

3325-94

RECEIVED

OCT 13 1994



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

Drum Pt Road

1 Proposed Work-site at: EMMA HAVENS YOUNG SCHOOL

2 Name of Owner in Fee: BRICK BOARD OF ED. Tel. (908) 477-2800

Address 101 HENDRICKSON RD BRICK
street municipality zip code

3 Ownership in Fee: Public ✓ Private

Principal Contractor: WARDELL SECURITY Tel. (908) 363-0550

Address PO Box 44 Howell NJ 07731

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

Federal Emp No 222-136974 Social Security No. _____

5 Architect or Engineer _____ Tel. (____) _____

Address _____

6. Responsible Person
In Charge of Work EDWARD WARDELL Tel. (908) 363-0550

II. PROPOSED WORK

Est. Cost

- 1 ☐ Minor Work
(single trade)
- 2 ☐ Small Job (\$5,000
and no prior
approvals)
- 3 ☐ New Building
- 4 ☐ Addition
- 5 ☐ Alteration
- 6 ☒ Fire Protection
- 7 ☐ Plumbing
- 8 ☐ Electrical
- 9 ☐ Asbestos Abatement
- 10 ☐ Demolition

TOTAL COSTS

2000.

OPTIONAL (for office use only)[illegible]

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

- | | | |
|--|--|---|
| 1 ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly |
| 2 ☐ High Pressure Boilers | 4. ☐ Refrigeration Systems | 7. ☐ Sprinklers |
| | 5. ☐ Cross-Connections/Backflow
Preventers | 8. ☐ Smoke Control Systems in Open Wells |
| | | 9. ☐ Underground Storage Tanks |

V. FEE SUMMARY (for office use only)

Update

Update

- | | | | |
|--------------------------------------|----|--------|--|
| 1. Building | \$ | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | 163 | |
| 5. Other | | | |
| 6. Subtotal | \$ | | |
| 7. Less 20% for
State Plan Review | | | |
| 8. Subtotal | \$ | | |
| 9. DCA Training Fee | | 2- | |
| 10. Subtotal | \$ | | |
| 11. Cert. of Occupancy | | 20- | |
| 12. Other | | | |
| 13. TOTAL | \$ | 185.70 | |

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors _____ sq. ft.
5. Volume of 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 _____ sq. ft.
no _____
11. Fire Grading _____
12. Max. Live Load _____
13. Max. Occupancy Load _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO
- No of dwelling units: _____
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL

1. State Specific Use: **SCHOOL**
2. Use Group:
3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

I OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in-fee of the property listed on Page 1.

Mark the following applicable boxes:

A. () I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. () I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. () I further certify that I will perform or supervise the following work:

C.1. () Building C.2. () Fire Protection

I further certify that I will perform the following work:

C.3. () Electrical C.4. () Plumbing

D. () I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 WARDELL SECURITY SERVICES

Address PO BOX 44

HOWELL NJ 07931

Telephone (908) 363-0550

Signature [Signature] Date 8/31/94

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

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 EXPIRED
☐ Temporary Certificate of Occupancy	No. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____
☐ Certificate of Approval	No. _____
☐ None	No. _____



CONSTRUCTION PERMIT

Date Issued

11/18/94

Control #

Permit #

3325-94

IDENTIFICATION Block

548

Lot

21

Work Site Location

EMMA HAVENS YOUNG
SCHOOL

Contractor

WARDLE SECURITY

Address

PO BOX 44 JARVIS
SPRING ARK

Owner In Fee

BUTCH WILSON JR KNOXTON

Address

101 HENNINGSON AVE
BUTTE NJ 08723

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

FIRE SYSTEM

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 \$

2000

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building

Plumbing

Electrical

Fire Protection

Other

Other

DCA Training Fee

Cert. of Occ.

Other

Total

Check No.

Cash

Collected By: KOK



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #
11/18/94
3325-92

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE: CALL UTILITY DIG NO: 1-800-272-1000
Block 2134 Lot 548 21
Work Site Location EMMA HAVENS YOUNG SCHOOL
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON RD
BRICK, NJ
Tele. (908) 422-2800
Contractor WARDEN SECURITY SERVICES
Address PO Box 44
HOWELL NJ 07731
Tele. (908) 363-0550
Lic. No. _____
Federal Emp. No. 222-136774 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ 2000.00 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)	Initial
	Type:	Failure	Approval
[] No Plans Required	Suppression Test		
[] Joint Plan Review Required:	Fire Alarm Test		
[] Bldg. [] Plumb.	Smoke Test		
[] Elec. [] Elevator	Mechanical		
[X] Fire Plans Approved	TCO		
Date: <u>10/24/94</u>	Other		
Approved by: _____	Other		
SUBCODE APPROVAL:	Other		
[X] CO [] CCD [] SA	Other		
Date: <u>12/21/94</u>	Other		
Approved by: _____			

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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.P.G. Storage Tanks () Capacity _____ Fuel _____
L.N.G. Storage Tanks () Capacity _____ Fuel _____

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 ADA Holders 14 _____
LIBRARY 9200 CONTROL 11 _____

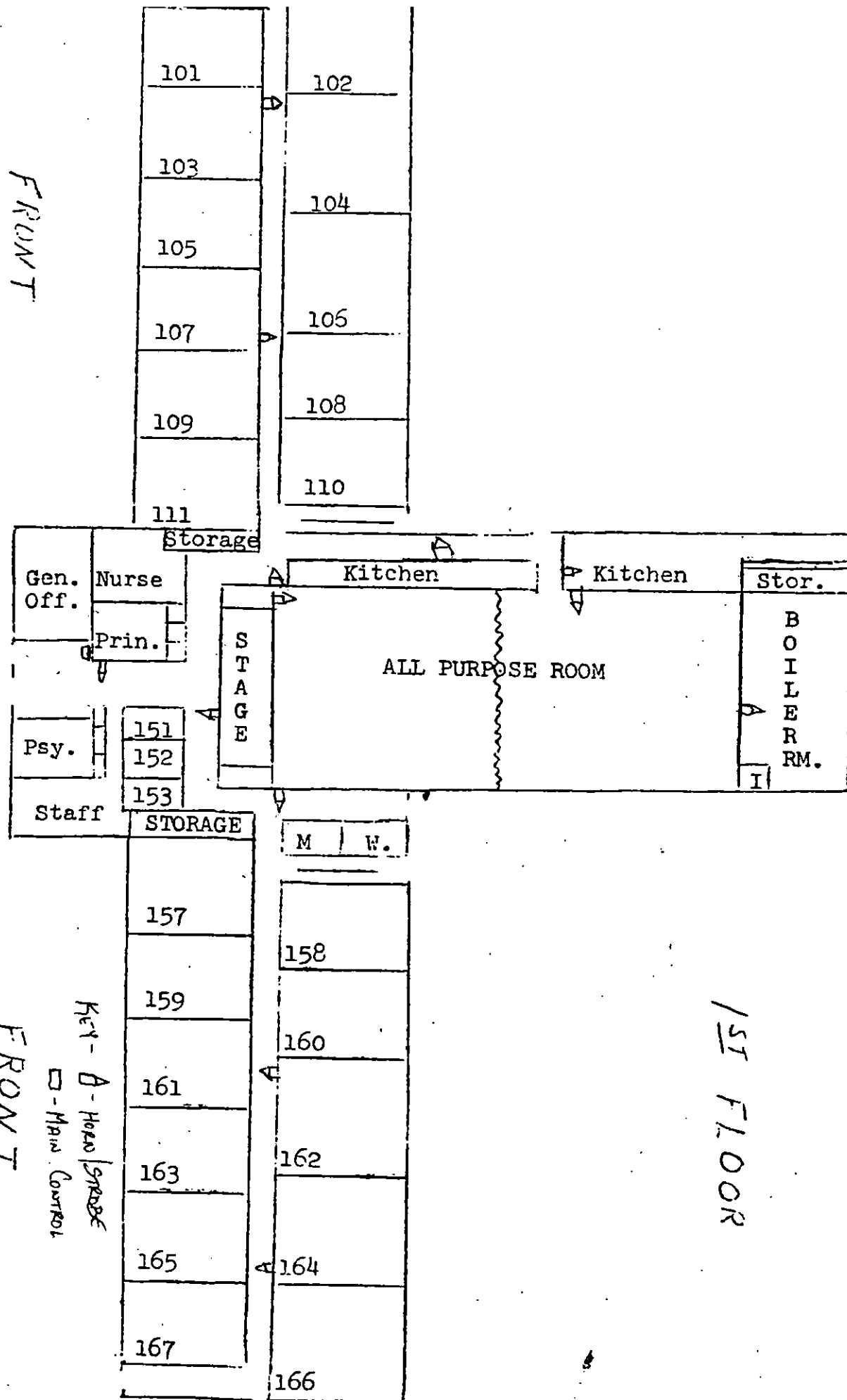
Paid [] Check # _____
Collected by: _____
Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____

FEE (Office Use Only)

EMMA HAVENS YOUNG

FRONT

FRONT



BRICK TOWNSHIP, BY

Date

Class

Plan Review

Zoning

Plumbing

Building

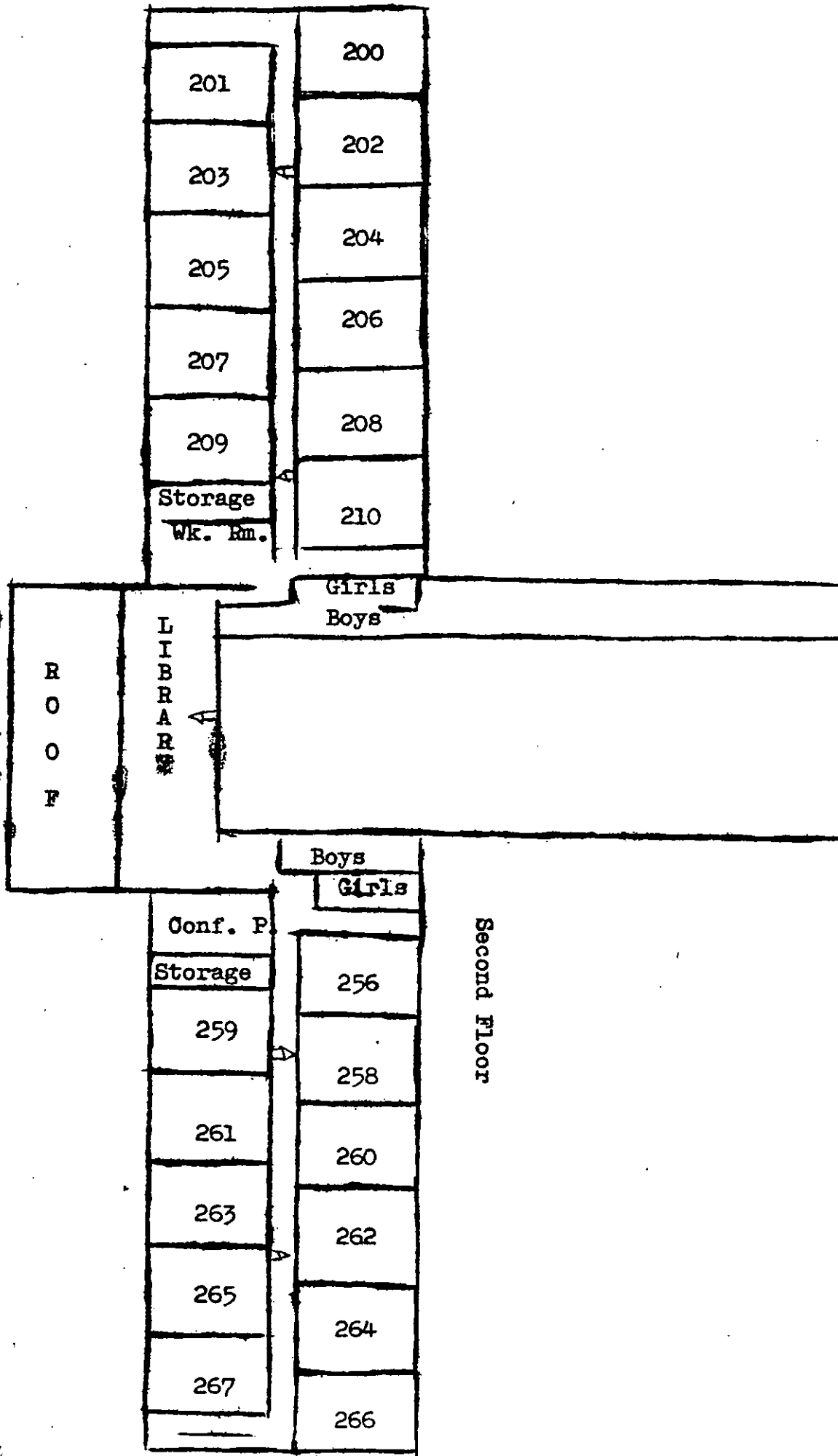
Fire

Energy

Electrical

10/27/94

FRONT



BY

Date

BRICK TOWNSHIP
Class

Plan Review

Zoning

Plumbing

Building

Fire

Energy

Electrical

10/22/17