



CONSTRUCTION PERMIT APPLICATION

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

C12-002754

I. IDENTIFICATION

1. Proposed Work Site at: 43 Drum Point Road - EMMA HAVENS E.S.

2. Name of Owner in Fee: Brick Township B.O.E.
 Tel. (732) 785-3000 e-mail _____
 Address 101 Hendrickson Avenue
street municipality zip code

3. Ownership in Fee: Public ☒ Private _____

4. Principal Contractor: Wallace Bros Inc. Tel. (732) 295-9340
 Address 413 Railroad Sq. Plaza e-mail _____
Point Pleasant Beach N.J. 08742.

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

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

Federal Emp. ID No. 22 277 5668 FAX: (732) 295-5358

5. Architect or Engineer Design Resources Group Contact FRANK BOWLEY
 Address 371 Morris Road Suite 201 Pleasantville e-mail _____
 Tel. (732) 560-7900 FAX: (732) 560-7910

6. Responsible Person in Charge once Work has Begun Steve Wallace
 Tel. (732) 295-9340 FAX: (732) 295-5358

V. FEE SUMMARY (for office use only)

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

Spent

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. 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)

- ☒ Building
- ☒ Electrical
- ☐ Plumbing
- ☒ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>138,000⁰⁰</u>								
<u>10,000⁰²</u>				<u>6-11-13</u>	<u>JS</u>			
<u>1,000⁰²</u>				<u>6-17-13</u>	<u>(Signature)</u>			

TOTAL COST 149,000⁰²

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
- Gained, Sale _____
- Gained, Rental _____
- Lost, Sale _____
- Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: School
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
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

BLOCK 548 LOT 21 QUALIFICATION CODE _____ ADDRESS (SITE) _____43 Drum Point Road
Brick, NJ 08723

PERMIT NO. _____

CONSTRUCTION PERMIT
APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 41-43 Drum Point Road
Emma Havens Young Elementary School

2. Name of Owner in Fee: Brick Township Board of Education
Tel. (732) 785-3000 e-mail _____
Address 101 Hendrickson Ave. Brick 08724
street municipality zip code

3. Ownership in Fee: Public ☒ Private _____

4. Principal Contractor: Design Resources Group Tel. (732) 560-7900
Address 371 Hoes Lane, Suite 301 e-mail davidg@drgaia.com
Piscataway, NJ 08854

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

5. Architect or Engineer Design Resources Group Contact David Galati
Address 371 Hoes Lane, Suite 301 e-mail davidg@drgaia.com
Tel. (732) 560-7900 FAX: (732) 560-7910

6. Responsible Person in Charge once Work has Begun David Galati
Tel. (732) 560-7900 FAX: (732) 560-7910

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	<u>2</u>	
2. Height of Structure	<u>20</u> ft.	
3. Area — Largest Floor	<u>43,100</u> sq. ft.	
4. New Building Area	<u>No Change</u> sq. ft.	
5. Volume of New Structure	<u>No Change</u> 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)

- ☒ Building
☒ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>114,000</u>			<u>7/31/12</u>			<u>8-9-12</u>	<u>8/6/12</u>	<u>JL</u>
<u>5,000</u>			<u>8/1/12</u>					

TOTAL COST 119,000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
Gained, Sale _____
Gained, Rental _____
Lost, Sale _____
Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: Educational
2. Use Group, Proposed: E
3. Change in Use Group, Indicate Present: _____
C. MIXED USE -List secondary use(s): 11B
D. Construct. Classification: Present 11B
Proposed 11B

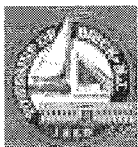
III. PLAN REVIEW (optional)

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
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/7/2013
Control Number C-12-002754
Permit Number 13-2565
Permit Issue Date 6/17/2013
Certificate Number 13-2565

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 41 & 43 DRUM POINT RD. Brick Township, NJ Block: 548 Lot: 21 Qual: _____
Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION
Owner Address: 101 HENDRICKSON AVE BRICK NJ 08723
Telephone: _____
Contractor: WALLACE BROTHERS INC.
Address: 1933 HWY 35 #285 WALL NJ 07719
Telephone: (732) 312-3217 Fax: _____
License Number or Builders Registration Number: 13VH01164900 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: ALTERATION - -COMMERCIAL Replace existing office storefront system, new ramp and sidewalk to front entry, new ceiling and lights in vestibule area

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:

David H. Newman Jr.

