Plumbing + Fire to Follow.

BLOCK 1091 LOT 35 ADDRESS (SITE) Rt. 88 + Old Squan Rd PERMIT NO. 2312-96

RECEIVED AUG 20 1996 INSPECTION

Soil TCO ok / TCO / Eng ok

Plb. + Fire to Follow

CONSTRUCTION PERMIT APPLICATION

fire / Elec / Plmg + Const

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

I. IDENTIFICATION

1. Proposed Work-site at: 250 Old Squan Rd
2. Name of Owner in Fee: St. Dominics R.C. Church Tel. (908) 840-1410
   Address 250 Old Squan Rd (street) Twp. of Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public ______ Private X
4. Principal Contractor: Woodward Const. Co. Tel. (908) 591-1125
   Address P.O. Box 393, Matawan N.J. 07747
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Emp. No. 21-072-9911 Social Security No. ______
5. Architect or Engineer Charles G. Surmonte AIA Tel. (908) 493-3251
   Address 1166 Deal Rd., Ocean N.J. 07712
6. Responsible Person in Charge of Work Charles Woodward Tel. (908) 591-1125

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	1300		
2. Electrical				
3. Plumbing			50	
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	1300		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		83		
10. Subtotal	$			
11. Cert. of Occupancy		35		
12. Other ZPA		515		
13. TOTAL	$	1433.00		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	22 ft.	
3. Area—Largest Floor	3250 sq. ft.	
4. New Building Area	3250 sq. ft.	
5. Volume of New Structure	52,000 cu. ft.	
6. Construction Classification	3B	
7. Total Land Area Disturbed	16,600 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes / no	sq. ft.	
11. Max. Live Load		
12. Max. Occupancy Load		

addition

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☒ Addition Bld	272,300
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☒ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
CAP			9/4/96	R	4/4/97		ok
					4/7/97		ok
					4/15/97		ok
					4/3/97		ok
CWG	9/3/96		W/A	[illegible]			

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

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ______
After Construction ______
Net gain or loss ______

B. NON-RESIDENTIAL
1. State Specific Use: Chap
2. Use Group: A4
3. Change in Use Group, Indicate Former: A4

AHBT FINAL APPROVAL

IMPORTANT N.B.T. - MANDATORY FEE - COMMERCIAL

LDS BR 10100067

U.C.C. Form F-100B

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name Woodward Construction Co.

Address PO Box 393

Matawan NJ 07747

Telephone (908) 591-1125

Signature Charles J Woodward Jr. Date 8/8/93

OFFICE DATE RECEIVED: _____

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

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. 2312	4/22/97	Soil 5-1-97		
☐ Temporary Certificate of Compliance	No.		Eng 5-21-97		
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☑ Certificate of Occupancy	No. 2312	6-5-97			
☐ Certificate of Approval	No.				

BLOCK 1092 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 01-1255

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 1101 INDUSTRIAL PARKWAY, BRICKTOWN
2. Name of Owner in Fee: ~~Edward Poss~~ Edmund Poss Tel. (732) 363-5892
   Address 22 Springhill DR., Howell 07731
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: BORAN ROOFING Tel. (732) 477-4299
   Address 87 CAPTAINS CT., BRICKTOWN
   License No. OR, if new home Builder Reg. No _____ Exp. Date _____
   Federal Employee No. [redacted] FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work LEO BORAN
   Tel. (732) 477-4299 FAX ( ) _____

REROOF

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(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	

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							5/10/01		OK
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition	3500								
TOTAL COSTS	~~$3,670.84~~								

OPTIONAL (for office use only)

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(X Check if contractor.

Agent Name BORAN ROOFING (LEO BORAN)

Address 87 CAPTAINS CT., BRICKTOWN

Telephone (732) 477-4299

Signature Leo Boran

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.				

CERTIFICATE

Date Issued 6-5-97
Control #
Permit # 2312-96

IDENTIFICATION

Block 1091 Lot 5
Work Site Location 250 Old Squan Rd.

Owner in Fee St. Dominic's R. C. Church
Address same

Tele. ( )
Contractor Woodward Construction Co.
Address P.O. Box 393
Matawan, NJ 07747
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-4 1½ hours
Maximum Live Load
Description of Work/Use:

Chapel addition to St. Dominic's R. C. Church

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

XXXX☒ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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 OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

J. Cinnazzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CERTIFICATE

Date Issued 4-22-97
Control #
Permit # 2312-96

IDENTIFICATION

Block 1091 Lot 5
Work Site Location 250 Old Squan Rd.

Owner in Fee St. Dominic's R.C. Church
Address same

Tele. ( )
Contractor Woodward Construction Co.
Address P.O. Box 393
Matawan, NJ 07747
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-4 14 hours
Maximum Live Load
Description of Work/Use:

Chapel addition to St. Dominic's R.C. Church

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ 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.

XXXXX ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Pending compliance with O.C. Soil (5-1-97) and Engineering (5-21-97).

Frank Mey Rep T/C
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 9-5-96
Control #
Permit # 2312-96

IDENTIFICATION Block 1091 Lot 7

Work Site Location 251 Old Squan Rd. Contractor Woodland Constr. Co.

Address P.O. Box 393

Owner in Fee St. Dominics R.C. Church Matawan, NJ

Address same Tele. ( ) Lic. No. or Bldrs. Reg. No. Exp. Date **0002**

Tele. ( ) Federal Emp. No. 2312*11

or Social Security No. BLOCK 0.00

TOT #

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

addition (bldg. area only) 3,250. 52,000.

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

Estimated Cost of Work $ 272,300.

