

548 21 C24-54
BLOCK 34 LOT 548 QUALIFICATION CODE

ADDRESS (SITE) 41 Drum Point Rd PERMIT NO. 99-3803



CONSTRUCTION PERMIT APPLICATION

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

ZNA

I. IDENTIFICATION

1. Proposed Work Site at: 41 Drum Point Rd. Drum Point Recreation Complex
 2. Name of Owner in Fee: Township of Brick Tel. (732) 661-1165
 Address: 401 Chambers Bridge Rd. Brick N.J. 07719
 street municipality zip code
 3. Ownership in Fee: Public Private
 4. Principal Contractor: Greenlane of S.J. Inc Tel. (856) 589-4461
 Address: 184 Lambs Rd, Sewell NJ 08080
 License No. OR, if new home, Builder Reg. No. Exp. Date
 Federal Employee No. 22-2852002 FAX: (856) 589-5984
 5. Architect or Engineer: Birdsall Engineering Tel. (732) 661-1165
 Address: 1700 Main St. S. Belmar NJ 07719
 6. Responsible Person in Charge of Work: Erich Eisenhart
 Tel. (856) 589-4461 FAX (856) 589-5984

V. FEE SUMMARY (for office use only)

	TA Update	FB Update
1. Building		
2. Electrical	X	X
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	X	

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

CONFIDENTIAL

II. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☒ Alteration
- ☒ Fire Protection
- ☐ Plumbing
- ☒ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abat. Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Demolition

OPTIONAL (for office use only)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
79,900	RET	9/23/99		10-4-99	FW	3/9/00		10/2
				11-8-99	WM			
				9/24/99	JE			

VII. DESCRIPTION OF BUILDING

A. RESIDENTIAL

- ☐ Hotels (R-1)
- ☐ Multi-Family (R-2)
- ☐ Two-Family (R-3) BO
- ☐ Two-Family (R-4) CAB
- ☐ One-Family (R-3) BO
- ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:

Install Bleachers

2. Use Group:

3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage 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.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 Erich Ersenhant, president Greenlane of South Jersey Inc.

Address 184 Lambs Rd.
Sewell N.J. 08080

Telephone (856) 589-4461

Signature Erich Ersenhant

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

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. _____	_____	_____	_____

SECRET
NOV 22 1950
U.S. AIR FORCE

1101-1110

748 HICK

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WORK SITE LOCATION 41 100000 POINT KID

RI,FA(HEK'S

POWER IN THE TOWNSHIP OF HILKIN

Address 401 CHAMBERSBURG RD

EX-108. NJ 08/23-

17121681-168

Contractor (KERN, ANF OF SOUTH FIRST IN
Address 184 1 AMHS RD

Address 1841 AMHS RD.

REF ID: A61800

Telephone 1800 1384-4461

11. C. No. or Mtds., Rec. No.

Federal Reg. No. 22-28571HJ2

is hereby granted permission to perform the following work:

Index

PLUMBING

I I I HAZAKI AHAI'EMEN'I

11-11-1941.

PERMISSION

UNITED STATES DEPARTMENT OF JUSTICE

11-55-01707 10001015

ASHLEY AKA T-M-N-I

3-1-11-11

Subcharacter 8 (mlv)

5-5X 71 P: (UN) OF WORK:

POSTAL, NEW ZEALANDERS AT THE SHAREPOINT ROAD, 1 JULY 97 (CHRISTIAN NEWS SERVICE) AND DATED 1 JULY 97.

ACTIVE - If constructed and does not commence within one (1) year of date of issuance of the construction permit, for a period of six (6) months, this method is void.

14, 1946
W. L. R. Co. (S. C.)

PARMEXIN (for Use Only)
 Butamine
 Perfectect
 Phosphor
 Price Perfectect
 Product Information
 Other
 The following are
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 Total
 Other
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~~Capitalism is dying!~~

10/65/49
File

U.S. File ref 34961

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 11/08/99
Control #
Permit # 99-3803+B
Permit Issued 10/05/99

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 548 Lot 21 Qual

Work Site Location 41 DRUM POINT RD
PRESSBOX

Contractor GREENLANE OF SOUTH JERSEY INC
Address 184 LAMBS RD
SEWELL, NJ 08080-

Owner in Fee TOWNSHIP OF BRICK
Address 401 CHAMBERSBRIDGE RD
BRICK, NJ 08723-

Telephone (856)589-4461

Telephone (732)681-1165

Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2852002

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:
INSTALLATION OF PRESSBOX AT THE DRUM POINT RECREATION COMPLEX

Estimated Cost of Work \$ 16,000

Construction Official

[Signature]

11/08/99
Date

U.C.C. Form (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. *11/08/99*
Cash
Collected By

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/23/99
Date Issued 10/5/99
Control # C24-54
Permit # 99-3803

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 Qual
Work Site Location 41 23TH POINT RD

BLANCHERS

Owner in Fee TOWNSHIP OF BRICK
Address 401 CHAMBERSBRIDGE RD
BRICK, NJ 08723

Tele. (732) 683-1165

Contractor GREENBLANE OF SOUTH JERSEY LLC

Address 184 LAMBS RD
SEWELL, NJ 08080

Tele. (856) 589-4461 Fax (856) 589-5984

Lic. No. or Bldrs. Reg. No.

Federal Exp. No. 22-2852002

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req.

☒ All 10-4-99 *FB*

☒ Roofing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODES APPROVALS ☐ Elev

☐ CO ☐ CC ☐ CA

Date: 3-9-00

Approved by: *[Signature]*

[Signature]

3. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. of Stories 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.

INSPECTIONS

Type

Roofing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

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

INSTALL NEW BLANCHERS AT POP HARBOR FOOTBALL FIELD W/ CONCRETE SLAB UNDER
BLANCHER AREA FOR DRY POINT RECREATION COMPLEX.