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

6/17/13
C-12-002754
13-2565

IDENTIFICATION Block: 548 Lot: 21 Qualifier
Work Site Location: 41 & 43 DRUM POINT RD. Brick Township, NJ Contractor: WALL 2 WALL HOME IMPROVEMENT
Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION Address: 1933 HWY 35 #285 WALL NJ 07719
101 HENDRICKSON AVE BRICK NJ 08723 Telephone: (732) 312-3217
Telephone: Lic. No. or Bldrs. Reg. No. 13VH01164900
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:

ALTERATION - COMMERCIAL Replace existing office storefront system, new ramp and sidewalk to front entry, new ceiling and lights in vestibule area

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 \$149,200

Construction Official

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.



FIRE PROTECTION 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 Emma havens Young E.S. - 43 Drum Point Road

Owner in Fee: Brick New Jersey 08724

Tel. 732 285-3000 e-mail

Address 101 Hendricks Ave Brick NJ 08724

Contractor: State-Wide Electric Inc. multiplicity Tel. 732 528-8959

Address 81 Broad Street e-mail

Manasquan, NJ 08736

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. 9390

Exp. Date 3/31/2015

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

Federal Emp. ID No. 22-3027441

FAX: 732 528-3080

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Const. Class: Present Proposed

Heating System: ☐ New or ☐ Modification to Existing ☐ Replacement

or ☐ Conversion or ☐ Replacement

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other

Location of Panel: Fire Suppression/Standpipe System:

Location: Location of Main Control Valve:

Total Cost of Fire Protection Work \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: Approved by:

☐ Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required: Pre-Eng. System

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: Approved by:

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ PCC ☐ LCA

Date: Approved by:

Other

U.C.C. F-140 (rev. 02/11)

Internet version

When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or owner of record and am authorized to make this application.

Applicant/Contractor

sign here:

Print name here: Dennis DiPalma

D. TECHNICAL SITE DATA

☐ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Date Received

Control #

Date Issued

Permit #

6/17/13
13.2505



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

43 Drive Rust Road - Emma Huns Young Es.

Owner In Fee:

Brick Township New Jersey 08724

Tel: (732) 285-3000

e-mail

Address 101 Hendricksen Ave

Brick NJ 08724

street

municipality

zip code

Contractor:

Wallace Bros. Inc.

Tel: ()

e-mail

Address

413 Railroad Sq. Plain

e-mail

08724

Contractor License No. or Builder Registration No.

Joint Pleasant Beach N.J. 08742

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

Exp. Date

Federal Emp. ID No. 22 277 5668

FAX: (732) 295-5358

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date

INSPECTIONS

Dates (Month/Day)

☐ No Plans Required

Type:

Failure

Approval

Initial

☐ All

Footings

over

7-3-13

C.P.

☐ Footings/Foundations

Footings Bonding

☐ Structural/Framework

Foundation

☐ Exterior

Slab

☐ Interior

Frame

Joint Plan Review Required:

Truss Sys./Bracing

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

Insulation

SUBCODE APPROVAL for PERMIT

Finishes - Base Layer

Date:

Finishes - Final

9-4-13

C.P.

Approved by:

Energy O.C. 11/11/13

SUBCODE APPROVAL for CERTIFICATE

Mechanical

☐ CO ☐ CCO ☐ CA

TCO

Date:

Other

8-30-13

C.P.

Approved by:

Barrier-Free

9-4-13

C.P.

B. BUILDING CHARACTERISTICS

Use Group Present

Proposed

Const. Class Present

Proposed

No. of Stories

If Industrialized Building:

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

1. New Bldg.

\$ 138,200.00

Max. Occupancy Load

2. Rehabilitation

\$ 138,200.00

3. Total (1+2)

\$ 138,200.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent, owner, or contractor) of record and am authorized to make this application.

Sign here:

Print name here:

Steve C. Dorman

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Vestibule Alteration

See Plans

Date Received

6/17/13

Control #

Date Issued

13-2505

Permit #

TYPE OF WORK:

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Retaining Wall

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other

☐ Demolition

FEE (Office Use Only)

\$

\$

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

Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



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 43 Drum Point Road
Brick, NJ 08723

Owner in Fee: Brick Township Board of Education

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

Address 101 Hendrickson Ave. Brick 08724

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

Address 371 Hoes Lane, Suite 301 e-mail davidg@dtgaia.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
☒ No Plans Required			☒ Footing				
☒ All <u>8/6/12</u>			☒ 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: <u>8-9-12</u>			☐ Finishes -Final				
Approved by: <u>VA/JTC</u>			☐ Energy & Ceiling				
☐ SUBCODE APPROVAL for CERTIFICATE			☐ Mechanical				
☐ CO ☐ CCO ☐ V/CA			☐ TCO				
Date: <u>8/10/13</u>			☐ Other				
Approved by: <u>VA/JTC</u>			☐ Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	E	Proposed	E	Constr. Class	Present	IIB	Proposed	IIB
No. of Stories									
Height of Structure									
Area — Largest Floor									
New Bldg. Area/All Floors									
Volume of New Structure									
Max. Live Load									
Max. Occupancy Load									

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

Replacement of existing office storefront system, new ramp and sidewalk at front entry, new ceiling and lights at the vestibule area.