Ray Korkowski
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

PAYMENTS (Office Use Only)		
Building	1300.- #	0.00
Plumbing	BUILDING 13	0.00
Electrical	D.C.A.	3.00
Fire Protection	C / O	5.00
Other	ZONE/LOT	5.00
Other	TOTAL 14	3.00
DCA Training Fee	8 CHECK 14	3.00
Cert. of Occ.	35 CHANGE	0.00
Other	NO 5 - 0016A005	4.13
Total	1433.	
Check No.		
Cash		
Collected By:		

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/04/2001
Control #
Permit # 01-1255

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1092 Lot 5 Qual

Work Site Location 1101 INDUSTRIAL PARKWAY
REROOF/NO DEBRIS
Owner in Fee POSS. EDMUND
Address [redacted]
Telephone

Contractor BORAM ROOFING
Address 87 CAPTAINS CT
BRICK, NJ 08723-
Telephone (732)477-4299
Lic. No. or Bldrs. Reg. No.
Federal Emp. No [redacted]

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:
REROOF

PAYMENTS (Office Use Only)

Building	98
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	3
Cert. of Occupancy	0
Other	
Total	101
Check No.	
Cash	X
Collected By	DC

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

Estimated Cost of Work $ 3,500

Construction Official

Date

05/04/01 8:04AM 00000043335
XX01 SERV.001
#011255
BUILDING
DCA
XXXTOTAL
CASH
CHANGE
05/04/2001
$98.00
$3.00
$101.00
$101.00
$0.00

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

Date Update Issued 3/10/97
Control #
Permit #
Date Permit Issued
2312-96

IDENTIFICATION Block 1091 Lot 5

Work Site Location 57 [illegible] Dr. [illegible]
250 [illegible] Rd

Owner in Fee
Address [illegible]

Tele. (____)

Contractor [illegible]
Address 235 [illegible] Rd

Tele. (908) 920-6611
Lic. No. or Bldrs. Reg. No. 8214
Federal Emp. No. 222 209319
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [✓] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: 2 smoke detectors
Central Sta. Panel Box
Pull Sta Strobe Lights
Duct [illegible]

Estimated Cost of Work $ 2000

[signature]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	70 —
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occ.	
Other	
Total	72. —
Check No.	# 2077
Cash	
Collected By:	[initials]

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 9-5-96
Control #
Permit # 2312-96

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

Block 1091 Lot 85
Work Site Location Route 88 & Old Squan Rd
Twp. of Brick
Owner in Fee St. Dominics R.C. Church
Address 250 Old Squan Rd
Brick
Tele. (908) 840-1410
Contractor Woodward Const. Co.
Address P.O. Box 393
Matawan NJ 07747
Tele. (908) 591-1125
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-072-9911 or Social Security 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 Charles J. Woodward Jr.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Chapel Addition to existing Church

See attached plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	9/4/96	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4-14-97
Approved By: FMM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing			9/27/96	
Foundation	10/15/96		10/16/96	
Slab			10/4/96	
Frame			11/6/97	
Insulation			11/24/97	
Finishes:				
Energy				
Mechanical				
TCO				
Other	Sheetrock		11/25/96	
Final			4/11/97	

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		A4
Constr. Class		3B
No. of Stories		1
Height of Structure		22 Ft.
Area—Largest Floor		3250 Sq. Ft.
New Bldg. Area/All Floors		3250 Sq. Ft.
Volume of New Structure		52,000 Cu. Ft.
Total Land Area Disturbed		16,600 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 272,300.—
2. Alteration $
3. Total (1+2) $ 272,300.—

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

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

10/15/96 Already backfilled, J Dass. ~~Need Certification from a P.E. that foundation met approved plans, specs and code. Signed and sealed by P.E.~~ J Dass

10/16/96 approved per office plan and waterproofing as footings required J Dass

Contractor Will call for slab inspection J Dass

1/21/97 Need cert on steel J Dass

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 9-5-96
Control #
Permit # 2312-96

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

Block 1091 Lot 25
Work Site Location Route 22 & Old Squaw Rd
Twn. of Brick
Owner in Fee St. Dominic's R.C. Church
Address 250 Old Squaw Rd
Brick
Tele. (908) 840-1410
Contractor Woodward Const. Co.
Address P.O. Box 343
Neptune NJ 07747
Tele. (908) 791-1625
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0112-9911 or Social Security 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.

Charles Woodward
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Chapel Addition to existing church

See attached plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	9/4/96	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign 7 SF Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other F
[ ] Demolition

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		A-4
Constr. Class		3-5
No. of Stories		1
Height of Structure		22 Ft.
Area—Largest Floor		7250 Sq. Ft.
New Bldg. Area/All Floors		7250 Sq. Ft.
Volume of New Structure		160,000 Cu. Ft.
Total Land Area Disturbed		16,000 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 272,300.-
2. Alteration $
3. Total (1+2) $ 272,300.-

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

U.C.C. Form F-110B

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/04/2001
Date Issued 05/04/2001
Control #
Permit # 01-1255

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

Block 1092 Lot 5 Qual
Work Site Location 1101 INDUSTRIAL PARKWAY
REROOF/NO DEBRIS
Owner in Fee POSS. EDMUND
Address [redacted]
Tele.( )
Contractor BORAM ROOFING
Address 87 CAPTAINS CT
BRICK, NJ 08723-
Tele.(732)477-4299 Fax ( )
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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-11-2001
Approved By: KW

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			5/11/2001	JKO
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	98
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 3,500
3. Total (1+2)$ 3,500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [X] Check # Cash Minimum Fee	$ 0
Collected by: DC TOTAL FEE	$ 98
DCA Training Fee	$ 3

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/04/2001
Date Issued 05/04/2001
Control #
Permit # 01-1255

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

Block 1092 Lot 5 Qual

Work Site Location 1101 INDUSTRIAL PARKWAY

REROOF/NO DEBRIS

Owner in Fee POSS. EDMUND

Addres [redacted]

Tele.( )

Contractor BORAN ROOFING

Address 87 CAPTAINS CT

BRICK, NJ 08723-

Tele.(732)477-4299 Fax ( )

Lic. No. or Bldrs [redacted]

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 1,500
3. Total (1+2)$ 1,500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	98
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 98
DCA Training Fee	$ 3

Paid [X] Check # Cash
Collected by: DC

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/04/2001
Date Issued 05/04/2001
Control #
Permit # 01-1255

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

Block 1092 Lot 5 Qual
Work Site Location 1101 INDUSTRIAL PARKWAY
REROOF/NO DEBRIS
Owner in Fee ROSS, EDMUND
Addres [redacted]
Tele.(
Contractor BORAM ROOFING
Address 87 CAPTAINS CT
BRICK, NJ 08723-
Tele.(732)477-4299 Fax ( )
Lic. No. or Bldr
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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	98
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 3,500
3. Total (1+2) $ 3,500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [X] Check # Cash Minimum Fee	$ 0
Collected by: DC TOTAL FEE	$ 98
DCA Training Fee	$ 3