CALL For Slab inspection Before
Pouring Concrete

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Other

☐ Demolition

FEES (Office Use Only)

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**TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS**

**UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION**

Date Received 09/23/99
Date Issued 10/5/99
Control # C24-54
Permit # 99-3803

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 Qual _____
Work Site Location 41 DROWN POINT RD
BRICK, NJ 08723-

Owner in Fee TOWNSHIP OF BRICK
Address 401 CHAMBERSBRIDGE RD
BRICK, NJ 08723-

Tele (732) 681-1165

Contractor GREENBLANE OF SOUTH JERSEY INC

Address 184 LAMBS RD
SEWELL, NJ 08080-

Tele (856) 589-4461 Fax (856) 589-5984

Lic. No. of Bldg. Reg. No. _____

Federal Reg. No. 22-2852002

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ All 10-4-99 TP

☐ Footing _____

☐ Foundation _____

☐ Frame _____

☐ Other _____

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Rlev

☐ CO ☐ CCO ☐ CA

Date: _____

Approved By: _____

C. CERTIFICATION ID LIBR OF DATE

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

INSTALL NEW BLEACHERS AT POP WARREN FOOTBALL FIELD W/ CONCRETE SLAB UNDER
BLEACHER AREA FOR DROWN POINT RECREATION COMPANY.

*(All For Slab inspection Before
pouring concrete)*

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6')

☐ Sign _____ Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other _____

☐ Demolition

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/28/99
Date Issued 01/01/54
Control # 11-8-99
Permit # 99-3803+B

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 Qual
Work Site Location 41 DRUM POINT RD
PRESSBOY

Owner in Fee TOWNSHIP OF BRICK

Address 401 CHAMBERSBRIDGE RD

BRICK, NJ 08723-

Tele. (732) 681-1165

Contractor GREENLAND OF SOUTH JERSEY INC

Address 184 LAMBS RD

SEWELL, NJ 08080-

Tele. (856) 589-4461 Fax (856) 589-5984

Lic. No. of Bldrs. Reg. No.

Federal Emp. No. 22-2852002

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.

☒ All 11-5-99 EMM

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Blcct ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CGO ☐ CA

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 Proposed U

Constr. Class Present Proposed

No. of Stories 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 \$ 15,000

3. Total (1+2) \$ 15,000

Industrialized Building:

☐ State Approved

☐ RSD

C. CERTIFICATION IN LIBO 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

INSTALLATION OF PRESSBOY AT THE DRUM POINT RECREATION COMPLEX

CALL FOR Framing Inspection

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Baz. Abatement NJAC 5:17

☐ Other

Other

☐ Demolition

FEB (Office Use Only)

\$ 0

0

385

0

0

0

0

0

0

0

0

0

0

Administrative Surcharge

Minimum Fee

TOTAL FEB

DCA Training Fee

U.C.C. #110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/19/99
Date Issued 01/04/04
Control # 10-20-99
Permit # 99-3803+A

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

B. TECHNICAL SITE DATA
NO. SIZE

FEZ (Office Use Only)

Block 548 Lot 21 Qual
Work Site Location 41 DEEM POINTE RD
ELECTRICAL FOR PRESS BOX

Owner in Fee TOWNSHIP OF BRICK
Address 401 CHAMBERSBRIDGE RD
BRICK, NJ 08723-

Tele: (732) 477-4335 Fax ()

Contractor DOVE ELECTRIC
Address 523 DOROTHY PL
BRICK, NJ 08723-

Tele: (732) 477-4335

Lic. No. or Bldgs. Reg. No. 11411

Federal Emp. No. 22-3281801

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[] Pole/Pad [] Temporary [X] Other PRESS BOXES
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
[] No Plans Required

Joint Plan Review Required:
[] Bldg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved

Date: 10/19/99
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCQ [] CA
Date: 12-20-99
Approved By: [Signature]

INSPECTIONS
Type Failure Failure Approval Initial
Rough
Temp Serv
Const Serv
FCO
Other
Service
Final
Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

12-20-99
12-20-99

12-20-99

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

ITEM

FEZ (Office Use Only)

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 UV Lights
Storable Pool/Spa/Hot Tub
KW Elect Range/Receptacle
KW Oven/Surface Unit
KW Elect Water Heater
KW Elect Dryer/Receptacle
KW Dishwasher
HP Garbage Disposal
KW Central A/C Unit
HP/KW Space Heater/Air Handler
Baseboard Heat
HP Motors 1/4 HP
KW Transformer/Generator
AMP Service
AMP Subpanels
AMP Motor Control Center
KW Elect Sign/Outline Light
Other
Other

Scoreboard
Phone
Speakers
Field Mike 35

12-20-99

12-20-99

Administrative Surcharge \$
Minimum Fee \$
TOTAL FEZ \$
DCA Training Fee \$

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/19/99
Date Issued 01/01/54
Control # 10-20-99
Permit # 99-3803+A

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

D. TECHNICAL SITE DATA
NO. SIZE

FEE (Office Use Only)

Block 548 Lot 21

Qual

Work Site Location 41 DRUM POINT RD

ELECTRICAL FOR PRESS BOX

Owner in Fee TOWNSHIP OF BRICK

Address 401 CHAMBERS BRIDGE RD

BRICK, NJ 08723-

Tele. (732) 477-4339

Contractor DOVE ELECTRIC

Address 523 DOROTHY PL

BRICK, NJ 08723-

Tele. (732) 477-4339

Lic. No. or Bldgs. Reg. No. 11411

Federal Emp. No. 22-3281801

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U

[] Pole/Pad # [] Temporary [X] Other PRESS BOXES

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[X] Elect Plans Approved

Date: 10/19/99

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved By:

INSPECTIONS Dates (Month/Day)

Type Failure Failure Approval Initial

Rough

Temp Serv 1 60

Const Serv 0 0

TCO 0 0

Other

Service

Final

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

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 UV Lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elect Sign/Outline Light

Other

Other

Scoreboard
Phone
Speakers
Field Mike 35

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:

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 10/28/99
 Date Issued 04/07/05
 Control # 11-8-49
 Permit # 99-3803+B

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 Qual _____
 Work Site Location 41 DRUM POINT RD

PRSSBOT

Owner in Fee TOWNSHIP OF BRICK

Address 401 CHAMBERSBRIDGE RD

BRICK, NJ 08723-

Tele. (732) 477-9260 Fax ()

Contractor STRICTLY ELECTRIC

Address 514 DOROTHY PLACE

BRICK, NJ 08723-

Tele. (732) 477-9260

Lic. No. or Bldg. Reg. No. 13905

Federal Bop. No. 47-79260

B. ELECTRICAL CHARACTERISTICS

Use Group - Present _____ Proposed U

☐ Pole/Pad ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required:

☐ Bidg ☐ Plumb

☐ Fire ☐ Elevator

☒ Elect. Plans Approved

Date: 11-3-99

Approved By: _____

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved By: _____

INSTRUCTIONS
 Type _____ Dates (Month/Day) _____
 Rough _____ Failure Failure Approval Initial _____
 Temp Serv _____
 Const Serv _____
 TCO _____
 Other _____
 Service _____
 Final _____
 Temp. Cut-in-Card Date Issued _____
 Final Cut-in-Card Date Issued _____

D. TECHNICAL SITE DATA

NO. SIZE

1 3 Lighting Fixtures

2 2 Receptacles

1 1 Switches

0 0 Detectors

0 0 Light Poles

0 0 Motors-Trans HP

1 1 Emergency Exit Lights

0 0 Communications

0 0 Alarm Devices/F.A.C. Panel

7 7 TOTAL HMBB

0 0 Pool Permits/With UV Lights

0 0 Storable Pool/Spa/Hot Tub

0 0 KW Elect Range/Receptacle

0 0 KW Oven/Surface Unit

0 0 KW Elect Water Heater

0 0 KW Elect Dryer/Receptacle

0 0 KW Dishwasher

0 0 HP Garbage Disposal

0 0 KW Central A/C Unit

0 0 HP/KW Space Heater/Air Handler

0 0 Baseboard Heat

0 0 HP Motors // HP

0 0 KW Transformer/Generator

0 0 AHP Service

1 100 AHP Subpanels

0 0 AHP Motor Control Center

0 0 KW Elect Sign/Outline Light

0 0 Other

FBB (Office Use Only)

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 FBB \$ _____
 DCA 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
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Lee Hartman
Mary Lou Powner
Michael A. Thulen

Department of Engineering

Office of the Municipal Engineer

(908) 262-1038

Fax (908) 262-8954

<http://gbshost.com/brick>

Date:

9/23/99

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE:

Block:

548
~~24~~

Lot:

21
~~348~~

Property Address:

Drum Pt. Recreation Complex

I,

Erich Eisenhart
(name)

of

184 Lumbus Rd, Sewell NJ
(address) ~~08008~~

Request to be exempted from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in Chapter 190.31 of the Codified Ordinances of the Township of Brick.

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:

9/24/99

Signed:

[Signature]

Rejected:

Signed:

Comments:

Per Site Plan

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 548 LOT 21 SITE ADDRESS 41 D. ...
TYPE OF SITE Residential / ~~Commercial~~ TYPE OF BUSINESS _____
APPLICANT Township of Brock PHONE NUMBER 601-411-53
APPLICANT ADDRESS 401 Ch... CITY & STATE Brock, MI
PERMIT # _____ NAME OF BUSINESS D...

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 \$ 35000.00 Date 9-30-99
Estimated Required Fee \$ ✓
Required Deposit on Estimate \$ _____ Date _____
Check # _____ Receipt # _____
Actual Assessment \$ _____ Date _____
Actual Required Fee \$ _____
Minus Deposit of Estimate \$ _____
Balance Due \$ _____
Check # _____
Amount Paid In Full \$ _____

IMPORTANT
A.H.B.T. - EXEMPT

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

BLOCK 548

N.J.A.C. (Uniform Code) 5:23-2.5, Paragraph 5. The approved set of plans must be on the job site at all times. If the plans are not on the site no inspections will be made.

LOT 21

APPROVED

This Permit Must Be Displayed Immediately At Start of Construction

APPROVAL OF THESE PLANS BY THE BUILDING INSPECTOR DOES NOT IN ANY WAY ALLOW THE ENCROACHMENT OF ANY BUILDING OR PART THEREOF IN CONNECTION THEREWITH BEYOND THE PROPERTY LINE, NOR IN ANY WAY PERMIT ANY VIOLATION OF THE BUILDING CODE WHETHER SHOWN ON PLANS OR NOT.

Before starting to build read the Building Code.

Top of BRICK
Owner

PERMIT NO. 09-380

GREENHOUSE OF STARK
Contractor

DATE APPROVED 10/5/99

FEE PAID EXEMPT

[Signature]
CONSTRUCTION OFFICIAL
BRICK TOWNSHIP

THIS PERMIT EXPIRES ONE YEAR FROM ABOVE APPROVED DATE,
OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS.

INSPECTIONS
PLS CALL
732-262-4627

INSPECTIONS

- 1. FOOTING _____
- 2. FOUNDATION _____
- 3. SHEATHING _____
- 4. FRAMING _____
- 5. INSULATION _____
- 6. SHEET ROCK _____
- 7. PLUMBING _____
- 8. FIRE INSPECTION _____
- 9. FINAL _____

PLANS MUST BE ON JOB SITE

13/TEACHERS

Permit # 993803+R

LOT 21

Block 548

Press Box Drumpoint SPORT Complex

Dove Electric

523 Dorothy Place

Brick Town NJ 08723

477-0384

Letter for downsize service as per
conversation at inspection

Thank you

Mark A. Kusin

PS sorry about handwriting

Printer down



MOBILE FACILITY ENGINEERING, Inc.

306 W. STATE STREET — CASSOPOLIS, MICHIGAN 49031 • PHONE: 616/445-3838 — FAX: 616/445-2251

Mobile Offices and Modular Buildings

- MANUFACTURING
- SALES
- LEASING

December 27, 1999

Dove Electric Company
523 Dorothy Place
Brick Town, New Jersey 08723

ATTN: Mark Kieslor

RE: Standard Dant Clayton 8ft x 18ft prefab modular press box for the
Township of Brick, Brick Town, NJ 08723, Serial Number 106616

Dear Mark,

This letter is to confirm our last week's phone conversation regarding acceptable Main Disconnect ratings on the above referenced modular press box.

Due to the limits of connected service available at the site it would be acceptable to downsize the Main breaker from 100 amp to 60amp capacity. The 60 amp breaker would still adequately protect the calculated draw for this unit.

Please phone me with any questions or if I can be of any further assistance to you regarding this matter.

Sincerely,
Mobile Facility Engineering, Inc.

Mike Hand
General Manager

CC: Sava Savic, Dant Clayton Corporation

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location:	<u>Drum Pt Recreation Complex</u>	Date Rec'd:	
Block:	<u>548</u>	Lot:	<u>21</u>
Owner in Fee:	<u>Township of Brick</u>	Control #:	
Address:	<u>401 Chambers Bridge Rd</u>	Permit #:	
	<u>Brick NJ 07719</u>		
State:	Zip:	Phone:	()
SS #:	Provide only if Applicant is owner		

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR:	CONTRACTOR: <u>Greenlane of South Jersey Inc</u>
ADDRESS:	ADDRESS: <u>184 Lamb Rd</u>
	<u>Sewell NJ 08080</u>
PHONE:	PHONE: <u>856-589-4461</u>
LIC #:	LIC #:
LIC EXPIRATION DATE:	LIC EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):	FEDERAL EMP. # (or S.S. #): <u>22-2852002</u>
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
NO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
Water Closet	<u>Install new bleachers at</u>
Urinal / Bidet	<u>Dop Warner Football Field with</u>
Bath Tub	<u>Concrete slab under bleacher</u>
Lavatory	<u>area.</u>
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: \$	TYPE OF WORK
Signature:	☐ New Building
	☐ Addition ☐ Fence: Height (6' or More)
	☐ Alteration ☐ Sign: Sq. Ft.
	☐ Roofing ☐ Pool (In Ground)
	☐ Siding ☐ Pool (Above Ground)
	☐ Other: ☐ Asbestos Abatement
	☐ Other: ☐ Demolition
	BUILDING CHARACTERISTICS
	USE GROUP Present: Proposed:
	CONSTR. CLASS Present: Proposed:
	No. of Stories:
	Height of Structure:
	Area - Largest Floor:
	New Building Area / All Floors:
	Volume of Structure: Total Land Disturbed:
	Signature: <u>Paul Eisenhart</u>
Owner ☐ Contractor ☐	
SUBCODE APPROVAL:	Estimated Cost of Building Work: <u>\$ 79,900.00</u>
PLANS: Required ☐ Approved ☐	New Building (1): \$
Approved by:	Alteration (2): \$
Date:	TOTAL (1+2): \$
CONTRACTOR AFFIX SEAL:	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by:
	Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE	FIRE PROTECTION SUBCODE																																																																																																																																																																																														
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<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">DESCRIPTION</th> <th style="width:10%;">QTY</th> <th style="width:20%;">SIZE</th> </tr> </thead> <tbody> <tr><td>ITEMS</td><td></td><td></td></tr> <tr><td>Lighting Fixtures</td><td></td><td></td></tr> <tr><td>Receptacles</td><td></td><td></td></tr> <tr><td>Switches</td><td></td><td></td></tr> <tr><td>Detectors</td><td></td><td></td></tr> <tr><td>Light Poles</td><td></td><td></td></tr> <tr><td>Motors - Fract. HP</td><td></td><td></td></tr> <tr><td>Emergency & Exit Lights</td><td></td><td></td></tr> <tr><td>Communications Points</td><td></td><td></td></tr> <tr><td>Alarm Devices/E.A.C. Panel</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3">TOTAL NUMBERS</td></tr> <tr><td>Pool Permit w/UW Lights</td><td></td><td></td></tr> <tr><td>Storable Pool/Spa/Hot Tub</td><td></td><td></td></tr> <tr><td>KW Elec. Range / Receptacle</td><td></td><td>KW</td></tr> <tr><td>KW Oven / Surface Unit</td><td></td><td>KW</td></tr> <tr><td>KW Elec. Water Heater</td><td></td><td>KW</td></tr> <tr><td>KW Elec. Dryer / Receptacle</td><td></td><td>KW</td></tr> <tr><td>KW Dishwasher</td><td></td><td>KW</td></tr> <tr><td>HP Garbage Disposal</td><td></td><td>HP</td></tr> <tr><td>KW Central A/C Unit</td><td></td><td>KW</td></tr> <tr><td>HP/KW Space Heater/Air Handler</td><td></td><td>HP/KW</td></tr> <tr><td>KW Baseboard Heat</td><td></td><td>KW</td></tr> <tr><td>HP Motors 1/+ HP</td><td></td><td>HP</td></tr> <tr><td>KW Transformer/Generator</td><td></td><td>KW</td></tr> <tr><td>AMP Service</td><td></td><td>AMP</td></tr> <tr><td>AMP Subpanels</td><td></td><td>AMP</td></tr> <tr><td>AMP Motor Control Center</td><td></td><td>AMP</td></tr> <tr><td>AMP Elec. Sign/Outline Light</td><td></td><td>KW</td></tr> <tr><td>Other</td><td></td><td></td></tr> <tr><td>Other</td><td></td><td></td></tr> <tr><td>Other</td><td></td><td></td></tr> <tr><td>Other</td><td></td><td></td></tr> <tr><td colspan="3">Estimated Cost of Electrical Work: \$</td></tr> <tr><td colspan="3">Signature (print name):</td></tr> <tr><td colspan="3">Estimated Cost of Electrical Work: \$</td></tr> <tr><td colspan="3">Signature (print name):</td></tr> <tr><td colspan="3">Owner ☐ Contractor ☐</td></tr> <tr><td colspan="3">SUBCODE APPROVAL:</td></tr> <tr><td colspan="3">PLANS: Required ☐ Approved ☐</td></tr> <tr><td colspan="3">Approved by:</td></tr> <tr><td colspan="3">Date:</td></tr> <tr><td colspan="3">CONTRACTOR AFFIX SEAL:</td></tr> </tbody> </table>	DESCRIPTION	QTY	SIZE	ITEMS			Lighting Fixtures			Receptacles			Switches			Detectors			Light Poles			Motors - Fract. HP			Emergency & Exit Lights			Communications Points			Alarm Devices/E.A.C. Panel						TOTAL NUMBERS			Pool Permit w/UW 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		KW	Other			Other			Other			Other			Estimated Cost of Electrical Work: \$			Signature (print name):			Estimated Cost of Electrical Work: \$			Signature (print name):			Owner ☐ Contractor ☐			SUBCODE APPROVAL:			PLANS: Required ☐ Approved ☐			Approved by:			Date:			CONTRACTOR AFFIX SEAL:			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: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">DESCRIPTION</th> <th style="width:30%;">NUMBER</th> </tr> </thead> <tbody> <tr><td>Wet Sprinkler Heads</td><td></td></tr> <tr><td>Dry Sprinkler Heads</td><td></td></tr> <tr><td>Total</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Smoke Detectors</td><td></td></tr> <tr><td>Heat Detectors</td><td></td></tr> <tr><td>Total</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Stand Pipes</td><td></td></tr> <tr><td>Kitchen Hood Exhaust Systems</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Pre-Engineered Systems</td><td></td></tr> <tr><td>Co2 Suppression</td><td></td></tr> <tr><td>Halon Suppression</td><td></td></tr> <tr><td>Foam Suppression</td><td></td></tr> <tr><td>Dry Chemical</td><td></td></tr> <tr><td>Wet Chemical</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Gas or Oil Fired Appliance</td><td></td></tr> <tr><td>Other</td><td></td></tr> <tr><td>Other</td><td></td></tr> <tr><td colspan="2">Estimated Cost of Fire Protection Work: \$</td></tr> <tr><td colspan="2">Signature:</td></tr> <tr><td colspan="2">Owner ☐ Contractor ☐</td></tr> <tr><td colspan="2">SUBCODE APPROVAL:</td></tr> <tr><td colspan="2">PLANS: Required ☐ Approved ☐</td></tr> <tr><td colspan="2">Approved by:</td></tr> <tr><td colspan="2">Date:</td></tr> </tbody> </table>	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:		Date:	
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COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: <u>Drum Point Sport Complex</u>	Date Rec'd: _____	
Block: <u>548</u>	Lot: <u>21</u>	Date Issued: _____
Owner in Fee: _____	Control #: _____	
Address: _____	Permit #: _____	
<u>Drum Point Road Brick NJ 08723</u>		
State: <u>NJ</u>	Zip: <u>08723</u>	Phone: (____) _____
SS #: _____	Provide only if Applicant is owner	

