



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII Q-10-002488

I. IDENTIFICATION

1. Proposed Work Site at: Emma Hancock Young School 43 Drum Point RD

2. Name of Owner in Fee: Township of Brick
Tel. (732) 262-1057 e-mail lulu@twp.brick.nj.us
Address 401 Chambers Bridge RD Brick, NJ 08723

3. Ownership in Fee: Public Private Municipality Zip code

4. Principal Contractor: Down to Earth Landscaping, Inc. (732) 833-7702
Address 705 Waigat - DE Beau RD Jackson, N.J. 08527 e-mail thecar@earthlandscaping.com

License No. OR, if new home, Builder Reg. No. _____ Exp. Date 12/31/10
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13 040050700
Federal Emp. ID No. _____ FAX: (732) 833-7709

5. Architect or Engineer Tim Associates Contact Steve Ames
Address 4 Tindall RD. Middletown e-mail _____
Tel. (732) 671-6400 FAX: (732) 671-7365

6. Responsible Person in Charge once Work has Begun Tony Barone
Tel. (732) 433-2165 FAX: (732) 833-7709

V. FEE SUMMARY (for office use only)

1. Building	\$ <u>5,000</u>	Update	
2. Electrical	\$ <u>0</u>	Update	
3. Plumbing	\$ <u>0</u>	Update	
4. Fire Protection	\$ <u>0</u>	Update	
5. Elevator Devices	\$ <u>0</u>	Update	
6. Subtotal	\$ <u>0</u>	Update	
7. Less 20% for State Plan Review	\$ <u>0</u>	Update	
8. Subtotal	\$ <u>0</u>	Update	
9. State Permit Surcharge Fee	\$ <u>0</u>	Update	
10. Subtotal	\$ <u>0</u>	Update	
11. Cert. of Occupancy	\$ <u>0</u>	Update	
12. Other	\$ <u>0</u>	Update	
13. TOTAL	\$ <u>0</u>	Update	

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 _____ HUD _____		
9. Total Land Area Disturbed	_____ sq. ft.	
10. Flood Hazard Zone	_____	
11. Base Flood Elevation	_____ ft.	
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☒ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☒ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
☒ Building	<u>46,000</u>	<u>PA</u>	<u>7/19/10</u>		<u>7/26/10</u>	<u>RA</u>		
☐ Electrical	<u>4,000</u>				<u>7/29/10</u>	<u>W</u>		
☐ Plumbing								
☐ Fire Protection								
☐ Elevator								
TOTAL COST								

FOR OFFICE USE ONLY (Optional)

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 _____

Lost, Rental _____

Lost, Sale _____

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. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. ☐ Refrigeration Systems
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly
	7. ☐ Sprinklers
	8. ☐ Smoke Control Systems in Open Wells
	9. ☐ Underground Storage Tanks
	10. ☐ Swimming Pools, Spas and Hot Tubs
	11. ☐ LP Gas Tanks

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.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 Tony Bar Date 6/29

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.

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
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. _____	_____	_____	_____

OFFICE USE ONLY

[illegible]

H-A-



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 548 Lot 21 Qualification Code
Work Site Location Enma H. Young School 67 Drum Point Rd

Owner in Fee Beick P.J.
Address Township of Brick
401 Chambers Bridge Rd

Tel (732) 922-2800 FAX (732) 922-2835
Contractor License No. 9084
Federal Emp. No. 3525044

B. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
[] No Plans Required			Type:	Failure	Approval	Initial
Joint Plan Review Required:			Rough			
[] Building [] Plumbing			Barrier-Free			
[] Fire [] Elevator			Trench			
[] Elec. Plans Approved			Temp. Serv.			
			Constr. Serv.			
Date: _____			TCO			
Approved by: _____			Other			
			Service			
			Final			
			Barrier-Free			
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued			
Date: <u>3-1-11</u>			Annual Pool Inspection			
Approved by: <u>JS</u>			Date of Grounding and Bonding			
			Certification			

C. CERTIFICATION AND OATH

I hereby certify that I am the (owner/contractor) owner of record and am authorized to make this application and declare the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
4		Lighting Fixtures
		Receptacles
		Switches
		Detectors
7		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

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

FEE (Office Use Only)

\$

H-H



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 548 Lot 21 Qualification Code 21

Work Site Location Enma H. Young School 67 Dean Point Rd

Owner in Fee Beick P.J.

Address Township of Brick

401 Chambers Bridge Rd

Beick P.J.

Tel (732) 262-1057

Contractor AT HANCOCKSON ELECTRIC INC

Address 1100

Tel (732) 922-2800 FAX (732) 922-2835

Contractor License No. 9084

Federal Emp. No. 3525044

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. 46600

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: 3-1-11

Approved by: JS

INSPECTIONS

Type:

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Dates (Month/Day)

Failure

Approval

Initial

8-27-10

8-27-10

8-27-10

8-27-10

8-27-10

8-27-10

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8-27-10

C. CERTIFICATION AND OATH

I hereby certify that I am the (owner/contractor) owner of record and am authorized to make this application and design the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

\$

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

H-A-



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

07.30.10

10-2010

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

Block 548 Lot 21 Qualification Code 21

Work Site Location Enma H. Young School 67 Dun Point Rd

Owner in Fee Beick P.J.

Address Township of Brick

401 Chambers Bridge Rd

Beick P.J.