U.C.C. P110 (rev. 3/96)

Brick (E-6) Off Rt 88 Between 88+70

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # OCT 21 96 0 0 9 5 6 0

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

Block 109.1 Lot 7
Work Site Location St Dominic DA/Chapel
250 Old Squan Rd Brick NJ 08723
Owner in Fee Same
Address
Tele. ( )
Contractor Lubeck Co Sprinkler Inc
Address 235 Deans Pond Rd
Jackson NJ 08527
Tele. (908) 370 6611
Lic. No. 8414
Federal Emp. No. 222 209 329 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 25,500 –

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 9/10/96
Approved by: MR 23

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4/3/97
Approved By:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	10/14/97 #24		10/15/97	
Temporary				
Constr. ~~Service~~				
~~Pole~~ Ltec	10-22-96 #24		10-24-96	
Other				
Service				
Final 3/31/97 MOP			4/3/97	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
47		Fixtures (1)	50
18		Receptacles (2)	
16		Switches (3)	
81		Total 1 + 2 + 3	
		Kw Range	
		Kw Oven(s)	
		Kw Surface Unit	
		hp Dishwasher	
		hp Garbage Disposal	
		Kw Dryer	
		Kw A/C Unit	
		fire ~~Burglar~~ Alarms 2-door holder	
		Intercoms Panels	
2		Smoke Detectors 2-pull	
		hp Whirlpool/spa 2-AU	
		Pool Bonding	
		hp Pool Filter Motor	
		Pool Lights	
		Kw Water Heater(s)	
		Kw Central heat:	
		oil, gas or elec.	
		Kw Baseboard Heat Units 93.4/150	
		Thermostats	
3φ-100A		hp Heat Pump RTU-1	35
		hp Pump(s)	
3φ 100A		~~Amp Motor Control~~ Center/Sub Panels	35
		Signs	
		Light Standards	
		hp Motors—Fractional H.P.	
		hp Motors—All Others	
		Kw Transformers	
		Kw Generators	
		Amp Service Entrance	
		Other	

Paid [X] Check # 1783	Administrative Surcharge	$
	Minimum Fee	$ 120
RF	DCA Training Fee	$ 20
Collected by:	TOTAL FEE	$ 140

U.C.C. Form F-120B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

10-22-96 (1) EMT connectors approved for circuits OK 10-23-96
(2) Recessed packaged 4 unit lites no UL listing.

0000 100

1-16-97 (1) R/W OK (2) 4 lite fixtures received BOF wiring changed

3/31/97 MSP/eggg

(2) One Ø in Panel Room - No Power (Behind Door)
(3) Duct Heater not completely wired (Above Drop ceiling) (over new sub Panel)
(5) Alarm System not completely wired
(4) 225 Amp Breaker on 1 Ø circuit that feeds new A.C. unit (Existing Breaker)

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # OCT 21 96 0 0 9 5 6 0

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

Block 109.1 Lot 7
Work Site Location St Dominic Day Chapel
230 Old Squan Rd Brick NJ 08723
Owner in Fee Same
Address
Tele. ( )
Contractor Lubeck Co South Inc
Address 235 Devin Pl Rd
Jackson NJ 08527
Tele. (908) 920 6611
Lic. No. 8414
Federal Emp. No. 222 201 329 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 25,500-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 96/10/6
Approved by: MR

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

NJ LIC. ELECTR. CONTR. 8414 BASIC

Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
47		Fixtures (1)	50
18		Receptacles (2)	
16		Switches (3)	
81		Total 1 + 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit 2-door holder	
		fire ~~Burglar~~ Alarms	
		Intercoms Panels	
2		Smoke Detectors 2-pull	
	hp	Whirlpool/spa 2-AU	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat:	
		oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
3φ 100A	hp	Heat Pump RTU-1	35
	hp	Pump(s)	
3φ 100A	~~Amp Motor Control~~	Center/Sub Panels	35
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
		Other	

Paid [✓] Check # 1783
RF
Collected by:

Administrative Surcharge	$
Minimum Fee	$ 120
DCA Training Fee	$ 20
TOTAL FEE	$ 140

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3-5-97
Date Issued
Control #
Permit # 2312-96

update

update

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

Block ~~1091~~ 1091 Lot 5

Work Site Location ST. DOMINIC Chapel
250 Old Squan RD. BRICK, NJ 08723

Owner in Fee SAME

Address

Tele. (____)

Contractor LUBECK Co. SOUTH, INC.

Address 235 DRUM PT. RD.
BRICK, NJ 08723

Tele. (908) 920-6616

Lic. No. 8414

Federal Emp. No. 22-2209329 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Using Existing FA panel

Use Group Present Proposed

Constr. Class. Present Proposed

Heating Systems [ ] New [ ] Existing

Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar

[ ] Other

Location:

Total Est. Cost of Fire Prot. Work $ 2000- [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 2-4-97
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 4/7/97
Approved by:

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test				
Fire Alarm Test			4/7/97	
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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 Annunciator Panel. Central STA

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL Pull STA.	2	
MAG door holders- 2		
Smoke Detectors	2	35
Heat Detectors	—	
TOTAL	2	
STROB-Lites	2	
Stand Pipes		
Kitchen Hood Exhaust Systems		
DUCK Smoke Detector	1	
Pre-Engineered Systems ~~Smoke Detectors~~		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Other Safety Devices	8	35

other devices

Administrative Surcharge $ 70-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3-5-97
Date Issued 3/5/97
Control #
Permit # 2312-96

update

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

Block ~~1091~~ 1091 Lot 5

Work Site Location ST. DOMINIC Chapel
250 Old Squan RD. Brick, NJ 08723

Owner in Fee SAME

Address

Tele. ( )

Contractor LUBECK Co. SOUTH, INc.