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR: _____	CONTRACTOR: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
LIC #: _____	LIC #: _____
LIC EXPIRATION DATE: _____	LIC EXPIRATION DATE: _____
FEDERAL EMP. # (or S.S. #): _____	FEDERAL EMP. # (or S.S. #): _____
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
NO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
_____ 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:	
	TYPE OF WORK
	☐ New Building
	☐ Addition ☐ Fence: Height (6' or More)
	☐ Alteration ☐ Sign: Sq. Ft.
	☐ Roofing ☐ Pool (In Ground)
	☐ Siding ☐ Pool (Above Ground)
	☐ Other: ☐ Asbestos Abatement
	☐ Other: ☐ Demolition
	BUILDING CHARACTERISTICS
	USE GROUP Present: Proposed:
	CONSTR. CLASS Present: Proposed:
	No. of Stories: _____
	Height of Structure: _____
	Area - Largest Floor: _____
	New Building Area / All Floors: _____
	Volume of Structure: _____ Total Land Disturbed: _____
	Signature: _____
	Estimated Cost of Building Work: _____
	New Building (1): \$ _____
	Alteration (2): \$ _____
	TOTAL (1+2): \$ _____
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by: _____
	Date: _____

Drum Point Press Dated 09-3803A

COUNTER FORM
PLEASE PRINT

ELECTRIC SUBCODE			FIRE PROTECTION SUBCODE		
CONTRACTOR: <u>Dove Electrical Contract</u>			CONTRACTOR:		
ADDRESS: <u>523 Donohy Pl.</u>			ADDRESS:		
<u>Brick NJ 08723</u>					
PHONE: <u>732 477-4359</u>			PHONE:		
LIC. #: <u>11411</u> EXP. DATE: <u>2001</u>			LIC. #: EXP. DATE:		
FEDERAL EMPL. #: (or S.S. #):			FEDERAL EMPL. #: (or S.S. #):		
TECHNICAL DATA (LIST ALL FIXTURES)			TECHNICAL DATA (DESCRIPTION OF WORK)		
DESCRIPTION	QTY	SIZE			
ITEMS					
Lighting Fixtures					
Receptacles					
Switches					
Detectors					
Light Poles					
Motors - Fract. HP					
Emergency & Exit Lights					
Communications Points					
Alarm Devices/E.A.C. Panel					
TOTAL NUMBERS					
Pool Permit w/UW Lights			Water Supply Source		
Storable Pool/Spa/Hot Tub			Method of Valve Supervision		
KW Elec. Range / Receptacle		KW	Local Alarm Supervision		
KW Oven / Surface Unit		KW	Central Supervision		
KW Elec. Water Heater		KW	Proprietary Supervision		
KW Elec. Dryer / Receptacle		KW	Flammable Liquid Storage Tanks Capacity: Fuel:		
KW Dishwasher		KW	Combustible Liquid Storage Tanks Capacity: Fuel:		
HP Garbage Disposal		HP	L.G.P. Storage Tanks Capacity: Fuel:		
KW Central A/C Unit		KW	DESCRIPTION NUMBER		
HP/KW Space Heater/Air Handler		HP/KW	Wet Sprinkler Heads		
KW Baseboard Heat		KW	Dry Sprinkler Heads		
HP Motors 1/+ HP		HP	Total		
KW Transformer/Generator		KW	Smoke Detectors		
AMP Services		AMP	Heat Detectors		
AMP Subpanels	1	60 AMP	Total		
AMP Motor Control Center		AMP	Strand Pipes		
AMP Elec. Sign/Outline Light		KW	Kitchen Hood Exhaust Systems		
Other <u>60 volt P.P. Score board</u>			Pre-Engineered Systems		
Other <u>Phone</u>			Co2 Suppression		
Other <u>Future Speakers</u>			Halon Suppression		
Other <u>Field Mike</u>			Foam Suppression		
Estimated Cost of Electrical Work: \$			Dry Chemical		
Signature (print name): <u>ORRIN K RILEY</u>			Wet Chemical		
Owner ☐ Contractor ☐			Gas or Oil Fired Appliance		
SUBCODE APPROVAL:			Other		
PLANS: Required ☐ Approved ☐			Other		
Approved by:			Estimated Cost of Fire Protection Work: \$		
Date:			Signature:		
CONTRACTOR AFFIX SEAL:			Owner ☐ Contractor ☐		
			SUBCODE APPROVAL:		
			PLANS: Required ☐ Approved ☐		
			Approved by:		
			Date:		

COUNTER FORM
PLEASE PRINT

Update
99-3803+B

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: <u>41 Drum Pt. Road</u>	Date Rec'd.: _____
Block: <u>548</u> Lot: <u>21</u>	Date Issued: _____
Owner in Fee: <u>Township of Brick</u>	Control #: _____
Address: <u>401 Chambers Bridge Rd</u>	Permit #: _____
<u>Brick N.J. 07719</u>	
