BLOCK 1091 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) VANS ZILE RD. PERMIT NO. 08-1285

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C08-000816

I. IDENTIFICATION

1. Propsed Work Site at: VAN ZILE RD
2. Name of Owner in Fee: ST. DOMINIC'S Tel (732) 840-1412
   Address OLD SQUAN RD. (street) BRICK (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: GAVAN GENERAL CONTRACTING Tel. (732) 367-3900
   Address 1500 N. APPLE ST. LAKEWOOD, NJ 08701
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No [redacted] FAX: (732) 901-9616
5. Architect or Engineer KONALD KACMARSKY Tel. (732) 368-6220
   Address 242 LAKE RD. BRICK, NJ 08724 Contact RON
6. Responsible Person in Charge once Work has Begun KEVIN P. GAVAN, PRES.
   Tel. (732) 367-3900 FAX: (732) 901-9616

V. FEE SUMMARY (for office use only)

		Update +A	Update +B
1. Building	$		
2. Electrical		365	200
3. Plumbing		590	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Surcharge Fee		909	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		200

VI. BUILDING/SITE CHARACTERISTICS (for 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. 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		

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building					5-29-08				
3. ☒ Addition	1,755,578.00						U		
4. ☐ a. Repair									
☐ b. Alteration									
☒ c. Renovation	45,000.00								
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☒ Plumbing	58,340.00								
7. ☒ Electrical	164,080.00				6408		2-25-9	U/D	
8. ☒ Elevator Devices	50,000.00								
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☒ Demolition	22,000.00								
TOTAL COSTS	2,094,918								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
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:

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

U.C.C. F100-1 (rev. 12/03)

Revised 05.14.08

+C 40 130 7 177 +D E-40 DCA-1 41- +E F-450 450 +F E-40 DCA-11 51-

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. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓ Check if contractor.

Agent Name GAVAN GANNON CONTRACTING INC.

Address 1500 NORTH APPLE STREET
LAKEWOOD, NJ 08701

Telephone (732) 367-3900

Signature _____ PRESIDENT

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

OFFICE DATE RECEIVED: _____

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

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

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	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. _____	_____	_____	_____	_____

PERMIT UPDATE

Date Update Issued 8/7/2008
Control # C-08-000816+A
Permit # 08-1285+A

IDENTIFICATION Block: 1091 Lot: 5 Qualifier

Work Site Location: 250 OLD SQUAN RD. , NJ

Owner in Fee: ST DOMINICS R C CHURCH
250 OLD SQUAN RD. BRICK NJ 08724

Telephone: (732) 840-1412

Contractor: ST DOMINICS R C CHURCH
Address: 250 OLD SQUAN RD. BRICK NJ 08724

Telephone: (732) 840-1412
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS, FIRE ALTERATIONS, PLUMBING ALTERATIONS DEMO EXISTING CLASSROOMS AND HALLWAY. NEW TWO STORY ADDITION AND RENOVATION OF OLD LIBRARY ROOM. NEW PARKING LOT AND DRIVEWAY.

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $1,584,919

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$365
Plumbing	$590
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$909
CO Fee	
Other	$0
Total	$1,864
Check No.	3298
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

PERMIT UPDATE

Date Update Issued 8/7/2008
Control # C-08-000816+b
Permit # 08-1285+B

IDENTIFICATION Block: 1091 Lot: 5 Qualifier
Work Site Location: 250 OLD SQUAN RD. , NJ
Owner in Fee ST DOMINICS R C CHURCH
250 OLD SQUAN RD. BRICK NJ 08724
Telephone: (732) 840-1412

Contractor ST DOMINICS R C CHURCH
Address 250 OLD SQUAN RD. BRICK NJ 08724
Telephone: (732) 840-1412
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

HVAC ADDITIONAL HVAC FROM CO8-002302

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$200
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$200
Check No.	3263
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

PERMIT UPDATE

Date Update Issued 10/14/2008
Control # C-08-004728
Permit # 08-1285+D

IDENTIFICATION Block: 1091 Lot: 5 Qualifier

Work Site Location: 250 OLD SQUAN RD. , NJ

Owner in Fee: ST DOMINICS R C CHURCH
250 OLD SQUAN RD. BRICK NJ 08724

Telephone: (732) 840-1412

Contractor: ST DOMINICS R C CHURCH
Address: 250 OLD SQUAN RD. BRICK NJ 08724

Telephone: (732) 840-1412
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS REPLACED 250' OF DAMAGED EMT W/ 24V LOW VOTAGE WIRES.

Note: If constuction 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 $500

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
Check No.	7760
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

PERMIT UPDATE

Date Update Issued 11/12/2008
Control # C-08-005276
Permit # 08-1285+E

IDENTIFICATION Block: 1091 Lot: 5 Qualifier

Work Site Location: 250 OLD SQUAN RD. , NJ

Owner in Fee: ST DOMINICS R C CHURCH
250 OLD SQUAN RD. BRICK NJ 08724

Telephone: (732) 840-1412

Contractor: ST DOMINICS R C CHURCH
Address: 250 OLD SQUAN RD. BRICK NJ 08724

Telephone: (732) 840-1412
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

FIRE ALTERATIONS GAS FIRED APPLIANCES ONLY

Note: If constuction 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 $20,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$450
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$450
Check No.	0463
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

PERMIT UPDATE

Date Update Issued 11/12/2008
Control # C-08-003820
Permit # 08-1285+C

IDENTIFICATION Block: 1091 Lot: 5 Qualifier
Work Site Location: 250 OLD SQUAN RD. , NJ
Contractor ST DOMINICS R C CHURCH
Address 250 OLD SQUAN RD. BRICK NJ 08724
Owner in Fee ST DOMINICS R C CHURCH
250 OLD SQUAN RD. BRICK NJ 08724
Telephone: (732) 840-1412
Lic. No. or Bldrs. Reg. No.
Telephone: (732) 840-1412
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:
ALARM SYSTEM (BURGLAR OR FIRE), FIRE ALTERATIONS

Note: If constuction 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 $45,000

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$130
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$7
CO Fee	
Other	$0
Total	$177
Check No.	0462
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

PERMIT UPDATE

Date Update Issued 2/27/09
Control # C-09-000409
Permit # 08-1285+F

IDENTIFICATION Block: 1091 Lot: 5 Qualifier

Work Site Location: 250 OLD SQUAN RD. , NJ

Owner in Fee: ST DOMINICS R C CHURCH
250 OLD SQUAN RD. BRICK NJ 08724

Telephone: (732) 840-1412

Contractor: ST DOMINICS R C CHURCH
Address: 250 OLD SQUAN RD. BRICK NJ 08724

Telephone: (732) 840-1412
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

COMMUNICATION POINTS

Note: If constuction 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 $8,000

Construction Official 2-25-09 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$11
CO Fee	
Other	$0
Total	$51
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

#1285
ELECTRIC $40.00
DCA $11.00
CHECK $51.00

☐ 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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

update 08-1285 +F

Date Received 2/27/09
Control #

Date Issued
Permit # C09-0004/09

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

Block 1091 Lot 5 Qualification Code

Work Site Location 250 Old Squan Rd. BRICK, NJ 08724

Owner in Fee: St. Dominicks

Tel. (732) 840-1412 e-mail

Address 250 Old Squan Rd. BRICK (street / municipality / zip code)

Contractor: TELE-MEASUREMENTS, INC Tel. (973) 473-8822

Address 145 MAIN AVENUE CLIFTON, NJ 07014 e-mail jmlarue@tele-measurements.com

Contractor License No. ______ Exp. Date ______

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

Federal Emp. ID No. 22-1694643 FAX: (973) 473-9032

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ 8,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required 2-25-9 [initials]

[ ] Partial -Underslab Utilities Approved
Date: ______ Approved by: ______

[ ] Electric Plans Approved
Date: ______ Approved by: ______

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: ______
Approved by: ______

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3-11-9
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-10-09	RD
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued ______
Final Cut-in-Card Date Issued ______
Annual Pool Inspection ______
Date of Grounding and Bonding Certification ______

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. [signature]

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

Called 2/26/09

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BOX 09-38

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
2		Communications Points Projection < .7 Volts
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

$ ______

COMMERCIAL

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

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/28/2009
Control Number C-08-000816
Permit Number 08-1285
Permit Issue Date 05/09/2008
Certificate Number 08-1285

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 250 OLD SQUAN RD. , NJ Block: 1091 Lot: 5 Qual:

Owner in Fee: ST DOMINICS R C CHURCH

Owner Address: 250 OLD SQUAN RD. BRICK NJ 08724

Telephone: (732) 840-1412

Contractor GAVAN GENERAL CONTRACTING INC.

Address 1500 NORTH APPLE STREET LAKEWOOD NJ 08701

Telephone: (732) 367-3900 Fax:

License Number or Builders Registration Number: 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: COMMERCIAL ADDITION ADDITION TO SCHOOL (FOOTING & FOUNDATION ONLY)

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:

Construction Official

Fee: $35.00
Check Number: 16484
Collected By: Inspection Account

Date Printed: 08/28/2009 U.C.C. F260 (rev. 08/05)

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road, Forked River, NJ 08731
Tel 609.971.7002 • Fax 609.971.3391 • www.ocscd.org

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK

PROJECT: ST. DOMINICS SCHOOL ADD. SCD NO: 12460

BLOCK NO.(S): 1091 LOT NO.(S): 5

Final Compliance ☑ Conditional Compliance ☐

Block No.	Lot No.	Conditions

TOTAL FEES DUE: $ —

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24 - 39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: _____

DATE: 6/25/09

Distribution: WHITE - Township
CANARY - Applicant
PINK - District

Revised 03/04

A5703

INSPECTOR: Russell Harris

DATE: 7/24/09

JOB: St. Dominics Parking Expansion

SECTION: Job #: 205234112597

TYPE OF WORK: Final CO

WEATHER: Clear

LOCATION: Van Zile Rd. & Old Squan Rd.

TEMPERATURE: N/A

BLOCK: 1091 LOT: 5

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[EC Comm] MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/11/2009
Control Number C-08-000816
Permit Number 08-1285
Permit Issue Date 5/9/2008
Certificate Number 08-1285

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 250 OLD SQUAN RD. , NJ Block: 1091 Lot: 5 Qual:

Owner in Fee: ST DOMINICS R C CHURCH

Owner Address: 250 OLD SQUAN RD. BRICK NJ 08724

Telephone: (732) 840-1412

Contractor ST DOMINICS R C CHURCH

Address 250 OLD SQUAN RD. BRICK NJ 08724

Telephone: (732) 840-1412 Fax:

License Number or Builders Registration Number: 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: COMMERCIAL ADDITION ADDITION TO SCHOOL (FOOTING & FOUNDATION ONLY)

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

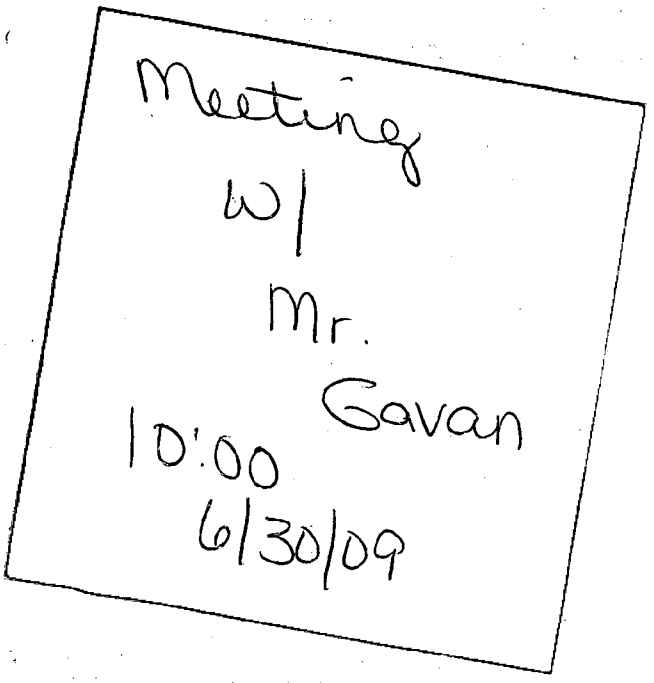
☑ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 4/1/2009
Conditions to be met:
Must get final Ocean County Soils and final Engineering by April 1, 2009

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 3/11/2009

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


Meeting
w/
Mr.
Gavan
10:00
6/30/09

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/11/2009
Control Number C-08-000816
Permit Number 08-1285
Permit Issue Date 5/9/2008
Certificate Number 08-1285

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 250 OLD SQUAN RD. , NJ Block: 1091 Lot: 5 Qual:

Owner in Fee: ST DOMINICS R C CHURCH

Owner Address: 250 OLD SQUAN RD. BRICK NJ 08724

Telephone: (732) 840-1412

Contractor ST DOMINICS R C CHURCH

Address 250 OLD SQUAN RD. BRICK NJ 08724

Telephone: (732) 840-1412 Fax:

License Number or Builders Registration Number: 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: COMMERCIAL ADDITION ADDITION TO SCHOOL (FOOTING & FOUNDATION ONLY)

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: 4/1/2009
Conditions to be met:
Must get final Ocean County Soils and final Engineering by April 1, 2009

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 3/11/2009 U.C.C. F260 (rev. 08/05)

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of the Municipal Clerk

Virginia A. Lampman, RMC, CMR
Municipal Clerk
732-262-1001
vlampman@twp.brick.nj.us

Lynnette A. Iannarone, RMC, CMR
Assistant Municipal Clerk
732-262-1002
liannarone@twp.brick.nj.us
Fax: 732-262-2839
www.twp.brick.nj.us

To: Dan Newman, Construction Official

From: Virginia A. Lampman, Township Clerk

RECD JUN 25 2009

Date: June 24, 2009

Re: OPRA #115-09

Attached please find a request for information received by our office. I spoke to Bernadette who said that she will get the information together and will let me know when this information will be available for them to view.

Thank you for advance for filling this time sensitive request.

311 ACCESS BRICK TOWNSHIP

TOWNSHIP of BRICK

Office of the Municipal Clerk
401 Chambers Bridge Road
Brick, New Jersey 08723

RECEIVED
JUN 24 2009
MUNICIPAL CLERK

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR MUNICIPAL USE ONLY

Date Received: _____ Date of Response: _____

SEE INSTRUCTIONS ON THE OTHER SIDE

Name: Gavan General Contracting, Inc.

Address: 1500 North Apple Street
Lakewood, NJ 08701

Telephone [Day): 732-367-3900

Information Requested:

( ) **View/Copy of Minutes** [specify board or entity, date, topic or other identifying information]

( ) **View/Copy of Ordinance or Resolution** [specify date, number, or other identifying information]

( ) **Police Accident Report** Fee: _____
Identify Accident: _____

(X) **Other** [specify] View documentation, approved plans, inspection reports, etc of St. Dominic's School Addition and Alterations Project 2007-2008

( ) **License Information** [Specify] _____

Information on a Specific Property Address 250 Old Squan Rd. Brick, NJ
Block 1091 Lot 5

( ) **Municipal Lien Search** Fee: $ 10.00
Municipal Lien Searches are provided by the designated search officer and will be provided within 15 days after the request is received and the fee paid, as provided in *N.J.S.A.* 54:5-11, et seq.

( ) **List of Property Owners within 200'** Fee: $_____
As provided in *N.J.S.A.* 40:55-12, the fee is the greater of $.25 per name or $10.00

A request for access to or for a copy of Government Records should be submitted on this form which has been adopted by the Municipal Clerk as the Custodian of Records. Some records will be immediately available during normal business hours. Some records will require time to compile and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been

FAXED

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use
Division of Engineering

Office of the Municipal Engineer
732-262-1040
Fax: 732-262-8954
www.twp.brick.nj.us

Temporary C/O Request

DATE 3/10/09

APPLICANT:

NAME ST Dominic's Church

ADDRESS 250-Old Squankum Rd

TOWN/STATE/ZIP Brick 08723

BUYER (S):

NAME _____

ADDRESS _____

TOWN/STATE/ZIP _____

BLOCK 1091 LOT (S) 5 PROPERTY LOCATED AT: _____

I, ST. Dominic's Church AM BEING GIVEN A TEMPORARY CERTIFICATE OF
(APPLICANT – PLEASE PRINT)

OCCUPANCY WITH THE UNDERSTANDING THAT THE FOLLOWING CONDITIONS MUST BE MET ON

OR BEFORE May 1, 2009 AND SUBJECT TO INSPECTION BY THE TOWNSHIP ENGINEER
(DATE)

I, ST. Dominic's Church AM ALSO AWARE THAT I WILL HAVE TO FORFEIT
(APPLICANT – PLEASE PRINT)

THIS CERTIFICATE OF OCCUPANCY IF I DO NOT COMPLY WITH THE CONDITIONS BY SAID DATE.

I, ST. Dominic's Church AM AWARE AND HEREBY GIVE MY APPROVAL
(BUYER(S) – PLEASE PRINT)

TO THE CONDITIONS OUTLINED BELOW.

SIGNATURE OF APPLICANT	**DATE**	**SIGNATURE OF BUYER**	**DATE**
CONSTRUCTION OFFICIAL	**DATE**	**TOWNSHIP ENGINEER**	3/11/09 **DATE**

CONDITIONS: Complete site signage installation; Complete circle centerpiece in pavers in front of building; Install speed hump; Stabalize all soil areas; Maintain safe work area.

INSPECTOR: Russell Harris

DATE: 3/10/09

JOB: St Dominics Parking Expansion #20523411259 7 SECTION:

TYPE OF WORK: 2nd Floor Only Temp CO expire May 1, 2009

WEATHER: Clear

LOCATION: Van Zile Rd. & Old Squaw Rd.

TEMPERATURE: N/A

BLOCK: 1091 LOT: 5

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway		✓
2. Grading	✓	
3. Sidewalk		✓
4. Road Pavement		✓
5. Landscaping & Sodding		✓
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area		✓
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

1. Complete site signage installation.
3. Complete circle centerpiece in pavers in front of building.
4. Install speed hump.
5. Stabalize all soil areas.
7. Maintain safe work areas.

RECOMMENDATIONS:

☒ TEMP. C.O.

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[EC Comments] MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road, Forked River, NJ 08731
Tel 609.971.7002 • Fax 609.971.3391 • www.ocscd.org

TO: C.O.

MUNICIPALITY: Brick Township

PROJECT: St. Dominic's School addition

SCD NO: 12460

BLOCK NO.(S): 1091

LOT NO.(S): 5

Final Compliance ☐ **Conditional Compliance** ☒

Block No.	Lot No.	Conditions
1091	5	This CONDITIONAL COMPLIANCE expires on 4-1-09 The applicant is required to notify this office when work is PROPERLY COMPLETED. A $135.00 re-inspection fee will be billed to the applicant for each day the required work is NOT properly completed. 250 Old Squan Rd New Addition NEED TO Construct scour hole as per plan & Permanently Stabilized all bare soil AREAS. TOTAL FEES DUE: $ 135

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24 - 39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT: For: St Dominic Church

AUTHORIZED DISTRICT SIGNATURE: Jean M Boehmler

DATE: 3/11/09

Distribution: WHITE - Township
CANARY - Applicant
PINK - District

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 08-1285

Date Issued
Permit # C08-000816

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

Block 1091 Lot 5 Qualification Code _____
Work Site Location 250 OLD SQUAN RD.

Owner in Fee CHURCH OF ST. DOMINIC
Address 250 OLD SQUAN RD.
BRICK NJ
Tel. (732) 840-1412
Contractor DONALD KAZMARSKY
Address _____
Tel. (____) _____ FAX (____) _____
Contractor License No. or Builder Registration No. _____
Federal Emp. No _____

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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ADDITION TO SCHOOL
PARTIAL RELEASE
FTG/FDN ONLY

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[X] Footing } ONLY 05/09/08 KM		
[X] Foundation }		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3/11/09
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing	See Back			
Footing Bonding				
Foundation				
Slab * 9/17/08 KM			11/14/08 KM	
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation			12/5/08 Foundation	
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ SH			10/29/08 KM	
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

NR

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors 12,116 Sq. Ft.
Volume of New Structure 347,000 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 740,000
2. Rehabilitation $ _____
3. Total (1+ 2) $ _____

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____

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

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

7-28-08 Partial Along EXSTING Bldg
7-29-08 Partial Footing A Thru G 2 1
7-30-08 Partial Footing A Thru G 5 & 6

See Revised 8½x11 plan Also

8-4-08 Grade Beams

A To G - 3 To 6

With 203 E Excepte

8/7/08 W- Foot App partial N.E. wall -
8/12/08 W- ~~Rej~~ Rej — bars too small ~~#7's~~ on plans #5's installed
Grade Beam Rej - 3" Min Clearance / Wrap pipes in pour —

9-17-08 FM - Partial Slab

9-19-08 Complete Slab OK, Contractor told to Put Some type OF Admixtur On Existing concrete Slab To Promote Bonding

12-5- Fanne for roof cricket inspected Also -JL

FAX COVER SHEET

Gavan General Contracting, INC.
1500 North Apple Street
Lakewood, New Jersey 08701-1408
Ph (732) 367-3900
Fax (732) 901-9616

Send to: Brick Township Building Dept.	**From: Kevin Gavan**
Attention: Mr. Frank Maser / Mr. Dan Newman	Date: 8/1/2008
Phone Number:	Project St. Dominic's School
Fax number: 732-262-8954	Brick Twp.

[] Urgent [] Reply ASAP [] Please Comment [] Please Review [X] For Your Information

Total pages, including cover: 2
Comments:

Soil testing and inspection report for your use any questions please call.

Thank you

903 East Hazelwood Avenue
Rahway, NJ 07065
Tel: 732-382-3553 Fax: 732-382-8840

199 North Chew Road, Suite B
Hammonton, NJ 08037
Tel: 609-567-1499 Fax: 609-567-1481

U.S. LABS
U.S. Laboratories, Inc.
www.uslaboratories.com

857 Sussex Blvd., Lower Level
Broomall, PA 19008
Tel: 610-543-3925 Fax: 610-543-1933

Offices Nationwide

TESTING & INSPECTION REPORT

Client _____ Date 8-1-08

Project Name ADDITION FOR SAINT DOMINIC'S SCHOOL Architect RONALD KACMARSKY ARCHITECTURAL GROU

Project Address OLD SQUAN ROAD, Construction Mgr. GAVAN CON.

Project Address BRICK, NJ Engineer CEC, INC.

Contractor _____ Project # _____

A U.S. Engineering Laboratories representative was present at the above referenced site for the following activities:

Concrete Inspection

_____ yds. of _____ psi concrete were placed at the following locations: _____

_____ footings _____ foundation walls _____ slabs _____

Results of required concrete tests are summarized on the attached report of concrete inspection.

Reinforcing Steel Inspection

Reinforcing steel was checked for required size, spacing, placement, clearance, lap, cover and cleanliness in accordance with project drawing # _____ shop drawing # _____ at the following locations: _____

Soil Compaction Inspection

Structural fill _____ back fill _____ other ( ) _____ was tested for compaction using a soil moisture-density gauge(#)sand cone ___ at the following locations: _____

_____. Project specifications require _____ % of maximum dry density as determined in accordance with ASTM D1557 ___ ASTM D698 ___. Results are summarized on the attached report of soil compaction.

Foundation Inspection

Shallow foundations were checked at subgrade elevations determined by the contractor. Using a geotechnical probe ✓ dynamic cone penetrometer _____ the following footings were ✓ were not ___ verified for an allowable soil bearing pressure of 3000 PSF as defined in the project specifications NEW FOOTINGS GINE A - E 1/3-6 FOOTINGS SUBGRADE EXCEPT F 1/3.4 2 1/A-G.

Additional Inspections

Masonry _____ Structural Steel _____ Asphalt _____ Fireproofing _____ Other (specify) _____

Remarks: FOOTINGS SUBGRADE WERE CHECKED AND VERIFIED FOR AN ALLOWABLE SOIL BEARING PRESSURE OF 3000 PSI AS PER S-1. FOOTING SUBGRADE FOUND FIRM, STABLE & COMPETED SUITABLE TO SUPPORT DESIGNED LOAD BEARING PRESSURE

ARRIVED _____ DEPARTED _____ CLIENT SIGNATURE _____

INSPECTORS NAME DILIP PATEL (Print Clearly) INSPECTORS SIGNATURE DPatel DATE 8-1-08

NOTE: *This report covers the locations of the work inspected and tested following recognized standards and does not constitute engineering opinion or project control. USLB is not responsible for jobsite safety or safety inspections beyond USLB personnel.*

CERTIFICATE OF APPROVAL FOR TENANT FIT UP AND COMMERICIAL

Location 250 OLD SQUAN

Block 1091 Lot 5

Final Inspections needed if applicable as follows:

08-1285

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance (B.T.M.U.A.) 732-458-7000
6. Final Engineering
7. Ocean County Soil (609-971-7002)
8. Affordable Housing

Report of Compliance from Ocean County Soils is needed when more than 5000 sq ft is disturbed. NEW COMMERCIAL Buildings that have been approved by the Planning Board or Board of Adjustment always need a soil report.

BUILDING.....APPROVED.....TCO 3/11/09 Final

PLUMBING.....APPROVED.....TCO 60 days 5/11/09

FIRE.....APPROVED.....2-9-09 - FINAL

ELECTRIC.....APPROVED.....2-18-09 only TCO

ENGINEERING.....APPROVED.....Temp expires 4/1/09

O.C. SOIL.....APPROVED.....Temp expires 4/1/09

COMMERCIAL OCCUPANCY CARD.....

C.C. FROM B.T.M.U.A.....NOT NEEDED.....
(Call the water company (732-458-7000 Ext. 224 or 225) and ask whether a C.C. is needed.)

AFFORDABLE HOUSING.....EXEMPT.....
(All Commercial applications must be reviewed by Affordable Housing before a C/A or C/O is issued. Second half of payment is due at this time.)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/26/2009
Control Number C-08-000816
Permit Number 08-1285
Permit Issue Date 05/09/2008
Certificate Number 08-1285

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 250 OLD SQUAN RD. , NJ Block: 1091 Lot: 5 Qual:

Owner in Fee: ST DOMINICS R C CHURCH

Owner Address: 250 OLD SQUAN RD. BRICK NJ 08724

Telephone: (732) 840-1412

Contractor ST DOMINICS R C CHURCH

Address 250 OLD SQUAN RD. BRICK NJ 08724

Telephone: (732) 840-1412 Fax:

License Number or Builders Registration Number: 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: COMMERCIAL ADDITION ADDITION TO SCHOOL (FOOTING & FOUNDATION ONLY)

Certificate Comments: FOR TOURS ON SECOND FLOOR ONLY. NOT OPEN TO STUDENTS

☐ **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: 02/13/2009
Conditions to be met:
FOR TOURS ON SECOND FLOOR ONLY. NOT OPEN TO STUDENTS

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 01/26/2009 U.C.C. F260 (rev. 08/05)

Change of Contractor 05-14-08

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

8/7/08
C08-000816+A

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

Block 1091 Lot 5
Work Site Location VANS ZILE RD
BRICK, NJ
Owner in Fee ST. DOMINIC'S SCHOOL
Address OLD SQUAN RD.
BRICK NJ
Tele. (732) 840-1412
Contractor GAVAN GENERAL CONTRACTING, INC.
Address 1500 N. APPLE ST.
LAKEWOOD, NJ 08701
Tele. (732) 367-3900 Fax (732) 901-9616
Lic. No. or Bldrs. Reg No
Federal Emp. No [redacted]

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 PRESIDENT

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMO EXISTING CLASS ROOMS & HALLWAY
NEW TWO STORY ADDITION &
RENOVATION OF OLD LIBRARY ROOM
NEW PARKING LOT AND DRIVEWAY
Note: 3000 LB Soil Bearing
see S101.
Supply Test Data To Inspector.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5/29/08	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 3/11/09
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO			30 Days	G.P.
Other				
Final			3-10-09	JU
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[X] Addition
[X] Alteration
- [X] Roofing
- [X] Siding
- [X] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[X] Demolition

FEE (Office Use Only)
$ _____
COMMERCIAL
Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed E-1
Constr. Class Present _____ Proposed _____
No. of Stories TWO
Height of Structure 26 Ft.
Area — Largest Floor 8,553 Sq. Ft.
New Bldg. Area/All Floors 12,116 Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ 2,094,918

U.C.C. F110 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Change of contractor 12.11.08 only

Date Received
Control # 08-1285

Date Issued
Permit #

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

Block 1091 Lot 3 Qualification Code

Work Site Location 350 Old Squan Rd. Brick NJ 08724

Owner in Fee: St. Dominics

Tel. (732) 840-1412 e-mail

Address None
street municipality zip code

Contractor: Trinity Electric Service LLC Tel. ( )

Address 3550 Sylon Blvd. Hainesport NJ 08036 e-mail

Contractor License No. 11081 Exp. Date 3/09

Home Improvemer [redacted] ption Reason (if applicable):

Federal Emp. ID N [redacted] FAX: (609) 261 6966

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2-18-9
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initials
Rough Above Ceiling			12.22.08	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO 2ND Floor	90 day		1-12-9	DD
Other				
Service				
Final			2-13-9	DD
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (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 UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ 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	$

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 05/05/2008
Date Issued 8/7/08
Control # C-08-000816+A
Permit # +A 08-1285+A

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

Block 1091 Lot 5 Qualification Code

Work Site Location: 250 OLD SQUAN RD. , NJ

Owner in Fee: ST DOMINICS R C CHURCH

Address 250 OLD SQUAN RD. BRICK NJ 08724

Tel. (732) 840-1412

Contractor: OSCAR'S ELEC SERCV

Address 253 RIVER AVENUE LAKEOOD NJ 08701-

Tel. (732) 363-6642 Fax.

Lic No. 8019

Federal Employee No. 22-3143825

COMMERCIAL

7-904-3031

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed E

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $160,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
225		Lighting Fixtures	
120		Recepticles	
50		Switches	
25		Detectors	
20		Light Poles	
0		Motors - Fract. HP	
28		Emergency & Exit Lights	
0		Communication Points	
25		Alarm Devices/F.A.C. Panel	
0			
493		TOTAL NUMBERS	$125
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
4	7	KW Central A/C Unit	$40
0	0	HP/KW Space Heater/Air	$0
0	0	KW Baseboard Heat	$0
1	20	HP Motors 1/+ HP (Elevator)	$50
0	0	KW Transformer/Generator	$0
0	0	AMP Service	$0
1	200	AMP Subpanels	$50
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
1	100	SUBPANEL	$50
1	24	KW HVAC	$50
		Administrative Surcharge	$0
		Minimum Fee	$0
		State Permit Surcharge Fee	$0
		TOTAL FEE	$365

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

☐ Electrical Plans Approved

Date: 6 4 0 8

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: 2 7 8 9

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough			8 8 08 MW	
~~Barrier Free~~ Low Ceiling			8 25 08 MW	
Trench				
Temp. Serv.				
Constr. Serv.				
~~TCO~~ Tkch			10 6 08 MW	
Other				
Service				
Final			2-35 DD	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

MW

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 08/04/2008
Date Issued 11-18-08
Control # C-08-003820
Permit # 08-1285+C

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

Block 1091 Lot 5 Qualification Code

Work Site Location: 250 OLD SQUAN RD. NJ

Owner in Fee: ST DOMINICS R C CHURCH

Address 250 OLD SQUAN RD. BRICK NJ 08724

Tel. (732) 840-1412

Contractor: SUPREME SECURITY SYSTEMS

Address 1565 UNION AVE UNION NJ 07083

Tel. (800) 252-7879 Fax. (908) 810-8844

Lic No. 7544

Federal Employee No. 22-1829279

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed E

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☒ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☒ Electrical Plans Approved

Date 11-5-08

Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date 2-18-9

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	2-9-9		2-13-9	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Recepticles	
		Switches	
38		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
22		Alarm Devices/F.A.C. Panel	
60		TOTAL NUMBERS	$40
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	$40
State Permit Surcharge Fee	$7
TOTAL FEE	$47

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

2-99

Power 120V IN W/ Low Volt

Move To Bottom of Panel

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # (100-004128)
Date Issued 10-14-08
Permit # 08-1285

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

Block 1691 Lot 5 Qualification Code

Work Site Location 250 OLD SQUAW DR

Owner in Fee: ST. DOMINICS SCHOOL

Tel. ( ) e-mail

Address 250 OLD SQUAW RD
street municipality zip code

Contractor: D. GORDON CONTRS, INC- Tel. (609) 971-6333

Address P.O. BOX 1181 e-mail
FORKED RIVER NJ 08731

Contractor License No. Exp. Date

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

Federal Emp. ID No. Cell - [redacted]
Homes -

B. ELECTRICAL CHARACTERISTICS

Use Group Present

[ ] Pole/Pad # [ ] Temporary

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-15-08
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10/21/08
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free			10/21/08	
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACED 250' OF DAMAGED EMT W/ 24V LOW VOLTAGE WIRES

QTY.	SIZE	ITEMS	FEE (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 UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		THERMOSTAT/CONTROL WIRES	

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

COVER

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

10-16-8 VISUAL EXIT - CONTRACTOR NEEDS TO BE CALLED, VOLTAGE ON EQUIPMENT-NEEDED TO CONTROL COUNTER NOT SEEN

Change of Contractor

Date Received
Control #

Date Issued
Permit # 08-1885+A

PLUMBING 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 1091 Lot 5 Qualification Code

Work Site Location 250 OLD SQUAN RD

Owner in Fee: ST DOMINICS Church & School

Tel. (732) 840-1410 e-mail

Address 250 OLD SQUAN RD, BRICK, NJ. 08724
(street, municipality, zip code)

Contractor: MON-OC Mech INC. Tel. (732) 367-5111

Address 1118 River Ave e-mail LMonoc@optonline.net
LAKEWOOD, NJ. 08701

Contractor License No. B10855 Exp. Date 6-30-09

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

Federal Emp. ID No. 223072055 FAX: 732) 370-8484

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Plumbing Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

CHANGE OF CONTRACTOR 05-1408.

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 8/7/08 08-1285+R

Date Issued / Permit # C08-000816+A

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

Block 1091 Lot 5 Qualification Code

Work Site Location 250 Old Squan Rd. Brick, NJ 08724

Owner in Fee: St. Dominics Catholic Church + School

Tel. (732) 840-1410/1412 e-mail

Address 250 old Squan Rd. (street) Brick (municipality) NJ 08724 (zip code)

Contractor: Matts Plumbing + Heating Inc Tel. (732) 775-1712

Address 168 W. Sylvania Ave e-mail

Contractor License No. 10446 Exp. Date

Federal Employee No. 22-3616318 FAX: (732) 775-5944

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 8" Public Sewer Private Septic

Water Service Size 2" Public Water Private Well X

Est. Cost of Plumbing Work $ 70,000.-- 10/30/08

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 7-22-08

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 3-3-09

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	9/2/08		9/4/08	
Rough			8/11/08	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			11/14/08	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO 60 DAYS 2ND FL. ONLY			01.16.09	
FINAL			02.25.09	
Roof-Thermo			10/16/08	

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.

John Rumford

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	
3	Water Closet	
1	Urinal/Bidet	200'
	Bath Tub	
4	Lavatory	
	Shower	2 Lb
	Floor Drain	
X 9	Sink	8" WC
	Dishwasher	
	Drinking Fountain	1,170,000
	Washing Machine	
	Hose Bibb	
X	Water Heater	1½"
	Fuel Oil Piping	
✓ 6	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
9	Other Condensation drains	
	Other	

FEE (Office Use Only)

$

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

U.C.C. F130 (rev. 05/05)

Reorder from OCS Printing (609) 398-4375

Partial - 8/11/08

(1) - SCIENCE LAB ROUGH ONLY

9/2/08

(1) - 12" STORM DRAIN - INSIDE BUILDING - NO TEST

9-16-08

Men & women's 1st flr & kit slab

10/3/08

(1) MEN + WOMEN - 1ST FLOOR + KIT ROUGH.

10/16/08

(1) - ROOF DRAINS - TEST PASSED

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # (106-005276)

08-1285FE
11-12-08

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

Block 1091 Lot 5 Qualification Code

Work Site Location 250 Old Saquan Rd.

Owner in Fee Church of St. Dominic

Address 250 Old Saquan Rd.
Brick, NJ 08724

Tel (732) 840-1412

Contractor Matt's Plumbing and Heating

Address 168 W. Sylvania Ave.
Neptune, NJ 07756

Tel (732) 775-1712 FAX (732) 775-5949

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

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

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

Total Cost of Fire Protection Work $ 20,000

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil	1	
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 11-12-08

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 2-9-09

Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			2-25-09	DB
Flam/Combust Tanks				
Fireplace Venting				
Final	1-16-09	1-30-09	2-4-09	DB
Other _____				

(BROOK)

U.C.C. F140 (rev. 1/04) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Brick Twp

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

08-1285+C
11-12-08

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

Block 1091 Lot 5

Work Site Location 250 Old Squan Road
Brick, NJ 08724

Owner in Fee Saint Dominicks Church

Address 250 Old Squan Road
Brick, NJ 08724

Tele. 732-840-1410

Contractor Supreme Security Systems, Inc.

Address 1565 Union Ave
Union, NJ 07083

Tele. 908-810-8375 Fax 908-810-8329

Lic. No. 7544

Federal Emp. No. 22-1829279

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed R4

Constr. Class Present _____ Proposed _____

Heating Systems [ ] New [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 7,500.00

Fire Alarm System
New [ ] Existing [X]
Location of Panel: _____

Fire Suppression/Standpipe System
New [ ] Existing [X]
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 10/26/08
Approved by: DB

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12/9/08
Approved by: DB

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Alarm System	____	____	12/9	DB
Suppression Sys.	____	____	____	____
Standpipe	____	____	____	____
Fire Pump	____	____	____	____
Pre-Eng. System	____	____	____	____
Mechanical	____	____	____	____
Smoke Control	____	____	____	____
TCO	____	____	12-30-09	DB
Final	____	____	12/9	DB
Other ____	____	____	____	____

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.

Matthew Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Install Fire System in Building

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System	**NUMBER**	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	43	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	14	
Other Devices Other	3	
TOTAL	60	
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	____	
CO_2 Suppression	____	
Foam Suppression	____	
Halon Suppression	____	
Other _____	____	
Kitchen Hood Exhaust System	____	
Smoke Control System	____	
Gas [ ] or Oil [ ] Fired Appliances	____	
Other _____	____	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F140
(rev 3/96)

NJ Permits, Inc.

called for TCO 2nd Fl.
not ready

✓HVAC Ducts labeling/tieing
✓old to new panel
8/19/09 ✓Horn/strobes - music & art room.
6/9/09 ✓Fire extinguishers.

Ben -- consulting const. mgr.
732-233-0721

Record of Completion

Name of Protected Property: St. Dominic's Church
Address: 250 Old Squan Road, Brick, NJ 08724
Rep. of Protected Prop. (Name/Phone): Fr. Brady / 732-8401410
Authority Having Jurisdiction: _____
Address/Phone Number: _____

1. Type(s) of System or Service

✓ NFPA 72, Chapter 3 Local
If alarm is transmitted to location(s) off premises, list where received:
Supreme Security Sys., 1565 Union Ave., Union, NJ 07083

_____ NFPA 72, Chapter 3 Emergency Voice/Alarm Service
Quantity of voice/alarm channels: _____ Single: _____ Multiple: _____
Quantity of speakers installed: _____ Quantity of speaker zones: _____
Quantity of telephones or telephone jacks included in system: _____

_____ NFPA 72, Chapter 4 Auxiliary
Indicate type of connection:
Local energy: _____ Shunt: _____ Parallel telephone: _____
Location and telephone number for receipt of signals:
_____

_____ NFPA 72, Chapter 5 Remote Station
Alarm: _____
Supervisory: _____

_____ NFPA 72, Chapter 5 Proprietary
If alarms are retransmitted to public fire service communications center or others, indicate location and telephone number of the organization receiving alarm:
_____
Indicate how alarm is retransmitted:
_____

✓ NFPA 72, Chapter 5 - Central Station
The Prime Contractor:
Supreme Security Systems
Central Station Location:
1565 Union Ave., Union, NJ 07083
Means of transmission of signals from the protected premises to the central station:
_____ McCulloh _____ Multiplex _____ One-Way Radio
✓ Digital Alarm Communicator _____ Two-Way Radio _____ Others
Means of transmission of alarms to the public fire service communications center:
(a) _____
(b) _____
System Location: _____

	Organization Name/Phone	Representative Name/Phone
Installer	Supreme Sec. Sys 1908810822	
Supplier	FCI/Cranewell	
Service Organization	Supreme Sec. Sys 1908810822	

Location of Record (As-Built) Drawings:

Location of Owners Manuals:
above FACP

Location of Test Reports:

A contract, dated _____, for test and inspection in accordance with NFPA Standard(s) No(s)._____ dated _____, is in effect.

2. Record of System Installation (Fill out after installation is complete and wiring checked for opens, shorts, ground faults, and improper branching, but prior to conducting operational acceptance tests.)

This system has been installed in accordance with the NFPA standards as shown below, was inspected by SSS on 01/21/09, includes the devices shown below, and has been in service since 01/21/09

✓ NFPA 72, Chapters 1 2 3 4 5 6 7 (circle all that apply)
✓ NFPA 70, National Electrical Code, Article 760
✓ Manufacturer's Instructions
_____ Other (specify): _____

Signed: [signature] Date: 01/22/09
Organization: Supreme Security Systems

3. Record of System Operation

All operational features and functions of this system were tested by SSS on 01/21/09, and found to be operating properly in accordance with the requirements of:

✓ NFPA 72, Chapters 1 2 3 4 5 6 7 (circle all that apply)
✓ NFPA 70, *National Electrical Code*, Article 760
✓ Manufacturer's Instructions
_____ Other (specify): _____

Signed: [signature] Date: 01/22/09
Organization: Supreme Security Systems

4. Alarm-Initiating Devices and Circuits (use blanks to indicate quantity of devices)

MANUAL

(a) 5 Manual Stations _____ Noncoded, Activating _____ Transmitters _____ Coded
(b) _____ Combination Manual Fire Alarm and Guard's Tour Coded Stations

AUTOMATIC

Coverage: Complete: _____ Partial: _____

(a) 33 Smoke Detectors _____ Ion ✓ Photo
(b) 4 Duct Detector _____ Ion ✓ Photo
(c) 4 Heat Detectors ✓ FT _____ RR _____ FT/RR _____ RC
(d) _____ Sprinkler Waterflow Switches: _____ Transmitters _____ Noncoded, Activating _____ Coded

5. Supervisory Signal-Initiating Devices and Circuits (use blanks to indicate quantity of devices)
   GUARD'S TOUR
   (a) _____ Coded Stations
   (b) _____ Noncoded Stations, Activating _____ Transmitters
   (c) _____ Compulsory Guard Tour System Comprised of _____ Transmitter Stations and _____ Intermediate Stations
   NOTE: Combination devices recorded under 4(b) and 5(a).
   SPRINKLER SYSTEM
   (a) _____ Coded Valve Supervisory Signaling Attachments
   Valve Supervisory Switches, Activating _____ Transmitters
   (b) _____ Building Temperature Points
   (c) _____ Site Water Temperature Points
   (d) _____ Site Water Supply Level Points
   Electric Fire Pump:
   (e) _____ Fire Pump Power
   (f) _____ Fire Pump Running
   (g) _____ Phase Reversal
   Engine-Driven Fire Pump:
   (h) _____ Selector in Auto Position
   (i) _____ Engine or Control Panel Trouble
   (j) _____ Fire Pump Running
   Engine-Driven Generator:
   (k) _____ Selector in Auto Position
   (l) _____ Control Panel Trouble
   (m) _____ Transfer Switches
   (n) _____ Engine Running
   Other Supervisory Function(s) (specify): _____
   _____
   _____
   _____
   _____
6. Alarm Notification Appliances and Circuits
   Quantity of indicating appliance circuits connected to the system: _____
   Types and quantities of alarm indicating appliances installed:
   (a) _____ Bells _____ Inch
   (b) _____ Speakers
   (c) _____ Horns
   (d) _____ Chimes
   (e) _____ Other: _____
   (f) 14 Visual Signals Type: _____ 10 with audible 4 w/o audible
   (g) _____ Local Annunciator
7. Signaling Line Circuits
   Quantity and Style (see NFPA 72, Table 3-6) of signaling line circuits connected to system:
   Quantity: 1 Style: 2

8. System Power Supplies

(a) Primary (Main): Nominal Voltage: 120VAC Current Rating: _____

Overcurrent Protection: Type: _____ Current Rating: _____

Location: Boiler Room in Gymnasium 1st FL

(b) Secondary (Standby):

✓ Storage Battery: Amp-Hour Rating 24V 7aH

_____ Calculated capacity to drive system, in hours: _____ 24 _____ 60

_____ Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

(c) Emergency or Standby System used as backup to Primary Power Supply, instead of using a Secondary Power Supply:

_____ Emergency System described in NFPA 70, Article 700

_____ Legally Required Standby System described in NFPA 70, Article 701

_____ Optional Standby System described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

9. System Software

(a) Operating System Software Revision Level(s): _____

(b) Application Software Revision Level(s): _____

(c) Revision Completed by: _____

(name) (firm)

10. Comments:

New FACP and existing EST FACP are interconnected so that when either FACP has an activation ALL Bells, Horns + Strobes will activate.

(signed) for Central Station or Alarm Service Company (title) (date)

Frequency of routine tests and inspections, if other than in accordance with the referenced NFPA Standard(s):

_____

_____

System deviations from the referenced NFPA standard(s) are:

_____

_____

(signed) for Central Station or Alarm Service Company (title) (date)

Upon completion of the system(s) satisfactory test(s) witnessed (if required by the Authority Having Jurisdiction):

_____

(signed) Representative of the Authority Having Jurisdiction (title) (date)

Distributed by: AFAA — P.O. Box 951807 Lake Mary, FL 32795-1807
Phone—(407) 322-6288 Fax—(407) 322-7488 Web—www.afaa.org

SERVICE REPORT

ESTABLISHED 1929

SUPREME SECURITY SYSTEMS, INC.

(908) 810-8822

SUBSCRIBER'S NAME: ST DOMINIC'S SCHOOL

ADDRESS: 250 OLD SQUAN RD

CITY: BRICK

MONTH	DAY	YEAR
2	9	09

BITS NUMBER

BILL CODE

☐ SET FOR SUBSCRIBER
☐ KEYS USED

TRAVEL TIME: _____
MILEAGE: _____
TIME IN: _____
TIME OUT: _____

☐ CHARGEABLE CALL
☒ COMPLETE CALL:
☐ FOLLOW UP REQ.

PROBLEM STATED:

RESOLUTION CODE:

DISPOSITION OR DESCRIPTION OF WORK DONE: MOVED ALL ZONE FROM FEST FIRE CONTROL TO NEW FCI FIRE CONTROL TESTED NEW ZONES WORKING O.K

COMP#	QUAN.	MATERIAL USED	UNIT COST	TOTAL COST

MATERIAL TOTAL

THE ABOVE WORK HAS BEEN COMPLETED TO MY SATISFACTION.

ALL OF THE TERMS AND CONDITIONS OF THE AGREEMENT BETWEEN COMPANY AND SUBSCRIBER ARE HEREBY AFFIRMED AND INCORPORATED HEREIN BY REFERENCE.

FIRST HALF HOUR

_____ ADD'L HALF HOURS

SUB TOTAL

TAX

TOTAL

SUBSCRIBER'S SIGNATURE: X

TITLE

RECEIVED $

CHECK#

SERVICE TECHNICIAN

White -OFFICE COPY **Yellow - SUBSCRIBER'S COPY**

St. Dominic's
Fax:
732-840-0522

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Stephen C. Acropolis, Mayor

Department of Administration & Finance

Division of Inspections

FACSIMILE TRANSMITTAL SHEET

To: Ronald Kacmarsky
From: Building Dept.

cc:
~~Company~~: Father Brady
Date: 5/27/08

Fax Number: 732- ~~901-9616~~ 738-7740
Total No of Pages (incl. cover): 4

Phone Number: 732-367-3900
Senders Reference No:

RE: St. Dominic's Church
Your Reference No:

[ ] Urgent [X] For Review [ ] Please Comment [ ] Please Reply [ ] Please Recycle

Notes/Comments:

Attached please find the subcode denial letters. These items need to be addressed.

Thank you!

311 ACCESS BRICK TOWNSHIP

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 250 OLD SQUAN RD. BRICK, NJ 08724 CC:

RE: Building Subcode
Block: 1091 Lot: 5 Qual:
Permit Number: 08-1285+A Control Number: C-08-000816+A
Last Submit Date: Friday, May 16, 2008

Date: Tuesday, May 27, 2008

Dear ST DOMINICS R C CHURCH,

Your request is hereby denied based upon the following infractions.

1. Drawing A-101 quotes old codes
2. No soil boring data supplied (S101 specifies 3,000 # soil)
3. No comcheck submitted for energy code compliance
4. Mechanical drawings do not indicate required fresh air
5. Kitchenette on A-102 not ADA compliant
6. Define occupancy load by room (helps mechanical compliance)
7. Not a complete set of plans (A-302 missing)
8. No steel shop drawings

Sincerely,

Frank Mizer, Subcode Official

Gavan General Contracting, INC.
1500 North Apple Street
Lakewood, NJ 08701
PHONE: 732-367-3900
FAX: 732-901-9616

LETTER OF TRANSMITTAL

TO O.C.S.C.D

DATE 6.12.08	JOB NO. 608
ATTENTION	JEAN BALUSKI
RE	Addition To St. Dominics School

RECD JUN 13 2008

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☒ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
4			Site Plans signed + sealed } enclosed in
2			Checks } jacket
1			Site Plan Application }

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☒ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

08 7285 1091 5 350 Old Squan Rd.

COPY TO D. NEWMAN Jr.
TRANSMITTAL ONLY

SIGNED: _____

If enclosured are not as noted, kindly notify us at once.

732-840-1410

Father Brady

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 250 OLD SQUAN RD. BRICK, NJ 08724 CC:

RE: Electrical Subcode
Block: 1091 Lot: 5 Qual:
Permit Number: 08-1285+A Control Number: C-08-000816+A
Last Submit Date: Monday, May 19, 2008

Date: Tuesday, May 27, 2008

Dear ST DOMINICS R C CHURCH,

Your request is hereby denied based upon the following infractions. 1. Grounding and bonding for new panels.

2. What type of conduit EMT. PVC. Etc...

3. Panel LPG is to be feed with a 1/4 conduit ? (typo ?)

4. New Panels located in storage closets ?

Sincerely,

Marcel Renson, Subcode Official

Resubmit
See letter

Ronald Kacmarsky
Architectural Group

OFFICES IN :
Brick, N.J.
Keasbey, N.J.
Edison, N.J.
Miami, Fl.

242 Lake Road
Bick N.J.

(732) 766-6220

~ COMMERCIAL
~ RESIDENTIAL
~ INTERIORS

EXPERIENCE
ARCHITECTURAL
EXCELLENCE

Saint Dominic's School
Old Squan Road
Brick, N.J.

June 4, 2008

Mr. Dan Newman

Please be advised of the following information on the Saint Dominic's School addition. In response to Township of Brick review comment sheet, please find attached the following clarifications.

Electrical Review :

1— The electrical service is existing. All bonding and grounding shall be done in accordance with NEC.

2— Conduit type—Schedule 40 PVC Underground.
EMT conduit for the interior of building.
MC Cable for branch Circuits.
All conduit shall be done in accordance with NEC.

3— The 4 # 3's to LPG will be in a 1&1/4" conduit.

4— Electrical Permit previously submitted.

5— The AIC rating of breaker will meet or exceed trans former rating.

6—New panels located in closets and shall meet or exceed NEC requirements.

Plumbing Review :

1— The urinal is shown with a 1&1/2" line. It will be a 2" line

2— All plumbing will meet or exceed current codes

Building Review :

1—The grades of the children in the E-Use Group are K thru 8

2— The occupancy load in the entire school is 936,
The existing plumbing fixtures are as follows :
43 Sinks, 36 Toilets 8 Urinals.

3— A eye wash station will be installed in the science lab.
Waste management will be used for any chemicals. .

Thank You,

Ronald Kacmarsky, RA Lic.# 13972

CONSULT AN ARCHITECT ~ YOUR BEST INVESTMENT

PERMIT UPDATE

Date Update Issued 2/27/09
Control # C-09-000409
Permit # 08-1285+F

IDENTIFICATION Block: 1091 Lot: 5 Qualifier

Work Site Location: 250 OLD SQUAN RD. , NJ

Owner in Fee: ST DOMINICS R C CHURCH
250 OLD SQUAN RD. BRICK NJ 08724

Telephone: (732) 840-1412

Contractor: ST DOMINICS R C CHURCH
Address: 250 OLD SQUAN RD. BRICK NJ 08724

Telephone: (732) 840-1412
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

COMMUNICATION POINTS

Note: If constuction 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 $8,000

Construction Official 2-25-09 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$11
CO Fee	
Other	$0
Total	$51
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

#1285
ELECTRIC $40.00
DCA $11.00
CHECK $51.00

☐ 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.

Frank,

[redacted]

Please call about the Soil borings.

Ann Marie

Ronald Kacmarsky
Architectural Group

OFFICES IN :
Brick, N.J.
Keasbey, N.J.
Edison, N.J.
Miami, Fl.

242 Lake Road
Bick N.J.

(732) 766-6220

~ COMMERCIAL
~ RESIDENTIAL
~ INTERIORS

EXPERIENCE
ARCHITECTURAL
EXCELLENCE

Saint Dominic's School
Old Squan Road
Brick, N.J.

May 27, 2008

Mr. Dan Newman

Please be advised of the following information on the Saint Dominic's School addition. In response to Township of Brick review comment sheet, please find attached the following clarifications.

Electrical Review :

1— The electrical service is existing. All bonding and grounding shall be in accordance with NEC.

2— Conduit type—Schedule 40 PVC Underground.
EMT conduit for interior of building.
MC Cable for branch Circuits.
All conduit shall be in accordance with NEC

3— The 4 # 3's to LPG will be in a 1&1/4" conduit.

4— Electrical Permit previously submitted.

5— The AIC rating of breaker will meet or exceed trans former rating.

Building Review :

1— Updated building codes.
A– 2006 International Building Code.
B– 2005 National Building Code.
C– 2006 National Standard Pluming Code.
D- Barrier Free N.J.A.C. 5-23-07 and ANSI A-11701- 2003.

2— Com check will be submitted by MEP Engineer

3— Maximum floor area allowances in accordance with table 1004.1.1 Educational, Classroom area 20 net Non Classroom 50 net

4,5 —Actual wind speed design criteria will be 115 mph. D.P. of 41

6— Steel shop drawings will be supplied by contractor.

7— Each Roof Top Unit has Economizer to take in 15% of outside air. 400 CFM/Ton, 15% = 60 CFM of outside air per ton.

8— In accordance with ICC ANSI A-117-2003 a verti cal bar will be installed A-502.

9— Overflow protection will be installed on Roof Drains to meet code.

Thank You,

Ronald Kacmarsky, RA Lic.# 13972

Bldg Elect (Fire) Plumbing

CONTROL NUMBER 000816

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: St. Dom.

DATE REVIEWED: 7/30/08

REVIEWED BY: RJO | KCB

CONTACT CALLED/FAXED: 732-738-7740

1) Legend - items on plan, not in legend - reverse
2) No horn/strobes in bathrooms
3) Identify rooms on fire alarm plan
4) Fire alarm coverage to be verified by letter/plan from fire alarm contractor (current plan not complete)
5) Need change of contractor | Helm Electronics doing work

Frank/plan review template

Bldg

CONTROL NUMBER 000816

(732) 774 8220

342-0522

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: ST Dominics

DATE REVIEWED: 8/14/08

REVIEWED BY: RJO

CONTACT CALLED/FAXED: 732-738-7740 phone 4 ft Jozlet No good for voice

1) 1st fl + 2nd fl - ✓ plan for below Plan date 7/18/08 —

- All manual pull stations shall be located not more than 5ft of each exit.
- All manual pull stations shall be located for Travel distance not to exceed 200ft
- All bathrooms to have visual devices within with smoke detector
- All exit access corridors shall have smoke detectors (number of detectors as per coverage recommended by manufacturer (300 sq ft etc)
- All ext stair enclosures shall have smoke detectors at Top

Frank/plan review template

- Please call 732-262-4624 with any questions
- The fire alarm contractor should review plan also

08-1285
1091-5

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road, Forked River, NJ 08731
Tel 609.971.7002 • Fax 609.971.3391 • www.ocscd.org

July 8, 2008

RECD JUL 10 200

Reverend James J. Brady
St. Dominic's School
Old Squan Road
Brick, NJ 08724

Re: SCD# 12460; St Dominic's Building Addition and Parking Lot; Block 1091, Lot 5; Brick Township

Dear Rev. Brady,

Be advised that the Stop Work Order, issued on July 8, 2008 for the above-mentioned project, has been vacated as of this date.

If you have any questions about this project, do not hesitate to contact our office.

Sincerely,

William Slack
Regional Manager

/bs
c: Construction Official

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road, Forked River, NJ 08731
Tel 609.971.7002 • Fax 609.971.3391 • www.ocscd.org

STOP CONSTRUCTION ORDER
ST. DOMINIC'S SCHOOL
FATHER BRADY
250 OLD SQUAN RD.
BRICK, NJ 08724
SCD #12460 – Brick Township
June 27, 2008
PAGE 2

Continued work on any aspect of this project other than the items outlined above will be cause for a court action for injunctive relief and penalties, pursuant to N.J.S.A. 4:24-53, as will be the case should the above work not be fully implemented.

THE MAXIMUM STATUTORY PENALTY PROVIDED BY LAW FOR VIOLATIONS OF THE NEW JERSEY SOIL EROSION AND SEDIMENT CONTROL ACT IS A FINE OF UP TO $3,000, EACH DAY, AND AN INJUNCTIVE ORDER OF THE SUPERIOR COURT.

SUPERVISOR

DBF/WS/JMB
Cc: Construction Code Official – Brick

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road, Forked River, NJ 08731
Tel 609.971.7002 • Fax 609.971.3391 • www.ocscd.org

STOP CONSTRUCTION ORDER
SOIL EROSION AND SEDIMENT CONTROL ACT
N.J.S.A. 4:24-39, ET SEQ.

RECD JUN 3 0 2008

June 27, 2008

CERTIFIED MAIL 7006 3450 0000 7982 1266

ST. DOMINIC'S SCHOOL
FATHER BRADY
250 OLD SQUAN RD.
BRICK, NJ 08724

Re: SCD # 12460 - St. Dominic's School;
Block 1091, lot 5;
Brick Township

WHEREAS, inspections by the Ocean County Soil Conservation District have disclosed that work at the above referenced project is not in compliance with the certified soil erosion and sediment control plan; and

WHEREAS, the following warnings, pursuant to regulatory procedures of the District and the State Soil Conservation Committee were previously issued:

VIOLATION NOTICE DATED June 9, 2008

THEREFORE, PURSUANT TO AUTHORITY GRANTED BY NJSA 4:24-47 AND NJSA 4:24-53, YOU ARE HEREBY ORDERED TO STOP CONSTRUCTION ON SAID PROPERTY IMMEDIATELY.

THE FOLLOWING STEPS MUST BE TAKEN IMMEDIATELY IN ORDER TO COMPLY WITH THE RULES AND REGULATIONS OF CHAPTER 251, P.L. 1975, THE NEW JERSEY SOIL EROSION AND SEDIMENT CONTROL ACT.

1. Land disturbance on the above referenced project has commenced without the certification of a soil erosion and sediment control plan. **Section 4:24-43 of Chapter 251, P.L. 1975, Soil Erosion and Sediment Control Act states that prior to the construction of a project, the applicant must receive certification from the District. It further states that a construction permit cannot be issued prior to the certification of a plan.**

2. **Payment of all fees, as per the current fee schedule, in order to bring this project into compliance. The total fee due to date is $500.00 + Certification fees. FEES MUST BE PAID PRIOR TO RELEASE OF THE STOP CONSTRUCTION ORDER**

Gavan General Contracting, INC.
1500 North Apple Street
Lakewood, NJ 08701
PHONE: 732-367-3900
FAX: 732-901-9616

LETTER OF TRANSMITTAL

DATE	JOB NO.
6-18-08	608
ATTENTION	
RE	Addition To St. Dominics School

TO Brick Twp. Bldg. Dept.

WE ARE SENDING YOU [X] Attached [ ] Under separate cover via _____ the following items:

[ ] Shop drawings [ ] Prints [ ] Plans [ ] Samples [ ] Specifications
[X] Copy of letter [ ] Change order [ ] _____

COPIES	DATE	NO.	DESCRIPTION
1	6-9-08		Architects Signed + Sealed

THESE ARE TRANSMITTED as checked below:

[X] For approval [ ] Approved as submitted [ ] Resubmit _____ copies for approval
[X] For your use [ ] Approved as noted [ ] Submit _____ copies for distribution
[X] As requested [ ] Returned for corrections [ ] Return _____ corrected prints
[ ] For review and comment [ ] _____
[ ] FOR BIDS DUE _____ [ ] PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO _____

SIGNED: mtg

If enclosured are not as noted, kindly notify us at once.

Gavan General Contracting, Inc.
1500 North Apple Street
Lakewood, NJ 08701

PHONE: 732-367-3900
FAX: 732-901-9616

LETTER OF TRANSMITTAL

DATE: 7/21/08 JOB NO: 608

ATTENTION: D. Neuman, Jr.

TO: Township of Brick Bldg. Inspctn. Dept.

401 Chambersbridge Rd.

Brick, NJ 08723

RE: Addition and Alterations

Saint Dominic's School

Brick, NJ

WE ARE SENDING YOU [x] ATTACHED [] UNDER SEPARATE COVER VIA _____ THE FOLLOWING ITEMS:

[ ] SHOP DRAWINGS [] SUBMITTALS [X] PRINTS [] SPECIFICATION [] COPY OF LETTER

[] CHANGE ORDER [] OTHER _____

COPIES	DATE	NO.	DESCRIPTION
2		M102	Gas Piping

THESE ARE TRANSMITTED AS CHECKED BELOW:

[X] FOR YOUR APPROVAL **[] APPROVED AS SUBMITTED** **[] SUBMIT_____COPIES FOR DISTRIBUTION**

[X] FOR YOUR USE **[] APPROVED AS NOTED** **[] AS REQUESTED** **[] FOR YOUR REVIEW**

[] RETURNED FOR CORRECTION **[] RETURN___ CORRECTED PRINTS**

[] FOR BIDS DUE:

REMARKS:

If you have any questions please call. Thank you.

CC:

File

SIGNED: Kevin P. Gavan, President

ELECTRICAL SUBCODE
TECHNICAL SECTION

update
08-1285
+F

Date Received
Control #

2/27/09

Date Issued
Permit #

C09-0004/09

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

Block 1091 Lot 5 Qualification Code

Work Site Location 250 Old Squan Rd. BRICK, NJ 08724

Owner in Fee: St. Dominics

Tel. (732) 840-1412 e-mail

Address 250 Old Squan Rd. BRICK
street municipality zip code

Contractor: TELE-MEASUREMENTS, INC Tel. (973) 473 8822

Address 145 MAIN AVENUE e-mail jmlarue@tele-measurements.com
CLIFTON, NJ 07014

Contractor License No. Exp. Date

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

Federal Emp. ID No. 22-1694543 FAX: (973) 475-9032

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 8,000.

Called 2/26/09

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 2-25-9 AS

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
2		Communications Points Projection < 7 Volts	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ 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	$

ELECTRICAL SUBCODE
TECHNICAL SECTION

Change of contractor
B.I.08 only

Date Received
Control # 08-1285

Date Issued
Permit #

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

Block 1091 Lot 5 Qualification Code

Work Site Location 250 Old Squan Rd. Brick NJ 08724

Owner in Fee: St. Dominics

Tel. (732) 840-1412 e-mail

Address Same
street municipality zip code

Contractor: Trinity Electric Service LLC Tel. ( )

Address 3856 Sylon Blvd. e-mail
Hainesport NJ 08036

Contractor License No. 11081 Exp. Date 3/09

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

Federal Emp. ID No. 54 2117161 FAX: (609) 261 6966

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (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 UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ 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 $

ELECTRICAL SUBCODE
TECHNICAL SECTION

Change of contractor
Permit only

Date Received
Control # 08-1655

Date Issued
Permit #

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

Block 1091 Lot 3 Qualification Code

Work Site Location 250 Old Squan Rd. Keyport NJ 07735

Owner in Fee: St. Dominic

Tel. (732) 540-1412 e-mail

Address Same

Contractor: Trinity Electric Service LLC (street, municipality, zip code) Tel. ( )

Address 3850 Sylon Blvd. Hainesport NJ 08036 e-mail

Contractor License No. 110081 Exp. Date 3/09

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

Federal Emp. ID No. 54 2117161 FAX: (609) 261 6966

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	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 Certification

C. CERTIFICATION IN LIEU OF OATH

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Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (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 UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ 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 $

Change of Contractor

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 08-1285+A

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

Block 1091 Lot 5 Qualification Code

Work Site Location 250 OLD SQUAN RD

Owner in Fee: ST DOMINICS Church & School

Tel. (732) 840-1410 e-mail

Address 250 OLD SQUAN RD, BRICK, NJ. 08724
(street, municipality, zip code)

Contractor: MON-OC Mech INC Tel. (732) 367-5111

Address 1118 River Ave e-mail MONOC@OPTONLINE.NET
LAKEWOOD, NJ. 08701

Contractor License No. 8101851 Exp. Date 6-30-09

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

Federal Emp. ID No. 223072055 FAX: (732) 370-3484

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

CHANGE OF CONTRACTOR

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit # 08-1985+A

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

Block 1091 Lot 5 Qualification Code

Work Site Location 250 OLD SQUAN RD

Owner in Fee: ST DOMINICS Church & School

Tel. (732) 840-1410 e-mail

Address 250 OLD SQUAN RD, BRICK, NJ. 08724
(street, municipality, zip code)

Contractor: MON-OC Mech INC Tel. (732) 367-5111

Address 1118 River Ave e-mail LMONOC@OPTONLINE.NET
LAKEWOOD, NJ. 08701

Contractor License No. B101851 Exp. Date 6-30-09

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

Federal Emp. ID No. 223072055 FAX: 732) 370-3474

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

CHANGE OF CONTRACTOR

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit # 08-1885+A

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

Block 1091 Lot 5 Qualification Code

Work Site Location 250 OLD SQUAN RD

Owner in Fee: ST DOMINICS Church & School

Tel. (732) 840-1410 e-mail

Address 250 OLD SQUAN RD, BRICK, NJ. 08724
(street) (municipality) (zip code)

Contractor: MON-OC Mech INC Tel. (732) 367-5111

Address 1116 RIVER AVE e-mail LMONOC@OPTONLINE.NET
LAKEWOOD, NJ. 08701

Contractor License No. B101851 Exp. Date 6-30-09

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

Federal Emp. ID No. 223072055 FAX: (732) 370-3424

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

Brick Twp

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 1091 Lot 5

Work Site Location 250 Old Squan Road
Brick, NJ 08724

Owner in Fee Saint Dominicks Church

Address 250 Old Squan Road
Brick, NJ 08724

Tele. 732-840-1410

Contractor Supreme Security Systems, Inc.

Address 1565 Union Ave
Union, NJ 07083

Tele. 908-810-8375 Fax 908-810-8329

Lic. No. 7544

Federal Emp. No. 22-1829279

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed R4

Constr. Class Present ____ Proposed ____

Heating Systems [ ] New [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other ____

Location: ____

Total Cost of Fire Protection Work $ 7,500.00

Fire Alarm System
New [ ] Existing [X]
Location of Panel: ____

Fire Suppression/Standpipe System
New [ ] Existing [X]
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 10/26/09
Approved by: ____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

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 Fire System in Building

Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	43	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	14	
Other Devices Other	3	
TOTAL	60	
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		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F140
(rev 3/96)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1091 Lot 5 Qualification Code

Work Site Location 250 Old Saywan Rd.

Owner in Fee Church of St. Dominic

Address 250 Old Saywan Rd.
Brick NJ 08724

Tel (732) 840-1412

Contractor Matt's Plumbing and Heating

Address 168 W. Sylvania Ave.
Neptune, NJ 07756

Tel (732) 775-1712 FAX (732) 775-5944

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

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

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____

Location: _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity* _____

Total Cost of Fire Protection Work $ 20,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 11-12-08

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil	9	
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 08/04/2008
Date Issued 11-18-08
Control # C-08-003820
Permit # 08-1285+C

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

Block 1091 Lot 5 Qualification Code

Work Site Location: 250 OLD SQUAN RD. , NJ

Owner in Fee: ST DOMINICS R C CHURCH

Address 250 OLD SQUAN RD. BRICK NJ 08724

Tel. (732) 840-1412

Contractor: SUPREME SECURITY SYSTEMS

Address 1565 UNION AVE. UNION NJ 07083-

Tel. (800) 252-7679 Fax. (908) 810-8844

Lic No. 7544

Federal Employee No. 22-1829279

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed E

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☒ No Plan Required		
Joint Plan Review Required		
☐ Building ☐ Plumbing		
☐ Fire ☐ Elevator		
☒ Electrical Plans Approved		
Date: 11-6-08		
Approved by:		

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Recepticles	
		Switches	
38		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
22		Alarm Devices/F.A.C. Panel	
60		TOTAL NUMBERS	$40
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	$40
State Permit Surcharge Fee	$7
TOTAL FEE	$47

U.C.C F120 (rev. 12/07)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 08/04/2008
Date Issued 11-13-08
Control # C-08-003820
Permit # 08-1285+C

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

Block 1091 Lot 5 Qualification Code

Work Site Location: 250 OLD SQUAN RD. , NJ

Owner in Fee: ST DOMINICS R C CHURCH

Address 250 OLD SQUAN RD. BRICK NJ 08724

Tel. (732) 840-1412

Contractor: SUPREME SECURITY SYSTEMS

Address 1565 UNION AVE UNION NJ 07083-

Tel. (800) 252-7679 Fax. (908) 810-8844

Lic No. 7544

Federal Employee No. 22-1829279

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed E

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☒ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☑ Electrical Plans Approved

Date: 11.6.08

Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS

Type	Failure	Dates (Month/Day) 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 Certification				

C. CERTIFICATION IN LIEU OF OATH
I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Recepticles	
		Switches	
38		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
22		Alarm Devices/F.A.C. Panel	
60		TOTAL NUMBERS	$40
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	$40
State Permit Surcharge Fee	$7
TOTAL FEE	$47

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