Address 235 DRUM PT. RD.
BRICK, NJ 08723

Tele. (908) 920-661

Lic. No. 8414

Federal Emp. No. 22-2209329 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed

Constr. Class. Present Proposed

Heating Systems [ ] New [ ] Existing

Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar

[ ] Other

Location:

Total Est. Cost of Fire Prot. Work $ 2000- [ ] Other

Using Existing FA panel

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 2-4-97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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 update

Water Supply Source			
Method of Valve Supervision			
Local Alarm Supervision			
Central Supervision			
Proprietary Supervision			
Flammable Liquid Storage Tanks	( ) Capacity		Fuel
Combustible Liquid Storage Tanks	( ) Capacity		Fuel
L.P.G. Storage Tanks	( ) Capacity		Fuel
L.N.G. Storage Tanks	( ) Capacity		Fuel

Connects to Central STA

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL Pull STA.	2	
MAG door holders- 2		
Smoke Detectors #	2	35
Heat Detectors	—	
TOTAL	2	
STRob-Lites	2	
Stand Pipes		
Kitchen Hood Exhaust Systems		
DUCK Smoke Detector	1	
Pre-Engineered Systems Smoke Detectors		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Other Safety Devices	8	35

Other devices

Administrative Surcharge	$ 70-
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

Paid [ ] Check #

Collected by:

U.C.C. Form F-140B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Borough of [redacted]

32 Monmouth Street
Red Bank, NJ 07701
(201) 530-2760

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3/4/97
Date Issued
Control #
Permit # 23296
Update

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

Block 1095 (1091) Lot 5
Work Site Location 250 OLD SQUAN RD
Brick Twp
Owner in Fee ST DOMINICS
Address OLD SQUAN RD
Brick Twp NJ
Tele. (908) 840-1410
Contractor J.A. CHRISTMAN INC
Address PO Box 2037
Red Bank NJ 07701
Tele. (908) 842-1899
Lic. No. 3896
Federal Emp. No. 222204970 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 2,000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 2-26-97
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved by:
Date: 4-15-97

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			4-3-97	
Water				
Sewer				
Fixtures			4-15-97	
Gas Equipment				
Gas Final				
Solar				
TCO				

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.

J.A. Christman
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

COMPLETE

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
1	Urinal/Bidet	10
	Bath Tub	
2	Lavatory	20
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 50

RBBD 1A

U.C.C. Form F-130A 1 Original = Applicant Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 White = Inspector's Copy

Borough of Red Bank

32 Monmouth Street
Red Bank, NJ 07701
(201) 530-2760

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/4/97
Date Issued
Control #
Permit # 23/296

(Update)

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

Block ~~1093~~ 109 Lot 5
Work Site Location 230 OLD SQUAN RD
BRICK TOWN
Owner in Fee ST DOMINICS
Address OLD SQUAN RD
BRICK TOWN NJ
Tele. (908) 840 5410
Contractor J.A. CHRISTMAN INC
Address PO BOX 2037
Red Bank NJ 07701
Tele. (908) 842-1899
Lic. No. 5896
Federal Emp. No. 222204970 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 2,000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 2-26-98
Approved by: JR

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

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

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.

J.A. Christman
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
1	Urinal/Bidet	10
	Bath Tub	
2	Lavatory	20
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 50

RBBD 1A

U.C.C. Form F-130A 1 Original = Applicant Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 White = Inspector's Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: August 28, 1996 1996 - 1285

Block 1091 Lot 7 Zone B-3, H.D.

Property Address: 250 Old Squan Road

Owner: St. Dominic's Church (Phone): 840-1410

Applicant: Same (Phone): Same

Use: Church

Proposed Construction (if any): 3,300 square foot chapel addition.

Conditions: Site plan approval by Planning Board. Case # PB-1305-3-ASP-3/96. Resolution # R-40-96 approved June 12, 1996. Map signed August 26, 1996.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which 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
Municipal Planner

Sean Kinnevy
Zoning Officer

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
Telephone (609) 971-7002

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: Brick

PROJECT: [illegible] SCD NO.: 5610

BLOCK NO.(s) 1191 LOT NO.(s) 5

Final Compliance ☑ Conditional Compliance ☐

Block No.	Lot No.	Conditions
		Project Complete

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: 6/5/97

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 6/96

A5671^

INSPECTOR: K Shafer

JOB: St Dominic SECTION: Rt 88 East
Chapel Add.

WEATHER: Sunny

TEMPERATURE: 70°'s

DATE: 5/28/97

TYPE OF WORK: Final

LOCATION: Van Zile Rd

BLOCK: 4091 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

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.

INSPECTOR: K Shafer

DATE: 4-21-97

JOB: St Dominics SP#

SECTION: Chapel / site

TYPE OF WORK: Temp

WEATHER: Pt Sunny

LOCATION: Van Zile Rd

TEMPERATURE: 60° J

BLOCK: 1091 LOT: 7

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: 3-5, 8

(A) Sidewalk to be connected @ rear for handi ramp
(B) Pen Grant corrections to be addressed in letter along w/ Coach Paul Stone
(C) Letter ~~to~~ work done w/ regards to new/ex Roof drainage @ Chapel
(D) Handicap work to be completed

RECOMMENDATIONS:

☒ TEMP. C.O.

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

Thomas K. Hoyt 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 30 days of the issuance of Certificate of Occupancy.

5/21/97

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
Telephone (609) 971-7002

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK

PROJECT: St Dominic's SCD NO.: 5640

BLOCK NO.(s) 1091 LOT NO.(s) 7

Final Compliance ☐ Conditional Compliance ☑

Block No.	Lot No.	Conditions
		THIS **CONDITIONAL** COMPLIANCE EXPIRES ON 5/1/97. The applicant is required to notify this office when work is properly completed. A $75.00 re-inspection fee will be billed to the applicant for each day the required work is not properly completed.

TOTAL FEES DUE: $ 75.00

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: [signature]

DATE: 4/10/97

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 6/96

A5671^

Fire Security Technologies, Inc.
Quality Fire Alarm & Security Systems
(908) 974-9414
1712 Highway 71 • Spring Lake Heights, NJ 07762

FIRE ALARM SYSTEM

REPORT OF INSPECTION

ST. DOMONIC'S

03/31/97

Fire Security Technologies, Inc.

FIRE ALARM SYSTEM

REPORT OF INSPECTION

MARCH 31, 1997

This inspection report is solely based on the testing and inspection of the specific fire protection components as noted on this report. This report in no way constitutes a fire protection engineering or loss prevention survey and does not address to level of protection provided by the system(s), the acceptability of the equipment installed, or the overall design, engineering or Fire Code compatibility or acceptability of the system(s) and all related components.

This report may note various deficiencies isolated which may hinder proper system operation or system inadequacies, however these notes are not to be considered as a comprehensive list and other deficiencies may exist which were not observed or noted on the inspection report.

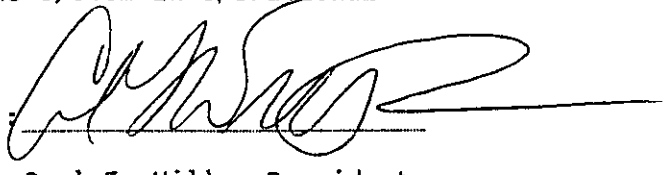
This inspection and certification is strictly limited to those items specifically tested and listed in this report and the results of the tests noted at the time of the actual inspection.

C E R T I F I C A T I O N

The results of this inspection indicate that the systems at the time of inspection were:

* Found to be in operational condition

___In need of repairs to place the system in operational condition

By: 

Carl F. Willms,President
Fire Security Technologies,Inc.

Fire Security Technologies, Inc.
Report of Inspection
Page 1

Test Report # : 1 **Date :** 03/31/97

Inspected Premises :
ST. DOMONIC'S

Report to :
LUBECK ELECTRIC SOUTH
ORUM POINT RD.
BRICK, N.J.

Inspected by: M. DECKER

1.Notification of testing :

A. Owner or owners rep.		
B. Fire Dept.		
C. Police Dept.	BRICK TOWNSHIP	262-1150
D. Central Station		
E. Other		

2.Fire Alarm Control Panel :

A. Manufacturer : FARADAY Model # : FIREWATCH XVI

B. Location : BOILER ROOM

C. Initiation Zones : Class A___ Class B * Series N/C Loop___
Total # : 12 # Active Zones : 11 # Spare Zones : 1

D. Audible Circuits : Class A___ Class B * Series Circuit___
Total # : 2 # Active Circuits : 2 # Spare Circuits: 0

E. Control Panel Status : 03/31/97	YES	N/A	NO
1. Is power indicator Light on	*		
2. Does panel indicate normal conditions	*		
3. Do all indicating lamps operate	*		
4. Does audible trouble indicator operate	*		
5. Do all individual initiation zones indicate a response to an open circuit test and activate a system trouble	*		
6. Do all individual signal circuits indicate a response to an open circuit test and activate a system trouble			*
7. Is battery supervision operational	*		
8. Is A.C. failure supervision operational	*		

F. User Control function test:

	GOOD	N/A	INOP
1. Reset	*		
2. Trouble Silence	*		
3. City Disc.	*		
4. Alarm Silence	*		

G. Panel visual indicator test:

	GOOD	N/A	INOP
AC Power	*		
System Alarm	*		
System Trouble	*		
Sprinkler Alarm	*		
Alarm 1-12	*		
Trouble 1-12	*		
Battery	*		
System Ground Flt	*		

H. Primary power source :
* 110VAC single phase ___ 220VAC double phase
Electrical circuit UNKNOWN

I. Secondary power source :
___ Standby generator * Battery
Battery test: total # 2 volts 12 amp hour rating 17.2
Charger output voltage 22.6 VDC
Charger output current .43 ma.
Open battery voltage 22.6 VDC
Battery operation under primary power interruption :
Supply voltage 22.1 VDC
Supply current (normal) 400 ma.
Supply current (alarm) 1400 ma.
Did results appear satisfactory * YES ___ NO

J. Battery Calculations:
Battery Supplied 17.2 A.H.
Alarm Condition for 5 minutes = -.116 A.H.
17.08 A.H.
Panel Standby normal condition \ .40 A.
Calculated hours of battery supply 42 Hours

K. If system is equipped with a remote annunciator do all individual indicators illuminate ___ YES * N/A ___ NO
Annunciator location :
Manufacturer : Model #

L. If system is equipped for auxiliary remote alarm transmission was the alarm condition received according to the monitoring personnel

___ YES * N/A ___ NO

Type of signal transmission : _____

_____

_____

Alarm Transmission to : _____

M. Do all control panel user function switches operate as designed — YES * NO ___

3.Peripheral equipment test synopsis
(refer to device test lists for details)

Peripheral Device + manufacturer	Total # reported	# tested this insp.	Satisfactory YES	NO
A. Manual Pull Stations				
FARADAY	2	2	2	
B. Area Smoke Detectors				
SYSTEM SENSOR 2451	3	3	3	
C. Duct Detectors				
SYSTM SENSOR DH400 AC/DC	1	1	1	
D. Fixed Temp. Heat Detectors				
E. Alarm Signaling				
WHEELOCK MT-24-VFR-LSM	2	2	2	
F. Alarm Signaling				

G. Did all tested initiation devices activate an alarm condition at the control panel — *
H. Did all tested smoke detectors activate their respective built in alarm indicators — *
I. Were all tested smoke detectors cleaned — NEW
J. Were all tested devices found to be operational — *

4.Test Completion

A. Was control panel restored to indicate normal operational condition following testing — *
B. Have the appropriate personnel listed under section #1 been notified of the test completion — *
C. Indicate the percentage of peripheral equipment tested during this inspection 100% OF NEW INSTALL
D. Indicate the percentage of peripheral equipment tested during the contract year to date 100% OF NEW INSTALL

AUTOMATIC CONTROL FUNCTIONS

If system is equipped with supplemental control by event functions , list below and indicate if the functions were appropriately activated by the control panel

	YES	NO
DOOR HOLDER RELEASE	*	
AHU SHUTDOWN (DUCT DETECTOR ONLY)	*	

FIRE ALARM CONTROL PANEL
CIRCUIT TEST RESULTS
DATE :03/31/97

INITIATION DEVICE CIRCUITS

TERMINATION POINTS +	-	#	RESISTANCE (OHMS)	CURRENT (MA.)	VOLTAGE (V.D.C.)	% DEVIATION FROM CALC.	GRND DETEC CURRENT + (MA.)	- (MA.)	DIRECT SHORT CURRENT (MA.)	MINIMUM ALARM CURRENT (MA.)
1	4	9	5.57	3.93	21.9	0%	.22	.51	60	21.2
1	4	10	5.58	4.15	21.8	5%	.22	.51	60	20.9
1	4	11	5.55	3.94	21.9	0%	.22	.51	60	18.9
1	4	12	SPARE							

SIGNAL DEVICE CIRCUITS

4	2	1	47.2	.360	16.75	1%	.29	.22	1.36	
			ALARM	780	26.5					
3	1	2	45.4	.359	16.75	2%	.29	.22	1.36	
			ALARM	230	26.5					

I N I T I A T I O N
D E V I C E T E S T L I S T I N G

DEVICE	LOCATION	DATE TESTED		ZONE	STATUS
PULL	CHAPEL WEST DOOR	03/31/97		9	OPERATIONAL
PULL	CHAPEL EAST DOOR	03/31/97	EOL	9	OPERATIONAL
SMOKE	S. SIDE CHAPEL FIRE DRS	03/31/97		10	OPERATIONAL
SMOKE	N. SIDE CHAPEL FIRE DRS	03/31/97		10	OPERATIONAL
SMOKE	MAIN CHAPEL	03/31/97	EOL	10	OPERATIONAL
DUCT	A/C BY E. DOOR CHAPEL	03/31/97	EOL	11	OPERATIONAL
DUCT LED TEST	NEAR E. EXIT CHAPEL	03/31/97		11	OPERATIONAL
HOLDER	FIRE DR TO CHAPEL LEFT	03/31/97			OPERATIONAL
HOLDER	FIRE DR TO CHAPEL RIGHT	03/31/97			OPERATIONAL

S I G N A L I N G
D E V I C E T E S T L I S T I N G

DEVICE	LOCATION	DATE TESTED	CIRCUIT	STATUS
H/S	BY WEST CHAPEL EXIT	03/31/97	1	OPERATIONAL
H/S	BY EAST CHAPEL EXIT	03/31/97	1	OPERATIONAL

COMMENTS

The configuration of the air handler unit supply ducts does not allow for the installation of duct detectors in accordance with NFPA 72. A single duct detector has been installed by the Mechanical Contractor on one branch of the supply duct. The detector is also installed after the 1st duct discharges. Due to potential of smoke dilution the detector may not respond to low levels of smoke passing through the duct where the detector is located.

CERTIFICATE OF COMPLIANCE

BLOCK 1011 LOT 7 SITE ADDRESS 250 Old Squan Rd.

TYPE OF SITE N/A (Residential/Commercial) TYPE OF BUSINESS Church

APPLICANT St. Dominic's RC Church PHONE NUMBER 840-1410

APPLICANT ADDRESS 250 Old Squan Rd. CITY & STATE Brick, NJ

CASE # _____ NAME OF BUSINESS N/A

INCLUSIONARY DEVELOPMENT

☐ Affordable

Fee Required _____ Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

☐ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☑ Commercial is .01%

Estimated Assessment: $231,000.00 Date 9/3/96

Required Deposit on Estimate $ 1155.00 Date 9/3/96

Check # 3548 Receipt # 6446

Actual Assessment: $231,000.00 Date 4/16/97

Actual Required Fee: $ 2310.00

Minus Deposit of Estimate $ 1155.00

Balance Due $ 1155.00

Amount Paid in Full $ 2310.00 Date 4/16/97

Check # _____ Receipt # 6467

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe
Affordable Housing Administrator

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 8/29/96

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1091 LOT 7 SITE ADDRESS 250 Old Squan Rd.

TYPE OF SITE N/A (Residential/Commercial) TYPE OF BUSINESS Church

APPLICANT St. Dominics R.C. Church CITY & STATE Brick, NJ

☑ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 231,000

FRM/BCH
Frederick R. Millman, CTA, Tax Assessor

9-3-96
Date

☑ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ 231,000

FRM/BCH
Frederick R. Millman, CTA, Tax Assessor

4-11-97
Date

LUBECK CO. SOUTH, INC.

Township of Brick
03/06/97

Bill #St Dom Fire

3/6/97

72.00

Please mail Permit update

Returned ck # 2061 for 140 - Bill Lovell

Checking

72.00

Charles G. Surmonte A.I.A.
1166 Deal Road Ocean, NJ 07712 908-493-3251

February 20, 1997

Construction Official
Township of Brick
401 Chambers Bridge Road
Brick Town, N. J. 08723

Re: New Chapel
St. Dominic Church

Attn: Dan Newman

Dear Sir:

I am the architect for the new chapel which is presently under construction at St. Dominic Church. The new chapel is to be used for functions which are presently conducted in the new church. It will seat 160 occupants. It will not increase the use or occupancy of the existing building in that functions which are presently taking place will now take place in the more appropriate new space.

Toilet facilities for the new space are to be provided by existing mens and womens room located in the existing building. Since these facilities were constructed prior to adoption of the Barrier Free regulations they are not barrier free. In order to accommodate physically disadvantaged attendees we plan to convert the present facilities to provide barrier free access to both sexes.

The existing Women's Room presently contains two water closets and two lavatories. In order to make this Women's Room barrier free we propose to convert it to a one water closet, one lavatory facility. Additional Men's and Women's Rooms, which contain several water closets and lavatories in each, are located approximately twenty feet from the Women's Room in question. These additional facilities are available for use by those attending church and provide more than adequate fixtures to satisfy code requirements.

I trust that this will meet with your approval. Please advise me if you have any further questions regarding this matter.

Very truly yours,

Charles G. Surmonte

CGS:bas

Copy to: Monsignor Gibbons
Woodward Const. Co.
Van Paulson/French & Parrello

BOCA®
PLAN REVIEW RECORD

Valuation: _____
Fee: _____

Plan Review # _____
Date 1-8-97

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION Plumbing
(City, County, Township, etc.)