State: <u>NJ</u> Zip: <u>08723</u> Phone: <u>(732) 262-1057</u>	
SS #: _____	Provide only if Applicant is owner

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR: _____	CONTRACTOR: <u>Greenlane of South Jersey Inc</u>
ADDRESS: _____	ADDRESS: <u>184 Chambers Road</u> <u>Sewell NJ 08080</u>
PHONE: _____	PHONE: <u>856-589-4461</u>
LIC #: _____	LIC #: _____
LIC EXPIRATION DATE: _____	LIC EXPIRATION DATE: _____
FEDERAL EMP. # (or S.S. #): _____	FEDERAL EMP. # (or S.S. #): <u>22-2852002</u>
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
NO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
_____ 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 _____ Greasetrapp _____ 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	<u>Installation of Press box</u> <u>at the Drum Pt. Recreation</u> <u>Complex, unto Bleachers</u>
	TYPE OF WORK
	☐ New Building ☐ Addition ☐ Alteration ☐ Roofing ☐ Siding ☐ Other: ☐ Other:
	☐ Fence: Height (6' or More) ☐ Sign: Sq. Ft. ☐ Pool (In Ground) ☐ Pool (Above Ground) ☐ Asbestos Abatement ☐ Demolition
	BUILDING CHARACTERISTICS
	USE GROUP Present: _____ Proposed: _____ CONSTR. CLASS Present: _____ Proposed: _____ No. of Stories: _____ Height of Structure: _____ Area - Largest Floor: _____ New Building Area / All Floors: _____ Volume of Structure: _____ Total Land Disturbed: _____
Estimated Cost of Plumbing Work: \$ _____	Signature: <u>Emil Eisenhart</u>
Signature: _____	
Owner ☐ Contractor ☐	
SUBCODE APPROVAL: _____	Estimated Cost of Building Work: _____
PLANS: Required ☐ Approved ☐	New Building (1): \$ _____
Approved by: _____	Alteration (2): \$ _____
Date: _____	TOTAL (1+2): \$ <u>15,000.00</u>
CONTRACTOR AFFIX SEAL: _____	SUBCODE APPROVAL: _____
	PLANS: Required ☐ Approved ☐
	Approved by: _____
	Date: _____

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE		FIRE PROTECTION SUBCODE	
CONTRACTOR: XXXXXXXXXX		CONTRACTOR: XXXXXXXXXX	
ADDRESS: XXXXXXXXXX		ADDRESS: XXXXXXXXXX	
PHONE: XXXXXXXXXX		PHONE: XXXXXXXXXX	
LIC. #: XXXXXXXXXX EXP. DATE: XXXXXXXXXX		LIC. #: XXXXXXXXXX EXP. DATE: XXXXXXXXXX	
FEDERAL EMPL. # (or S.S. #): XXXXXXXXXX		FEDERAL EMPL. # (or S.S. #): XXXXXXXXXX	
TECHNICAL DATA (LIST ALL FIXTURES)		TECHNICAL DATA (DESCRIPTION OF WORK)	
DESCRIPTION	QTY SIZE		
ITEMS			
Lighting Fixtures	3		
Receptacles	2		
Switches	1		
Detectors			
Light Poles			
Motors - Fract. HP			
Emergency & Exit Lights	1		
Communications Points			
Alarm Devices/E.A.C. Panel			
TOTAL NUMBERS			
Pool Permit w/UW Lights		Water Supply Source	
Storable Pool/Spa/Hot Tub		Method of Valve Supervision	
KW Elec. Range / Receptacle	KW	Local Alarm Supervision	
KW Oven / Surface Unit	KW	Central Supervision	
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KW Central A/C Unit	KW	DESCRIPTION	
HP/KW Space Heater/Air Handler	HP/KW	NUMBER	
KW Baseboard Heat	KW	Wet Sprinkler Heads	
HP Motors 1/+ HP	HP	Dry Sprinkler Heads	
KW Transformer/Generator	KW	Total	
AMP Service	1 100 AMP	Smoke Detectors	
AMP Subpanels	AMP	Heat Detectors	
AMP Motor Control Center	AMP	Total	
AMP Elec. Sign/Outline Light	KW	Stand Pipes	
Other		Kitchen Hood Exhaust Systems	
Other		Pre-Engineered Systems	
Other		Co2 Suppression	
Other		Halon Suppression	
Estimated Cost of Electrical Work: XXXXXXXXXX		Foam Suppression	
Signature (print name): XXXXXXXXXX		Dry Chemical	
Estimated Cost of Electrical Work: XXXXXXXXXX		Wet Chemical	
Signature (print name): XXXXXXXXXX		Gas or Oil Fired Appliance	
Owner ☐ Contractor ☐		Other	
SUBCODE APPROVAL:		Other	
PLANS: Required ☐ Approved ☐		Estimated Cost of Fire Protection Work: XXXXXXXXXX	
Approved by: XXXXXXXXXX		Signature: XXXXXXXXXX	
Date: XXXXXXXXXX		Owner ☐ Contractor ☐	
CONTRACTOR AFFIX SEAL: XXXXXXXXXX		SUBCODE APPROVAL:	
		PLANS: Required ☐ Approved ☐	
		Approved by: XXXXXXXXXX	
		Date: XXXXXXXXXX	