Tel (732) 262-1057

Contractor PAHAGGOSAN ELECTRIC

Address 110

Tel (732) 922-2800 FAX (732) 922-2835

Contractor License No. 4084

Federal Emp. No. 3525044

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Utility Co.

[] Pole/Pad # [] Temporary [] Other

Building Occupied as 46600

Est. Cost of Elec. Work \$ 46600

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 Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

4 Lighting Fixtures

7 Receptacles

7 Switches

7 Detectors

7 Light Poles

7 Motors—Fract. HP

7 Emergency & Exit Lights

7 Communications Points

7 Alarm Devices/F.A.C. Panel

7 TOTAL NUMBERS

7 Pool Permit/with UW Lights

7 Storable Pool/Spa/Hot Tub

7 KW Elec. Ranges/Receptacle

7 KW Oven/Surface Unit

7 KW Elec. Water Heater

7 KW Elec. Dryer/Receptacle

7 KW Dishwasher

7 HP Garbage Disposal

7 KW Central A/C Unit

7 HP/KW Space Heater/Air Handler

7 KW Baseboard Heat

7 HP Motors 1/4 HP

7 KW Transformer/Generator

7 AMP Service

7 AMP Subpanels

7 AMP Motor Control Center

7 KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: 3-1-11

Approved by: JS

SUBCODE APPROVAL

[] CO [] CCO [] CA

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

Dates (Month/Day)

Initial

Failure

Approval

Initial

Failure

Approval

Initial

Failure

Approval

Initial

Failure

Approval

Initial

Failure



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 548 Lot 21 Qualification Code _____
 Work Site Location 477 Ocean Pt. Rd
Brick N.J. Emma Heavens Young School
 Owner in Fee: Township of Brick
 Tel. (732) 262-1057 e-mail _____
 Address 461 Chambers Bridge Rd Brick, N.J. 08723
 Contractor: Down to Earth Landscaping Tel. (732) 833-7702
 Address 765 Wright Drive e-mail landscaping.com
JACKSON, N.J. 08527
 Contractor License No. or Builder Registration No. _____ Exp. Date 12/31/10
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 174100507160
 Federal Emp. ID No. 223409991160 FAX: (732) 833-7703

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

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

Constr. Class Present _____ Proposed _____
 If Industrialized Building: State Approved _____ HUD _____
 Est. Cost of Bldg. Work:
 1. New Bldg. \$ _____
 2. Rehabilitation \$ _____
 3. Total (1+2) \$ _____

U.C.C. F110
(rev. 12/07)

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.

Signature Tom B...

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Playground
 New BASKET BALL Courts
 New site electric
 DRAINAGE
 Sidewalks - Curbbs
 FENCE
 Lawn Sprinklers

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☒ Fence 4-6 Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other Curbbs, Sidewalks,
☒ Demolition DRAINAGE

FEE (Office Use Only)

\$ _____

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

1 White = Inspector Copy
 3 Pink = Office Copy
 2 Canary = Office Copy
 4 Gold = Applicant Copy

073010
102010



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 21 Lot 21 Qualification Code _____
Work Site Location _____

Owner in Fee: _____ e-mail _____
Tel. () _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. () _____

Address _____ e-mail _____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work: _____

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation _____

Max. Live Load _____ 3. Total (1 + 2) _____

Max. Occupancy Load _____ U.C.C. F110 (rev. 12/07)

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

new playgrounds
new basket ball courts
new site electric
handicap
handicaps - curbs
fence
handicaps - curbs

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☒ Fence 4-6 Height (exceeds 6)
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

- 1 White = Inspector Copy
- 2 Canary = Office Copy
- 3 Pink = Office Copy
- 4 Gold = Applicant Copy

07.30.10
10.20.10



CONSTRUCTION PERMIT

Date Issued 10-2010
Control # C-10-002488
Permit # 07-30-10

IDENTIFICATION Block: 548 Lot: 21 Qualifier _____
Work Site Location: 41 & 43 DRUM POINT RD. 47 Drum Point Road Contractor DOWN TO EARTH
(Emma Haven's Young) Brick Township, NJ Address 705 WRIGHT DEBOW RD JACKSON NJ 08527
Owner in Fee BRICK TOWNSHIP BOARD OF EDUCATION
101 HENDRICKSON AVE BRICK NJ 08723 Telephone: (732) 833-7702
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

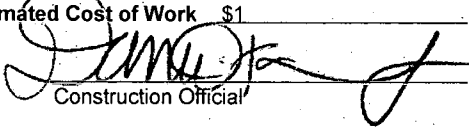
- | | | |
|--|--|--|
| ☒ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

playgrounds, basketball courts, light poles, drainage, sidewalks, curbs, fence, sprinklers (plumbing
to follow as of date of submission)

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 \$ 1


Construction Official

7-29-10
Date

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	<u>1</u>	\$0
Electrical	<u>1</u>	\$0
Plumbing	<u>1</u>	\$0
Fire Protection	<u>1</u>	\$0
Elevator Devices	<u>1</u>	\$0
Other	<u>1</u>	\$0.00
DCA Training Fee	<u>1</u>	\$0
CO Fee	<u>1</u>	\$0
Other	<u>1</u>	\$0
Total	<u>1</u>	\$0
Check No.	<u>1</u>	
Cash	<u>1</u>	\$0
Credit	<u>1</u>	\$0
Collected By	<u>1</u>	

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.