BUILDING LOCATION St Dominics / OLD SQUAN ROAD
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY D Neuman

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
	~~Revisions~~	
	CAN not remove fixtures if	
	need for occupancy load	
	Architect will call back	
	CALLED	
	1-8-97	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

Church of St. Dominic
250 OLD SQUAN ROAD
BRICK TOWNSHIP, NEW JERSEY 08724-3224

August 8, 1996

TOWNSHIP of BRICK
401 Chambers Bridge Roaf
Brick, New Jersey 08723

To Whom It May Concern:

I, Monsignor John J. Gibbons, Pastor of the Church of Saint Dominic, 250 Old Squan Road, Brick Township, New Jersey, Block 1091, Lot 5, state that I authorize Charles Woodward, Woodward Construction Company, P.O. Box 393, Matawan, New Jersey, to sign for me in regard to the Construction Permit that we are applying for in order to build a Daily Mass Chapel, on the above Block and Lot.

All the necessary permissions have already been obtained.

Thanking you for your understanding, and with best wishes, I remain

Fraternally in Christ,

John J. Gibbons

(Rev. Msgr.) John J. Gibbons
Pastor

WOODWARD
CONSTRUCTION COMPANY
P.O. Box 393 Route 79 & Nolan Road
MATAWAN, NEW JERSEY 07747

(908) 591-1125
FAX (908) 591-8739

LETTER OF TRANSMITTAL

TO Building Dept.
Township of Brick

DATE 8/8/96 | JOB NO.
ATTENTION Construction Official
RE: St. Dominic's R.C. Church
250 Old Squan Rd.
Chapel Addition

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
2	7/30/96		Plan Sheets A-1 Thru A-10 & S-1 Thru S-4
1	8/8/96		Construction Permit Application
1			Building Sub Code Technical Section

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 _____ 19_____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS Submitted for Foundation Permit only

COPY TO _____

40% Pre-Consumer Content • 10% Post-Consumer Content

SIGNED: _____

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

per Scott MacFadden 9/9/96 2:30 pm

This project should be processed w/o fee payment until Council decides upon whether it is exempt or not. A letter to this effect is being done at this time BB

RICK
RSEY
K, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

Lee Hartman
Mary Lou Powner

DATE: 8/29/96

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1091 LOT 7 SITE ADDRESS 250 Old Squan Rd.

TYPE OF SITE N/A (Residential/Commercial) TYPE OF BUSINESS Church

APPLICANT St. Dominics R.C. Church CITY & STATE Brick, NJ

☑ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 231,000

FRM/BCH

Frederick R. Millman, CTA, Tax Assessor

9-3-96

Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

AUG 08 '96 17:15 P.1/1

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

Route 88 & Old Squan Rd 1091 7
Work Site Address Block Lot

St. Dominics R.C. Church, 250 Old Squan Rd 840-1410
Owner's Name, Address, Phone

Woodward Construction Co. PO Box 393, Matawan N.J. 908-591-1126 07747
Contractor's Name, Address, Phone

Construction Chapel Additions
Describe type (Single-family home, etc.)

Demolition
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material C+D 13C

Name, address and phone of party responsible for removal of debris:

Adelphia Demolition & Recycling, INC

Size of dumpster: 30yd

Destination of discarded debris: Ocean County Landfill

Hauler's DEP Permit No.: 18151

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Adelphia Demolition Mark Vasta 8-9-96
Printed/Typed Name Signature Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED.

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering

Municipal Engineer
(908) 262-1038
Fax (908) 920-4850

DATE: 8/8/96

Municipal Engineer
401 Chambers Bridge Road
Brick NJ 08723

RE: Block: 1091 Lot: 7 St Dominics Church

Dear Sir;

I, Charles Woodward (Name) of 250 Old Squa Rd (Address)
request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours

Charles Woodward 591-1125
Applicant's signature Phone #

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved ✓ DATE: 9/3/96 BY:

Rejected DATE: BY:

REMARKS:

190-31. Plot plan (Added 12-28-80 by Ord. No. 354-2P-80; amended 6-12-84 by Ord. NO. 354-2XXX-84)

A. Except where approval has been obtained after application under Part 3 or 4 of this chapter, no principal building or addition to a principal building shall be constructed in the Township of Brick except after approval by the Township Engineer of a plot plan to be submitted in accordance with the following specifications.

(1) Such plot plan shall be a survey of the lot in question showing the existing topography of the lot and the proposed location and elevation of the building and/or addition and the proposed grading. Existing topography and proposed grading shall at a minimum, consist of elevations at the property corners and the corners of the proposed building and/or addition. In the event that there is more than a two-foot difference in lot elevations, contours at one-foot intervals shall be shown. The existing topography of the lots immediately adjacent to the lot in question and the road fronting such lot shall also be indicated on the plot plan.

(2) Such plot plan shall include the following additional information:

(a) The width and type of pavement on the road in front of the proposed building and/or addition.
(b) The proposed method of drainage from the property in question.
(c) The proposed garage amd first floor elevations.

(3) Plot plans must be prepared by a licensed engineer or land surveyor and shall bear his signature and seal. Surveys and topographical information certified to National Geodetic Vertical Datum must be prepared by a licensed land surveyor and shall bear his signature and seal.

(4) Building or additions in a flood hazard area shall be in compliance with the National Flood Insurance Program (NFIP) as regulated by Federal Emergency Management Agency (FEMA).

B. Exemption from the plot plan requirement for an addition is subject to the approval of the Township Engineer, said exemption to be contingent upon:

(1) Proof that the subject addition is not in a flood hazard area.

(2) A survey locating the existing dwelling.

(3) a site inspection by a Brick Township Engineering Inspector to verify that the proposed addition will not create a drainage problem.

C. Petitions for plot plan exemptions are to be made to the Township Engineer in writing.

INSTRUCTIONS FOR COMPLETION OF SHADE TREE PERMIT Telephone # _____

1. Name of Applicant & Address _____

Give name and address of person applying for permit. If applicant is other than owner, give and identify names and addresses of both.

2. Property is Block _____ Lot(s) _____

This information is available from your deed or tax bill.

3. Address if different from applicant _____

Give street and number if one is assigned. If there is no street number, estimate distance and direction from nearest intersection or other easily recognizable landmark.

4. Location of trees on property _____ and number of trees presently on property _____.

A. For individual building lots:

Provide either a copy of a recent survey, or a sketch of the property drawn to scale including any pertinent distances not easily read from the sketch.

Include existing buildings, driveways and other constructions in SOLID LINES. Show all existing trees (see note below) with a circle. Trees may be keyed as to genus and species if desired, otherwise include a C inside circle for coniferous (pine, etc.) trees and a D for deciduous trees.

*Note Trees to be removed will have an X through the circle. ⊗

If removal is desired because of proposed construction of any kind, include such construction in dotted lines and identify. If planting of new trees (including but not limited to those in note below) is proposed in application to replace those removed, or for any other reason, show approximate proposed location with a dotted circle and specify species and approximate planting size (height and caliper).

There should be a minimum of one tree for each 2000 sq. ft after all proposed tree removal and replacement. (e.g. an 80 x 100 lot includes 8000 sq. ft. and would require a minimum of 4 trees.

B. For other acreage.

Include copy of subdivision plot plan or equivalent outlining all wooded areas and solitary trees. Identify each (e.g. "heavily wooded mature Oak with scattered Dogwood", "sparsely wooded mixed Pitch Pine and small Oak, etc.)

Same minimum of one tree per 2000 sq. ft. as above should be observed.

NOTE: "Tree" for the purposes of this permit, means (1) any live coniferous tree 4" or more DBH (diameter breast high:) (2) any deciduous tree (live) 3" or more DBH (3) any live American Holly or Dogwood 1' or more, one foot above the ground; and (4) any live Laurel 3' or more across root crown.

THE RESPONSIBILITY OF HAVING THIS APPLICATION PROCESSED BY THE SHADE TREE COMMISSION, RESTS SOLELY UPON THE APPLICANT.

Date _____

APPLICATION IN CONNECTION WITH ORDINANCE #158-72

Name of Applicant _____

Address _____

_____

Property is Block _____ Lot(s) _____

Residential _____ Commercial _____

Address if different from applicant _____

_____

Location of trees on property:

Number of trees presently on property:

Additional information to enable the application to be properly evaluated:

Fee: $5.00 for trees located on individual building lot.

$15.00 per acre for all other lands.

Recommendation from Shade Tree Commission:

_____ _____

Date Signature of Chairman

Action by Council: Approved _____ Denied _____

_____ _____

Date Township Clerk

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(908) 262-1042
Fax (908) 262-8954

August 12, 1996

OK 8/19

Charles Woodward
Woodward Construction Co.
PO Box 393
Matawan, NJ 07747

Re: Block 1091, Lot 7
250 Old Squan Rd - St. Dominic Church
Zoning permit application

Dear Mr. Woodward:

Your application for a zoning permit for an addition to the building on the referenced property is denied because the site plan map has not been signed by the Planning Board.

Very truly yours,

Sean Kinnevy
Zoning Officer

cc: Scott MacFadden, BusAdm.
Michael Fowler, MunPlanner
Raymond Korkowski, Acting ConOff.

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

Joseph C. Scarpelli, Mayor

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Scott Pezarras, Treasurer

FROM: Carol A. Wolfe, Affordable Housing Administrator

RE: DEPOSIT Commercial
☑ Mandatory Development Fee
☐ Inclusionary Development Fee

DATE:

Enclosed please find check number 3548, drawn on the account of St. Dominic's R.C. Church in the amount of $ 1155.00 which represents a deposit for estimated fees levied against Block 1091 Lot 7. 250 Old Squan Rd.

Collection of said fees as authorized by Township Ordinance 354-2C- 93, is pursuant to N.J.S.A. 52:27d-301 et. seq. and N.J.A.C. 5:92-18 et. seq.

Received in Treasurer's Office by:

H Milano
Signature

9/5/96
Date

ST. DOMINIC'S R.C. CHURCH
REGULAR ACCOUNT
1250 OLD SQUAN ROAD
BRICKTOWN, NJ 08724

FIRST FIDELITY BANK, N.A.
NEW JERSEY
BRICKTOWN, NJ 08723
55-9/212

3548

Sept. 3, 1996

PAY TO THE ORDER OF TOWNSHIP OF BRICK $ 1155.00

One Thousand One Hundred Fifty Five and ----------00 DOLLARS

Security features included. Details on back.

MEMO Affordable Housing

John A. Gibbons MP

[redacted]

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Joseph C. Scarpelli, Mayor

Township Council:
Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 8/29/96

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1091 LOT 7 SITE ADDRESS 250 Old Sgonn Rd.

TYPE OF SITE N/A (Residential/Commercial) TYPE OF BUSINESS Church

APPLICANT St. Dominic's R.C. Church CITY & STATE Brick, NJ

☑ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 231,000

FLM/BCH

Frederick R. Millman, CTA, Tax Assessor

9-3-96

Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

CERTIFICATE OF COMPLIANCE

BLOCK 1011 LOT 7 SITE ADDRESS 220 Old Swamp Rd.

TYPE OF SITE N/A TYPE OF BUSINESS Church
Residential/Commercial

APPLICANT St. Dominic's RC Church PHONE NUMBER 845-1410

APPLICANT ADDRESS 220 Old Swamp Rd. CITY & STATE Bwtn. NJ

CASE # _____ NAME OF BUSINESS N/A

INCLUSIONARY DEVELOPMENT

☐ Affordable

Fee Required _____ Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

☐ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☑ Commercial is .01%

Estimated Assessment: $ 231,000.00 Date 9/3/96

Required Deposit on Estimate $ 1155.00 Date 9/12/96

Check # _____ Receipt # _____

Actual Assessment: _____ Date _____

Actual Required Fee: $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____

Amount Paid in Full $ _____ Date _____

Check # _____ Receipt # _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe
Affordable Housing Administrator

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1101 INDUSTRIAL PARKWAY, BRICKTOWN
Block: 1092 Lot: 5
Owner's Name: ~~Edward Poss~~ Edmund Poss
Owner's Mailing Address: [redacted]
Phone: (732) 363-5892

BUILDING

Contractor: BORAN ROOFING
Address: 87 CAPTAINS CT., BRICKTOWN
Phone#: (732)-477-4299
Lis #
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

NEW ROOF
(1) RE ROOF
(2) TIMBERLINE (25) YEAR SHINGLES

Type of Work

___New Building
___Addition
___Alteration
X Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories: 1
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:
Cost of New Building: 3500
Total Cost of Building Work: ~~$3,870.00~~

Signature:
Please Print Name LEO BORAN

ELECTRICAL

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

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures — Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____