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE		FIRE PROTECTION SUBCODE																																																	
CONTRACTOR: STRICTLY ELECTRIC		CONTRACTOR:																																																	
ADDRESS: 514 DOROTHY PL		ADDRESS:																																																	
PHONE: 732 477 9260		PHONE:																																																	
LIC. #: BRICK NJ 08723		LIC. #:																																																	
EXP. DATE: LIC & PERMIT #13905		EXP. DATE:																																																	
FEDERAL EMPL. # (or S.S. #):		FEDERAL EMPL. # (or S.S. #):																																																	
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Storable Pool/Spa/Hot Tub		Method of Valve Supervision																																																	
KW Elec. Range / Receptacle		Local Alarm Supervision																																																	
KW Oven / Surface Unit		Central Supervision																																																	
KW Elec. Water Heater		Proprietary Supervision																																																	
KW Elec. Dryer / Receptacle		Flammable Liquid Storage Tanks Capacity: Fuel:																																																	
KW Dishwasher		Combustable Liquid Storage Tanks Capacity: Fuel:																																																	
HP Garbage Disposal		L.G.P. Storage Tanks Capacity: Fuel:																																																	
KW Central A/C Unit																																																			
HP/KW Space Heater/Air Handler		DESCRIPTION																																																	
KW Baseboard Heat		NUMBER																																																	
HP Motors 1/+ HP		Wet Sprinkler Heads																																																	
KW Transformer/Generator		Dry Sprinkler Heads																																																	
AMP Service		Total																																																	
AMP Subpanels		Smoke Detectors																																																	
AMP Motor Control Center		Heat Detectors																																																	
AMP Elec. Sign/Outline Light		Total																																																	
Other		Strand Pipes																																																	
Other		Kitchen Hood Exhaust Systems																																																	
Other		Pre-Engineered Systems																																																	
Other		Co2 Suppression																																																	
Estimated Cost of Electrical Work: \$		Halon Suppression																																																	
Signature (print name):		Foam Suppression																																																	
Estimated Cost of Electrical Work: \$ 8,000.00		Dry Chemical																																																	
Signature (print name):		Wet Chemical																																																	
Owner ☐ Contractor ☐		Gas or Oil Fired Appliance																																																	
SUBCODE APPROVAL:		Other																																																	
PLANS: Required ☐ Approved ☐		Other																																																	
Approved by:		Estimated Cost of Fire Protection Work: \$																																																	
Date:		Signature:																																																	
CONTRACTOR AFFIX SEAL:		Owner ☐ Contractor ☐																																																	
		SUBCODE APPROVAL:																																																	
		PLANS: Required ☐ Approved ☐																																																	
		Approved by:																																																	
		Date:																																																	

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

41 Drum Pt. Road
Drum Pt. Recreation Cam.

Site Location:	Drum Pt. Recreation Cam.	Date Rec'd:	
Block:	21	Lot:	542
Owner in Fee:	Township of Brick	Control #:	
Address:	401 Chambers Bridge Rd	Permit #:	
	Brick NJ 07719		
State:	NJ	Zip:	07719
SS #:		Phone:	()
Provide only if Applicant is owner			

