



CONSTRUCTION PERMIT APPLICATION

C2354

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

I. IDENTIFICATION

- Proposed Work Site at: DRUM POINT RECREATION COMPLEX
- Name of Owner in Fee: TOWNSHIP OF BRICK 262-1000
Address 401 CHAMBERS BRIDGE RD. BRICK
street municipality zip code
- Ownership in Fee: Public ☒ Private ☐
- Principal Contractor: CHECK POINT ALARMS Tel. (732) 899-7660
Address 13 LAWRENCE DR. BRICK NJ 08723
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. 222-203-820 FAX: (_____) call
- Architect or Engineer _____ Tel. (_____) _____
Address _____
- Responsible Person in Charge of Work _____
Tel. (_____) _____ FAX (_____) _____

Alarm / Detectors (snack stand)

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories _____
- Height of Structure _____ ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Construction Classification _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____
no _____
- Max. Live Load _____
- Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

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

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<i>11/19/02</i>	<i>9/19/02</i>						
			<i>9-25-02</i>	<i>CS</i>			
			<i>9-25-02</i>	<i>MM</i>			

TOTAL COSTS

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

LDS BR 10305503

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 Check Point Alarm Systems
Address 13 LAWRENCE DR
BRICK, NJ 08723
Telephone (732) 899-7660
Signature Robert D. Wadman

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/26/2002
Control #
Permit # 02-3690

UJC NEW JERSEY
CONSTRUCTION
PERMITE

IDENTIFICATION Block 548 Lot 21

Work Site Location 41-43 DRUM POINT RD SNACK STAND

ALARM DEVICE/SMOKE

Owner in Fee TOWNSHIP OF BRICK

Address 401 CHAMBERS BRIDGE RD

BRICK, NJ 08724-

Telephone (732)262-1090

Contractor CHECKPOINT ALARM SYSTEM

Address 13 LAWRENCE DR

BRICK, NJ 08724-

Telephone (732)897-7660

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-2203820

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:

FOR SNACK STAND - BUNGALOW ALARM DEVICE

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 \$ 400

Construction Official

09/26/2002

Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building 0
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other 0
DCA State Permit Fee 0
Cert. of Occupancy 0
Other 0
Total 0
Check No. 0
Cash 0
Collected By 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/19/2002
Date Issued 9/26/02
Control # 023-54
Permit # 02-3690

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 Sublot
Work Site location 41-43 DRUM POINT RD SNACK STAND

ALARM DEVICE/SMOKE

Owner in Fee TOWNSHIP OF BRICK

Address 401 CHAMBERS BRIDGE RD

BRICK, NJ 08724-

Tele. (332) 262-1090

Contractor CHECKPOINT ALARM SYSTEM

Address 13 LAWRENCE DR

BRICK, NJ 08724-

Tele. (332) 899-7660

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2203820

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U

Constr Class Present U Proposed U

Heating Systems [] New [] Existing [] HVAC

Type: [] Gas [] Oil [] Elect [] Solar

[] Other

Location:

Total Est Cost of Fire Prot Work \$ 580

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☒ Plan Review Required:

☐ Blgd ☐ Elect

☐ Plumb ☐ Elevator

☒ Fire Arms-Approved

Date: 9-1-02

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved By:

INSPECTIONS

Type

Alarm Sys

Suppr Test

Standpipe

Fire Pump

PreEng Sys

Mechanical

Smoke Ctl

TCO

Final

Other

Dates (Month/Day)

Failure Failure Approval Initial

Fire Alarm System

New [] Existing []

Location of Panel:

Fire Suppression/Standpipe Sys

New [] Existing []

Location of Main Control Valve

D. TECHNICAL SITE DATA

Description of Work:

Water Supply Source

Method of Alarm/Suppr Sys Superv

Storage Tanks

Type: [] Flammable liquid [] Combust liquid

[] LPG [] LNG Capacity 0 Fuel

Alarm Systems [] 110V Interconnected NUMBER

[] System

Alarm Devices (smoke, heat, pull, water/flood)

Supervisory Devices (tamper, low/high air)

Signalling Devices (horn/strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump 0 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

Halon Suppression

Other

Kitchen Hood Exhaust System

Smoke Control System

Gas [] or Oil [] Fired Appliances

Other

Other

FEE (Office Use Only)

Administrative Surcharge \$

Paid [] Check #

Collected by: \$

Minimum Fee \$

TOTAL FEE \$

DCA State Permit Fee \$

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/19/2002
Date Issued 09/21/02
Control # C23-54
Permit # 02-3690

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 41-43 DRUM POINT RD SMACK STAND

ALARM DEVICE/SMOKE

Owner in Fee TOWNSHIP OF BRICK

Address 401 CHAMBERSBRIDGE RD

BRICK, NJ 08724-

Tele. (332) 262-1000

Contractor CHECKPOINT ALARM SYSTEM

Address 13 LAMENCE DR

BRICK, NJ 08724-

Tele. (332) 899-7660

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2203820

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 20

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elec Plans Approved

Date: 09/23/02

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved By: _____

INSPECTIONS

Type Failure Failure Approval Initial

Rough

Temp Serv

Const Serv

TCO

Other

Service

Final

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO. SIZE

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 UM 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

FEE (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

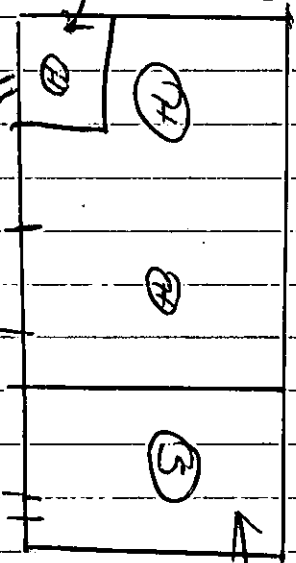
[] Licensed Electrical Contractor [] Exempt Applicant

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

Heat Detectors
2 added in attic

1ST FL.

E/c Room

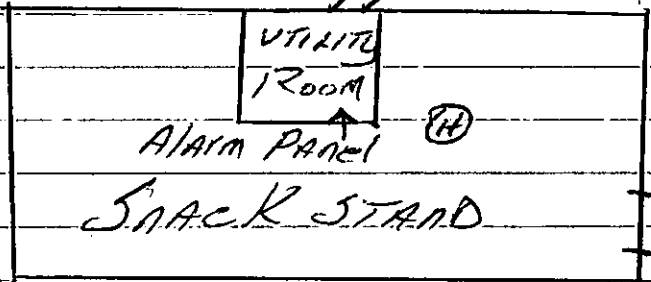


Meeting Room

Equipment Building

1" UNDER GROUND CONDUIT
APPROX 240'

BRICK RECREATION
SNACK STAND & EQUIPT. Bldg.
Belind Drum Pt Rd. Elem.
~~Belind~~ & Emma Havens School



Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____
Phone #: _____
Lic #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	_____
Urinals/Bidets	_____
Bath Tub (w/or w/out shower head)	_____
Lavatory (BR Sink)	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping	_____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Grease trap	_____
Air Conditioner (Condensate Drain)	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Pool Heater	_____
Other:	_____

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: Check Point Alarms
Address: 13 LAWRENCE DR
BRICK NJ 08723
Phone #: 732 899-7660
Lic #: _____
Federal Emp # or SSN 222-203-820

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks	_____ capacity _____	fuel
Combustible Storage Tanks	_____ capacity _____	fuel
LPG Storage Tanks	_____ capacity _____	fuel

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____
Smoke Detectors	<u>1</u>
Heat Detectors	<u>6</u>
Total	<u>7</u>

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work \$ 580.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Robert D. Wademan

Print Name: ROBERT D. WADEMAN

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: DRUM POINT RECREATION COMPLEX
 Block: 548 Lot: 21
 Owner's Name: TOWNSHIP OF BRICK
 Owner's Mailing Address: 461 CHAMBERS BRIDGE RD.
BRICK NJ 08723
 Phone: (732) 262-1000

BUILDING

Contractor: _____
 Address: _____
 Phone#: _____
 Lis #: _____
 Federal Emp # or SSN _____

Technical Data

Description of Work: _____

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
 No of Stories: _____
 Height of Structure: _____
 Area of the largest floor: _____
 Area of New Structure: _____
 Volume of New Structure: _____
 Total Land Disturbed: _____

Cost of Alteration: \$ _____

Cost of New Building: \$ _____

Total Cost of New Building Work: \$ _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: CHECKPOINT ALARMS
 Address: 13 LAWRENCE DR
BRICK NJ 08724
 Phone#: 732 899-7660
 Lis #: _____
 Federal Emp # or SSN 227-203-820

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	<u>LOW VOLTAGE</u>
Total	_____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
 Spa/Hot Tub/Storable Pool _____
 Electric Range _____ KW
 Oven/Surface Unit _____ KW
 Electric Water Heater _____ KW
 Electric Dryer _____ KW
 Dishwasher _____ KW
 Garbage Disposal _____ HP
 A/C Unit - Central Air _____ KW
 Space Heater/Air Handler _____ KW
 Baseboard Heating _____ KW
 Motors 1+ HP _____
 Transformer/Generator _____ KW
 Light Stander _____ AMP
 Service _____ AMP
 Subpanel _____ AMP
 Motor Control Center _____ AMP
 Sign/Outline Light _____ KW
 Furnace _____
 Steam Boiler _____
 Other: _____

Estimated Cost of Electrical Work: \$ 20.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Robert D. Wademan

Please Print Name ROBERT D. WADEMAN

CONTRACTOR'S SEAL