999

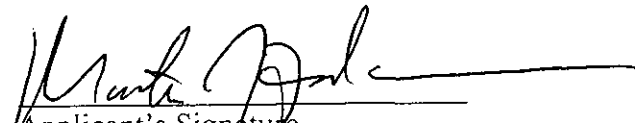
Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 380 Lot: 13

Property Address: 171 Beaverson Blvd.

I, Martin Fudali, Principal of Lake Riviera Middle School,
(name) at above(address)

Request to be exempted from the plot plan requirement for an addition as outlined in the
Brick Land Use Book, Chapter 190.31, part B.


Applicant's Signature

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

OFFICE USE

Approved: 9/1/99 CNA

Signed: 

Rejected: _____

Signed: _____

Comments: _____

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



Joseph C. Scarpelli, Mayor

Township Council:

Helen Fayad – President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 9-29-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 380 LOT 13 SITE ADDRESS 171 Braverson Blvd
Signal Lake R. J. Millman

TYPE OF SITE Commercial TYPE OF BUSINESS Brick Board of Ed
(Residential/Commercial)

APPLICANT Board of Ed CITY & STATE Brick, NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

\$ 100,000

Frederick R. Millman, CTA, Tax Assessor

Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

\$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 380 LOT 13 SITE ADDRESS 111 Beaversbrook Blvd
TYPE OF SITE Residential // Commercial TYPE OF BUSINESS Single-Family Rental
APPLICANT Bank Board of FL PHONE NUMBER 813-486-1111
APPLICANT ADDRESS 111 Beaversbrook Blvd CITY & STATE Fort Lauderdale, FL
PERMIT # _____ NAME OF BUSINESS Bank Board of FL

INCLUSIONARY DEVELOPMENT

☐ Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
☒ Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

☐ Residential is .005 %
☒ Commercial is .01 %

Estimated Assessment \$ 0 Date 9-7-99
Estimated Required Fee \$ 0
Required Deposit on Estimate \$ _____ Date _____
Check # _____ Receipt # _____
Actual Assessment \$ _____ Date _____
Actual Required Fee \$ _____
Minus Deposit of Estimate \$ _____
Balance Due \$ 0 Date _____
Check # _____ Receipt # _____
Amount Paid In Full \$ _____

Fees Imposed To Date _____
Fees Reached \$15,000 _____ Date _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe
Affordable Housing Administrator

Site Location: Lake Riviera Middle School
Block: 380 Lot: 13 Date Rec'd:
Owner: Bd. of Education Date Issued:
Address: 101 Hendrickson Ave. Control #:
Brick, NJ 08724 Permit #:
State: NJ Zip: 08724 Phone: (732-) 785-3000
SS #: Provide only if Applicant is owner

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

Update + A. Received
10-11-01

BUILDING

CONTRACTOR: Sign Depot
ADDRESS: 214 Brick Blvd.
Brick, NJ 08723
PHONE: (732) 920-1818
C.N.
EXPIRATION DATE:
FEDERAL EMP. #. (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Move and Replace existing school sign.

TYPE OF WORK

2 New Building
2 Addition ☐ Fence: Height (6' or More)
☒ Alteration ☒ Sign: 24 Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☒ Other: SIGN ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

SE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
Ext. Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature: *[Signature]*

Estimated Cost of Building Work:
w/ Building (1): \$
ration (2): \$
TOTAL (1+2): \$ 3850
UBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

Approved by:

Date:

ELECTRICAL

CONTRACTOR: BRICK TOWN SCHOOLS
ADDRESS:
PHONE: 262-2626
LIC. #: EXP. DATE:
FEDERAL EMP. #. (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Exact HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/E.A.C. Panel		

TOTAL NUMBERS

Pool Permit w/UV Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	AMP
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: \$
Signature (print name): *[Signature]*
Estimated Cost of Electrical Work: \$
Signature (print name): KENNETH ESTELLE

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

COUNTER FORM
PLEASE PRINT

PLUMBING

CONTRACTOR:

ADDRESS:

PHONE:

LIC #:

LIC EXPIRATION DATE:

FEDERAL EMP # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO. FIXTURE/EQUIPMENT

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Gas Piping

Fuel Oil Piping

Water Heater

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

Greasetrap

Water Cooled AC or Refrig. Unit

Sewer Connection

Septic (Disposal System) Closure

Water Service Connection

Gas Service Connection

Active Solar System

Vent Through Roof

Other

Estimated Cost of Plumbing Work: \$

Signature:

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

FIRE

CONTRACTOR:

ADDRESS:

PHONE:

LIC #:

EXP. DATE:

FEDERAL EMP # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

Heating Sys: ☐ New ☐ Existing

Location of Furnace / Boiler

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervision

Proprietary Supervision

Flammable Liquid Storage Tanks Capacity: Fuel:

Combustible Liquid Storage Tanks Capacity: Fuel:

L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION

NUMBER

Wet Sprinkler Heads

Dry Sprinkler Heads

Total

Smoke Detectors

Heat Detectors

Total

Stand Pipes

Kitchen Hood Exhaust Systems

Pre-Engineered Systems

Co2 Suppression

Halon Suppression

Foam Suppression

Dry Chemical

Wet Chemical

Gas or Oil Fired Appliance

Other

Other

Estimated Cost of Fire Protection Work: \$

Signature:

Owner ☐

Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by: