BLOCK 7091 LOT X5 QUALIFICATION CODE _____ ADDRESS (SITE) 250 Old Squan Rd PERMIT NO 08-2249

CONSTRUCTION PERMIT APPLICATION

08-003267

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

I. IDENTIFICATION

1. Proposed Work Site at: St Dominics 250 Old Squan Rd
2. Name of Owner in Fee: St. Dominic's Church
   Tel. ( ) _____ e-mail _____
   Address 250 Old Squan Rd (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: WHS Tel. ( ) _____
   Address 922 Woodbourne St 211 e-mail _____
   Levittown Pa 19057
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 23-2390099 FAX: (215) 295-3198
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 12		
2.	Electrical	50		
3.	Plumbing			
4.	Fire Protection	75		
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$ 8		
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy		20	
12.	Other ZVT	30	30	
13.	TOTAL	$ 235		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	
2.	Height of Structure ft.	
3.	Area — Largest Floor sq. ft.	
4.	New Building Area sq. ft.	
5.	Volume of New Structure cu. ft.	
6.	Max. Live Load	
7.	Max. Occupancy Load	
8.	If Industrialized Building: State Approved ____ HUD ____	
9.	Total Land Area Disturbed sq. ft.	
10.	Flood Hazard Zone	
11.	Base Flood Elevation ft.	
12.	Wetlands yes ____ no ____	

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building		CA	7/2/08		7-9-08	[illegible]	9-18-08		
☒ Electrical					7-9-08	[illegible]	9-11-08		
☐ Plumbing									
☒ Fire Protection					7-9-08	[illegible]			
☐ Elevator		Em	7/8/08		7/8/08	[illegible]			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units income-restricted* 6
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

Called 7/7/08

Box
8-38

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/16/2008
Control Number C-08-003267
Permit Number 08-2249
Permit Issue Date 07/24/2008
Certificate Number 08-2249

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

Telephone:

Contractor WAYNE HALLER

Address 922 WOODBOURNE RD SUITE 211 LEVITTOWN PA 19057

Telephone: (215) 295-5108 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: ELECTRICAL ALTERATIONS, FIRE ALTERATIONS, TEMPORARY CONSTRUCTION TRAILER INSTALL TEMP TUTORING TRAILER FOR SMALL GROUP INSTRUCTION; BLOCK LEVEL ANCHOR, 3 DECKS & 3 STEPS. 12X48 TRAILER.

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: $0.00
Check Number:
Collected By:

Date Printed: 10/16/2008 U.C.C. F260 (rev. 08/05)

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.ix:

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 Wayne Haller Date 7-1-08

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.

(X) Check if contractor.

Agent Name WAYNE Haller
Address 922 WOODBOURNE RD Suite 211
LEVITTOW, PA. 19057
Telephone (215) 295-5108
X Signature Wayne Haller

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 7/24/08
Permit # 08-2249

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

Block 1091 Lot 75 Qualification Code
Work Site Location 250 Old Squan Road
Brink Twp, NJ
Buiding Owner Catapult Learning
Address 470 No. 2nd Street
Philadelphia, PA 19123
Tel (215) 680-7224
Contractor MMI Electrical Cont., Inc.
Address 9201 Collins Avenue
Pennsauken, NJ 08110
Tel (856) 488-7070 FAX (856) 488-6111
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. 23-2337584

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 $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 7-9-08
Approved by: DB

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 9/26/08
Approved by: DB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			9/26/08	
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		
[X] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices Exit/Emerg	4	
TOTAL	6	
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		
Fireplace Venting/Metal Chimney		
Other ____		

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

Collected 8/20/08

U.C.C. F140
(rev. 1/04)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 7/24/08
Permit # 08-2249

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

Block 1091 Lot X.5 Qualification Code
Work Site Location St Dominick's School
250 Old Squan Rd
Building Owner Church
Address Same

Tel. ( )
Contractor W.H.S. INC
Address 922 WOODBOURNE RD 211
LEVITTOWN PA. 19057
Tel. (215) 295-5108 FAX (215) 295-5198
Contractor License No. or Builder Registration No.
Federal Emp. No 23-2590091

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
- [ ] No Plans Required
- [X] All 7/30 RH
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-23-08
Approved by: RH

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final *	9/12/08 IW		9/18/08 IW	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 12' Ft.
Area—Largest Floor 2600 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Distributed Sq. Ft.

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

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install Temp Tutoring trailer for small group instruction
Block - level - Anchor
3 Decks + 3 steps
See Plans Submitted.
12' x 48' Trailer

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 Classroom -
- [ ] Demolition

FEE (Office Use Only)
$

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

COMMERCIAL

U.C.C. F110
(rev. 07/03)

1. White = Inspector Copy
2. Canary = Office Copy
3. Pink = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

New Jersey Uniform Construction Code

Date Received
Control #
Date Issued 7/24/08
Permit # 08-2249

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

* Block 1091 * Lot X5 Qualification Code
Work Site Location 250 Old Squan Board
Brick Township, NJ
Owner in Fee Catapult Learning
Address 470 N. 2nd Street
Philadelphia, PA 19123
Tel (215) 680-1224
Contractor MMI Electrical Contractors, Inc.
Address 9201 Collins Avenue
Pennsauken, NJ 08110
Tel (856) 488-7070 FAX (856) 488-6111
Contractor License No. 11004
Federal Emp. No. 23-2337584

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as SCL-001 Utility Co. JCP+L
Est. Cost of Elec. Work $ 2800.00

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 Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	
1	100	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7/28
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 9/10/08
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			9/10/08	
Final				
Barrier-Free				

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

* Service for a Catapult Classroom trailer.

CUT-IN-CARD

MUNICIPALITY Bricktown

LOCATION 250 old Squan Beach Rd UTILITY CO PP

BLK 1091 LOT 5

OWNER Catapult learning OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 100 amp service TO Trailer

INSTALLED BY LMWT Elect. LICENSE NO 11604

DATE 9/10/08 PERMIT # OP-2249 INSPECTOR

☐ CALLED IN / / Lic. No: 6455

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

CUT-IN-CARD

MUNICIPALITY Bricktown

LOCATION UTILITY CO PP

BLK LOT

OWNER OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE

INSTALLED BY LICENSE NO

DATE PERMIT # INSPECTOR

☐ CALLED IN / / Lic. No: 6455

MUNICIPALITY Bricktown

LOCATION

OWNER

"Installation in the above pre
in accordance with N.E.C.,

☐ FINAL ☐ TEMPORARY This approval void

DESCRIPTION OF SERVICE

INSTALLED BY

DATE PERMIT #

☐ CALLED IN / /

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFIC

MUNICIPALITY Bricktown

LOCATION

OWNER

"Installation in the above pre
in accordance with N.E.C.,

☐ FINAL ☐ TEMPORARY This approval void

DESCRIPTION OF SERVICE

INSTALLED BY

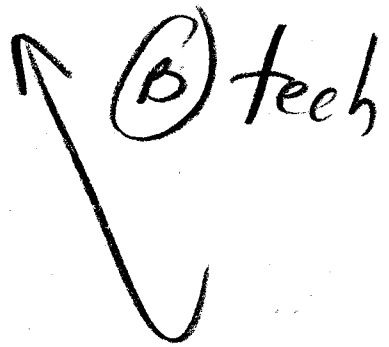
DATE PERMIT #

☐ CALLED IN / /

9/12/08 w- Final Rg

1) Steps not uniform - /

Note: Extend bottom step 3'
in direction of travel



BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 7/24/08
Permit # (2-2249

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

Block 1091 Lot 7 Qualification Code
Work Site Location St Dominic's School
330 Old Swamp Rd
Building Owner Church
Address Same

Tel. ( )
Contractor W.H.S. INC
Address 922 WOODBOURNE RD 211
LEVITTOWN PA. 19057
Tel. (215) 295-5108 FAX (215) 295-5198
Contractor License No. or Builder Registration No.
Federal Emp. No 23-2590091

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7/24/08	VM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 12' Ft.
Area—Largest Floor 2500 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Distributed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 30,000
2. Rehabilitation $
3. Total (1+2) $ 30,000

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install Temp Tutoring trailer for small group instruction
Block - level Anchor
3 Decks + 3 steps
See Plans Submitted.
12' x 45' Trailer

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
[X] Other Classroom
[ ] 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 = Applicant Copy

PERMIT UPDATE

Date Update Issued 8/19/2008
Control # C-08-003984
Permit # 08-2249+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
Telephone:

Contractor WAYNE HALLER
Address 922 WOODBOURNE RD SUITE 211 LEVITTOWN PA 19057
Telephone: (215) 295-5108
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ZONING ONLY - - -MOVED TRAILERS 10' MOVE BACK INSTEAD OF 15' NOW 25'.

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	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$30
Total	$30
Check No.	12696
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.

Township of Brick
Zoning Permit

Approved: Thursday, August 14, 2008 **Number:** 2008-892

Block 1091 **Lot** 7 **Zone:** B-3, Highway Dev.

Property Address: 250 Old Squan Road

Applicant: Wayne Haller; W.H.S.

Property Owner: St. Dominic's School

Existing Use: Church facility.

Proposed Use: Church facility.

Proposed Construction: Revised drawing for the temporary classroom trailer to relocate the trailer 10 feet.

Conditions: Zoning Permit No. 2008-728 approved on July 3, 2008.
An additional zoning permit is required for any additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Administrative Officer

Sean Kinnevy
Zoning Reviewer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

RECEIVED
AUG 14 2008
ZONING

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 1091 LOT 7 QUALIFIER

PROPERTY ADDRESS 250 old Squan Rd, Brick, N.J. 0872

PERSONAL NAME OF APPLICANT Wayne Haller

BUSINESS NAME OF APPLICANT W.H.S.

MAILING ADDRESS OF APPLICANT 922 WOODBOURNE Rd 211 LEVITTOWN Pa 19057

PROPERTY OWNER'S FULL NAME ST. Dominicks School

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) School

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe)

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) Height
☐ Addition - Height
☐ Alteration
☐ Porch or deck - Height
☐ Shed - Height
☐ Fence - Type Height
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Revised Drawing Trailer move 10'

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

COMMERCIAL

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Wayne Haller Date 8-14-08

Reviewed by Zoning Office JC Date 8/14/8 (X) Approved ( ) Denied

Township of Brick
Zoning Permit

Approved: Thursday, July 03, 2008 **Number:** 2008-728

Block 1091 **Lot** 7 **Zone:** B-3, Highway Dev.

Property Address: 250 Old Squan Road

Applicant: Wayne Haller; WHS

Property Owner: St. Dominic's School

Existing Use: Church facility.

Proposed Use: Church facility.

Proposed Construction: Temporary classroom trailer for small group instruction.

Conditions: An additional zoning permit is required for any additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Administrative Officer

Sean Kinnevy
Zoning Reviewer

RECEIVED
JUL 3 2008
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 1091 LOT 7 QUALIFIER —

PROPERTY ADDRESS 200 Old Squan Rd, Brick, NJ 0872

PERSONAL NAME OF APPLICANT Wayne Haller

BUSINESS NAME OF APPLICANT WHS

MAILING ADDRESS OF APPLICANT 922 Woodbourne Rd St 211 Levittown PA 19057

PROPERTY OWNER'S FULL NAME St Dominick's School

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) School

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe)

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) Height
☐ Addition - Height
☐ Alteration
☐ Porch or deck - Height
☐ Shed - Height
☐ Fence - Type Height
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Temporary Classroom trailer for small group instruction

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

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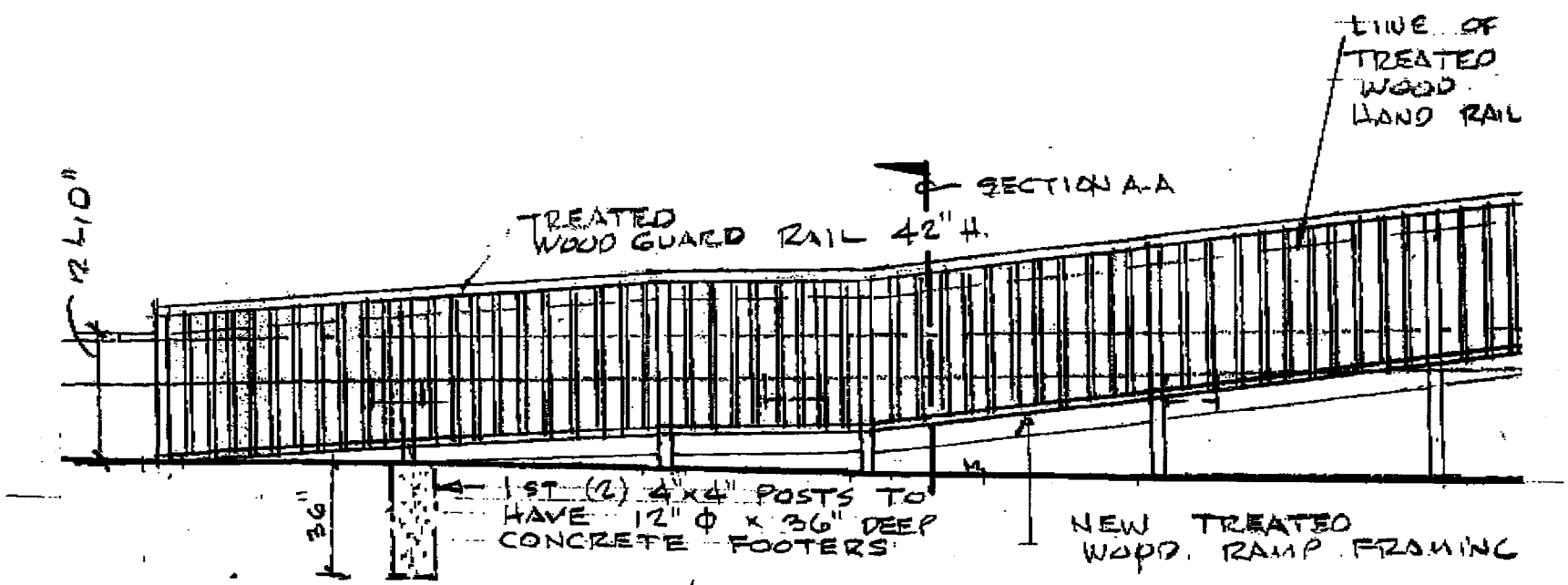
SIGNATURE OF APPLICANT Wayne Haller Date

Reviewed by Zoning Office RC Date 7/3/8 ( ) Approved ( ) Denied

COMMERCIAL



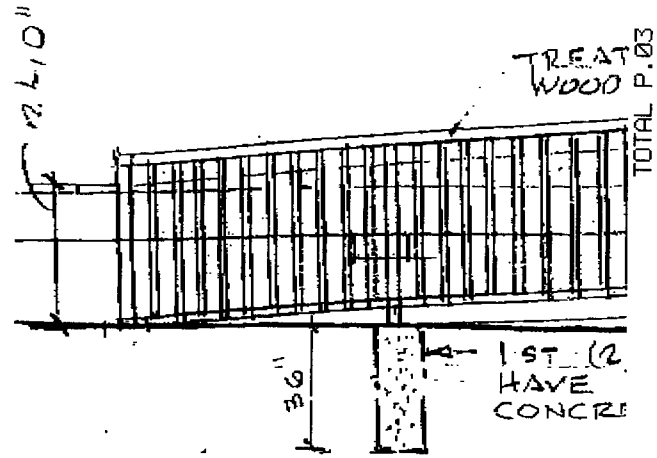
1/12 Slope

TYPICAL RAMP ELEVATION

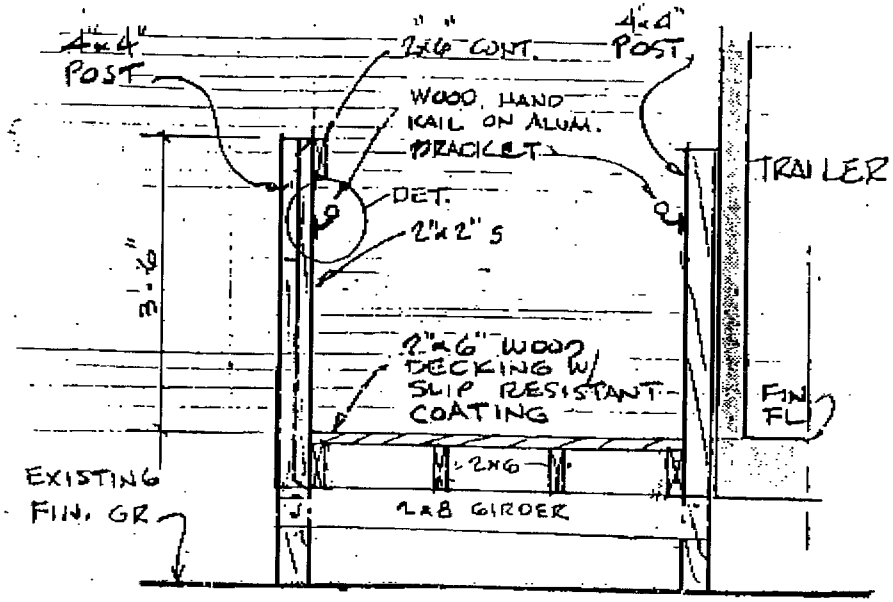
N.T.S.

Release of these prints by the building department constitutes general approval only, and does not relieve the owner, contractor, architect or engineer of sole responsibility for full construction code compliance as per (N.J.S.C. chapter 23 title 5) further, it shall be the contractor's responsibility to establish and conform to workmanlike standards, acceptable to the building department.

7-9-08



TYPICAL RAMP

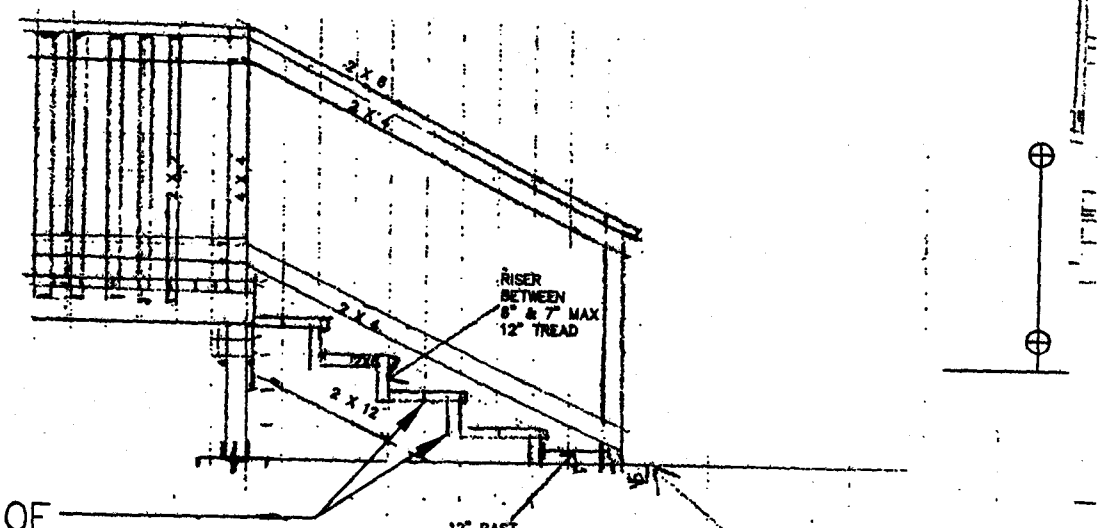


7-9-08

TYPICAL SECTION A-A THRU RAMP

N.T.S

PROJECT



EXACT NUMBER OF TREADS AND RISERS TO BE DETERMINED BY FIELD CONDITIONS

Stair Detail
(NTS)

LAST 4 HOLES ON RAMP GET
LAST 2 HOLES ON STEPS GET

30' MAX

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUL 03 2008

CONSTRUCTION PERMIT

Date Issued 7/24/2008
Control # C-08-003267
Permit # 08-2249

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

Telephone:

Contractor: WAYNE HALLER
Address: 922 WOODBOURNE RD SUITE 211 LEVITTOWN PA 19057
Telephone: (215) 295-5108
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS, FIRE ALTERATIONS, TEMPORARY CONSTRUCTION TRAILER INSTALL TEMP TUTORING TRAILER FOR SMALL GROUP INSTRUCTION; BLOCK LEVEL ANCHOR, 3 DECKS & 3 STEPS. 12X48 TRAILER.

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 $5,500

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$72
Electrical	$50
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$30
Total	$235
Check No.	12609
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.

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- [ ] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

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

Date:_____

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 1091 Lot: 7

Property Address: 250 Old Squan Rd

I, Wayne Haller (name) of _____ (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Wayne Haller
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 7/8/08 Signed: _____

Rejected on: _____ Signed: _____

Comments:

COMMUNITY BANK

311 ACCESS BRICK TOWNSHIP

(Bldg) Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER Co 3267

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

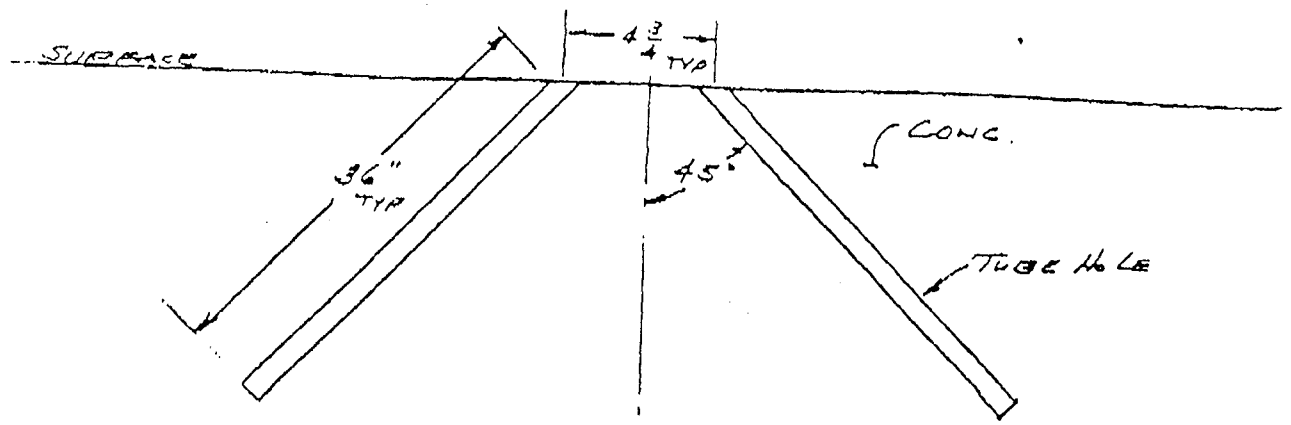
ADDRESS OF APPLICATION: 250 old Squan

DATE REVIEWED: 7-8-08

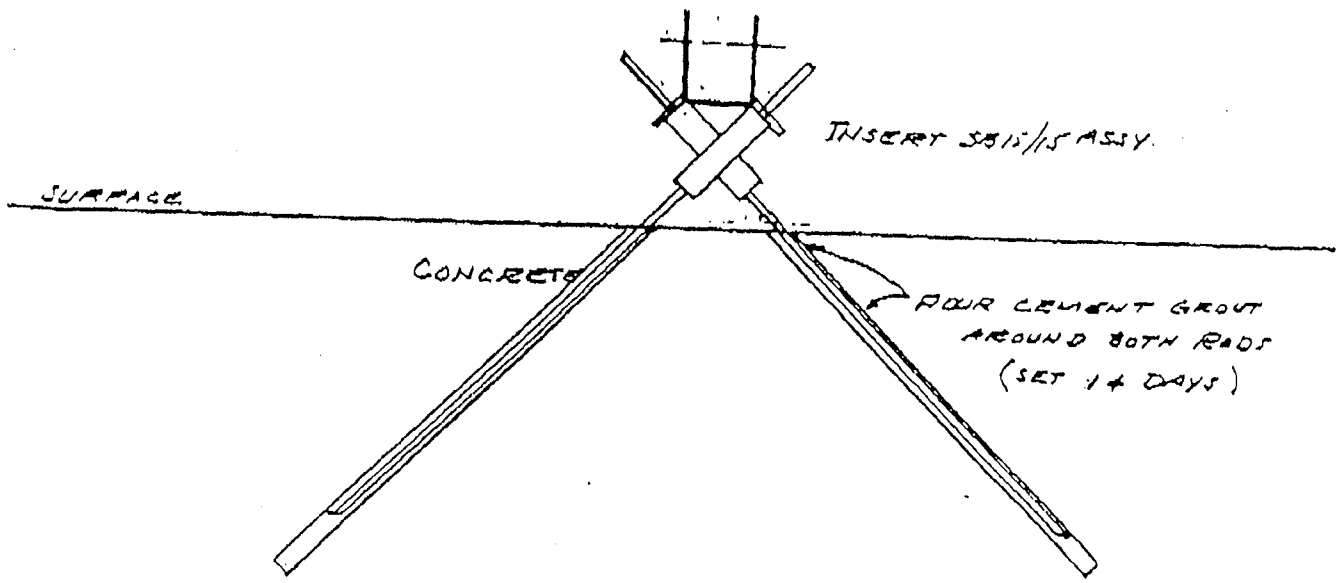
REVIEWED BY: FM

CONTACT CALLED/FAXED: 215-295-5108 Left Message @ 4.00

NOT ADA Compliant



A. DRILL 2 HOLES PER ANCHOR IN CONCRETE



B. INSTALL SB-15/15 ASSY.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUL 03 2008

FIGURE 1 : INSTALLATION OF ANCHORS IN ROCK (CONCRETE)

1732-262-8554

W.H.S. Inc.
Mobile & Modular • General Contracting
922 Woodbourne Road • Suite 211 • Levittown, PA 19056 • (215) 295-5108 • Fax (215) 295-5198

7-9-08

To: FRANK

from: WAYNE

RAMP DETAIL

215-651-0435

3 incl Cover