TYPE OF WORK:

☐ New Building	
☐ Addition	
☒ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Retaining Wall	
☐ 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 #

13.2545
09/17/13



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 518 Lot 21 Qualification Code

Work Site Location Brick N.J. 08724 43 Duane Point Road

Owner in Fee: Brick Township B.O.E.

Tel. 732 785-3000 e-mail

Address 101 Hendrickson Ave Brick N.J. 08724

Contractor: State-Wide Electric Inc. Tel. 732 528-6959

Address 81 Broad Street

Manasquan, NJ 08736

Contractor License No. 9390

Exp. Date 3/31/2015

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

Federal Emp. ID No. 22-3027441

FAX: 732 528-3080

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 10,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Partial Under-slab Utilities Approved

Date: _____ Approved by: _____

☐ Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 6-11-13

Approved by: JS

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 7/3/13

Approved by: JS

INSPECTIONS

Type: _____ Failure _____ Approval _____ Initial _____

☐ 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 _____

Dates (Month/Day)

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

Pool Permit/with UW Lights

Storage Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

TOTAL NUMBERS

Pool Permit/with UW Lights

Storage Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

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 \$

Date Received _____

Control # _____

Date Issued _____

Permit # _____

Print name here _____

Dennis DiPalma

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY. SIZE ITEMS

1 1 Receptacles

1 1 Switches

1 1 Detectors

1 1 Light Poles

1 1 Motors—Fract. HP

1 1 Emergency & Exit Lights

1 1 Communications Points

1 1 Alarm Devices/F.A.C. Panel

1 1 Pool Permit/with UW Lights

1 1 Storage Pool/Spa/Hot Tub

1 1 KW Elec. Range/Receptacle

1 1 KW Oven/Surface Unit

1 1 KW Elec. Water Heater

1 1 KW Elec. Dryer/Receptacle

1 1 HP Garbage Disposal

1 1 KW Central A/C Unit

1 1 HP/KW Space Heater/Air Handler

1 1 KW Baseboard Heat

1 1 HP Motors 1/4 HP

1 1 KW Transformer/Generator

1 1 AMP Service

1 1 AMP Subpanels

1 1 AMP Motor Control Center

1 1 KW Elec. Sign/Outline Light

13. 25065
RECEIVED
6/15/13

WALLACE BROS., INC.



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/16/2013
Control Number C-12-002754
Permit Number 13-2565
Permit Issue Date 6/17/2013
Certificate Number 13-2565

Certificate

Construction Code Division
(Temporary Certificate of Occupancy)

Identification

Work Site Location: 41 & 43 DRUM POINT RD. Brick Township, NJ Block: 548 Lot: 21 Qual:
Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION
Owner Address: 101 HENDRICKSON AVE BRICK NJ 08723
Telephone:
Contractor: WALLACE BROTHERS INC.
Address: 1933 HWY 35 #285 WALL NJ 07719
Telephone: (732) 312-3217 Fax:
License Number or Builders Registration Number: 13VH01164900 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: ALTERATION - -COMMERCIAL Replace existing office storefront system, new ramp and sidewalk to front entry, new ceiling and lights in vestibule area

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: 9/26/2013 or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of: 9/26/2013

Conditions to be met:

Must pass final fire inspections.


Construction Official

Fee: \$0.00

Check Number:

Collected By:

Date Printed: 9/16/2013

U.C.C. F260 (rev. 08/05)

Page 1

APPLICATION FOR
CERTIFICATE

Date Received 7/30/2012
 Date Permit Issued 6/17/2013
 Control # C-12-002764
 Permit # 13-2565
 Date Issued 9/16/2013

IDENTIFICATION

Block 548 Lot 21 Qualifier _____
 Work Site Location 41 & 43 DRUM POINT RD. Brick Township NJ Contractor WALLACE BROTHERS INC.
 Address 1933 HWY 35 #285 WALL NJ 07719
 Owner in Fee BRICK TOWNSHIP BOARD OF EDUCATION Telephone (732) 312-3217
101 HENDRICKSON AVE BRICK NJ 08723 Lic. No. or Bldg. Reg. No. 13VH01164900
 Telephone _____ Federal Employee No. _____

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☒ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ E _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 149200

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

Alteration ALTERATION --COMMERCIAL Replace existing office storefront system, new ramp and sidewalk to front entry, new ceiling and lights in vestibule area

Emma Havens Young Elementary School

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____

Owner/Agent

☐ OWNER

☒ AGENT