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR:	CONTRACTOR: Greenlane of South Jersey Inc.
ADDRESS:	ADDRESS: 164 Lamb's Rd Sewell NJ 08080
PHONE:	PHONE: 856-589-4461
LIC #:	LIC #:
LIC EXPIRATION DATE:	LIC EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):	FEDERAL EMP. # (or S.S. #): 22-2852002
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
NO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
Water Closet	Install new bleachers at Pop Warner
Urinal / Bidet	Football Field, with concrete slab
Bath Tub	under bleachers, pressbox (prefab)
Lavatory	installed, w/ electrical tie-in
Shower	to new pressbox.
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: \$	TYPE OF WORK
Signature:	☐ New Building
Owner ☐ Contractor ☐	☐ Addition ☐ Fence: Height (6' or More)
SUBCODE APPROVAL:	☐ Alteration ☐ Sign: Sq. Ft.
PLANS: Required ☐ Approved ☐	☐ Roofing ☐ Pool (In Ground)
Approved by:	☐ Siding ☐ Pool (Above Ground)
Date:	☐ Other: ☐ Asbestos Abatement
CONTRACTOR AFFIX SEAL:	☐ Other: ☐ Demolition
	BUILDING CHARACTERISTICS
	USE GROUP Present: Proposed:
	CONSTR. CLASS Present: Proposed:
	No. of Stories:
	Height of Structure:
	Area - Largest Floor:
	New Building Area / All Floors:
	Volume of Structure: Total Land Disturbed:
	Signature: <i>Paul Essertel</i>
	Estimated Cost of Building Work: \$99,900.00
	New Building (1): \$
	Alteration (2): \$
	TOTAL (1+2): \$
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by:
	Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE	FIRE PROTECTION SUBCODE
CONTRACTOR: <u>DOVE ELECTRICAL CONTRACT</u>	CONTRACTOR:
ADDRESS: <u>523 Donohy Place</u>	ADDRESS:
<u>Brick Town NJ 08723</u>	
PHONE: <u>41774359</u>	PHONE:
LIC. #: <u>11411</u> EXP. DATE: <u>2000</u>	LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):	FEDERAL EMPL. # (or S.S. #):
TECHNICAL DATA (LIST ALL FIXTURES)	TECHNICAL DATA (DESCRIPTION OF WORK)
DESCRIPTION QTY SIZE	
ITEMS	
Lighting Fixtures <u>10</u>	
Receptacles <u>10</u>	
Switches <u>3</u>	
Detectors	
Light Poles	
Motors - Fract. HP	Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Emergency & Exit Lights	Heating Sys: ☐ New ☐ Existing
Communications Points	Location of Furnace / Boiler
Alarm Devices/E.A.C. Panel	
TOTAL NUMBERS	
Pool Permit w/UW Lights	Water Supply Source
Storable Pool/Spa/Hot Tub	Method of Valve Supervision
KW Elec. Range / Receptacle KW	Local Alarm Supervision
KW Oven / Surface Unit KW	Central Supervision
KW Elec. Water Heater KW	Proprietary Supervision
KW Elec. Dryer / Receptacle KW	
KW Dishwasher KW	Flammable Liquid Storage Tanks Capacity: Fuel:
HP Garbage Disposal HP	Combustible Liquid Storage Tanks Capacity: Fuel:
KW Central A/C Unit KW	L.G.P. Storage Tanks Capacity: Fuel:
HP/KW Space Heater/Air Handler HP/KW	
KW Baseboard Heat KW	DESCRIPTION NUMBER
HP Motors 1/+ HP HP	Wet Sprinkler Heads
KW Transformer/Generator <u>30</u> KW	Dry Sprinkler Heads
AMP Service AMP	Total
AMP Subpanels <u>60-480v</u> AMP	
AMP Motor Control Center AMP	Smoke Detectors
AMP Elec. Sign/Outline Light KW	Heat Detectors
Other	Total
Other	
Other	Stand Pipes
Other	Kitchen Hood Exhaust Systems
Estimated Cost of Electrical Work: \$ <u>1000.00</u>	
Signature (print name):	Pre-Engineered Systems
Estimated Cost of Electrical Work: \$	Co2 Suppression
Signature (print name): <u>over</u>	Halon Suppression
Owner ☐ Contractor ☐	Foam Suppression
SUBCODE APPROVAL:	Dry Chemical
PLANS: Required ☐ Approved ☐	Wet Chemical
Approved by:	
Date:	Gas or Oil Fired Appliance
CONTRACTOR AFFIX SEAL:	Other
	Other
	Estimated Cost of Fire Protection Work: \$
	Signature:
	Owner ☐ Contractor ☐
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by:

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK

401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: <u>41 + 43 Drum Point Rd</u>	Date Rec'd.: _____
Block: <u>548</u> Lot: <u>21</u>	Date Issued: _____
Owner in Fee: <u>BRICK Twp Board of Ed</u>	Control #: _____
Address: <u>101 HENDRICKSON AVE</u>	Permit #: _____
State: <u>NJ</u> Zip: <u>08723</u> Phone: (____) _____	
SS #: _____	Provide only if Applicant is owner

PLUMBING SUBCODE		BUILDING SUBCODE	
CONTRACTOR: _____		CONTRACTOR: <u>BRICK Twp Warren Dragon (Ron Conduan)</u>	
ADDRESS: _____		ADDRESS: <u>497 FAIRFIELD AVE</u> <u>BRICK NJ 08723</u>	
PHONE: _____		PHONE: <u>(732) 477-8438</u>	
LIC #: _____		LIC #: _____	
LIC. EXPIRATION DATE: _____		LIC. EXPIRATION DATE: _____	
FEDERAL EMP. # (or S.S. #): _____		FEDERAL EMP. # (or S.S. #): <u>[REDACTED]</u>	
TECHNICAL SITE DATA (LIST ALL FIXTURES)		TECHNICAL _____	
NO.	FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:	
_____	Water Closet	<u>STORAGE BLDG.</u> <u>80' x 24' x 14'</u> <u>80' x 24' x 14'</u> <u>80' x 24' x 14'</u>	
_____	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: \$ _____		TYPE OF WORK	
Signature: _____		☒ New Building ☐ Addition ☐ Alteration ☐ Roofing ☐ Siding ☐ Other: _____ ☐ Other: _____	
Owner ☐ Contractor ☐		BUILDING CHARACTERISTICS	
SUBCODE APPROVAL: _____		USE GROUP Present: _____ Proposed: _____	
PLANS: Required ☐ Approved ☐		CONSTR. CLASS Present: _____ Proposed: _____	
Approved by: _____		No. of Stories: <u>1</u>	
Date: _____		Height of Structure: _____	
CONTRACTOR AFFIX SEAL: _____		Area - Largest Floor: <u>80 x 24</u>	
		New Building Area / All Floors: <u>80 x 24</u>	
		Volume of Structure: _____ Total Land Disturbed: _____	
		Signature: <u>[Signature]</u>	
		Estimated Cost of Building Work: <u>1 - 0 -</u>	
		New Building (1): \$ _____	
		Alteration (2): \$ _____	
		TOTAL (1+2): \$ _____	
		SUBCODE APPROVAL: _____	
		PLANS: Required ☐ Approved ☐	
		Approved by: _____	
		Date: _____	