C29-91 C29-91-1

BLOCK 1091 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 250 OLD SQUAN RD PERMIT NO. 99-3957

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

250 Old Squan Rd.

1. Propsed Work Site at: CAFETERIA - ELEMENTARY SCHOOL
2. Name of Owner in Fee: ST. DOMINIC Tel. (732) 840-1410
   Address 250 OLD SQUAN RD. (street) BRICK (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Steel P&H Tel. (____) 899-8877
   Address 566 Carroll & Fox RD.
   License No. OR, if new home Builder Reg. No. 6952 Exp. Date 8/30/01
   Federal Employee No [redacted] FAX: (____)
5. Architect or Engineer _____ Tel. (____)
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (____) _____ FAX (____) _____

Install gas stove.

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection		X	
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	$		

+A

Exempt

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									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☒ Fire Protection					10-15-99	DS			
6. ☑ Plumbing	300				10-6-99		11/2/99		OK
7. ☒ Electrical					10699				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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: school
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10302689

U.C.C. F100-1 (rev. 3/98)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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			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	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	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. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/15/99
Control #
Permit # 99-3957

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1091 Lot 5 Qual

Work Site Location 250 OLD SQUAN RD-CAFETERIA
INSTALL GAS STOVE
Owner in Fee ST DOMINICS R.C. CHURCH
Address SAME
BRICK, NJ 08724-
Telephone (732)840-1410

Contractor CROWBECK ELECTRIC
Address 65 FRANK NERI DR
BRICK, NJ 08724-
Telephone (732)840-4386
Lic. No. or Bldrs. Reg. No. 7423
Federal Emp. No. 08-7347790

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL GAS STOVE IN CAFETERIA OF ELEMENTARY SCHOOL

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 $ 1,900

Construction Official

10/15/99
Date

PAYMENTS (Office Use Only)

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

U.C.C. 0170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/29/99
Date Issued 10/5/99
Control # C29-91
Permit # 99-3957

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

Block 1091 Lot 5 Qual
Work Site Location 250 OLD SQUAN RD-CAFETERIA
INSTALL GAS STOVE
Owner in Fee ST DOMINICS R.C. CHURCH
Address SAME
BRICK, NJ 08724-
Tele.(732)840-4386 Fax ( )
Contractor CROWBECK ELECTRIC
Address 65 FRANK NERI DR
BRICK, NJ 08724-
Tele.(732)840-4386
Lic. No. or Bldrs. Reg. No. 7423
Federal Emp. No. 08-7347790

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R Proposed R
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 10/4/99
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other CAP OFF -STOVE	9
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 26
Collected by: TOTAL FEE $ 0
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/13/99
Date Issued 10-15-99
Control # ~~614 91~~
Permit # C29-91-1
99-3957

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

Block 1091 Lot 5 Qual
Work Site Location 250 OLD SQUAN RD
FIRE SYSTEM
Owner in Fee ST DOMINICS R.C. CHURCH
Address SAME
BRICK, NJ 08724-
Tele.(732)938-2020 Fax ( )
Contractor JERSEY COAST FIRE EQUIP
Address 377 ASBURY RD
HOWELL, NJ 07731-
Tele.(732)938-2020
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2699591

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-4 Proposed A-4
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,600

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 10-15-99
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Supery

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combust Liquid
[ ] LPG [ ] LHG Capacity 0 Fuel

	NUMBER	FEE (Office Use Only)
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	1	92
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 1
Collected by: TOTAL FEE $ Exempt X
DCA Training Fee $

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/29/99
Date Issued 10-15-99
Control # C29-91
Permit # 99-3957

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

Block 1091 Lot 5 Qual
Work Site Location 250 OLD SQUAN RD-CAFETERIA
INSTALL GAS STOVE
Owner in Fee ST DOMINICS R.C. CHURCH
Address SAME
BRICK, NJ 08724-
Tele.(732)899-8877 Fax (__)
Contractor STEBL P & H
Address 566 CARROLL FOX RD.
BRICK, NJ 08723-
Tele.(732)899-8877
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 10-15-99
Approved By: BB

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other ___				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	1	46
Other		0
Other		0

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

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/13/99
Date Issued 10-15-99
Control # C14-91
Permit # 99-3957

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

Block 1091 Lot 5 Qual
Work Site Location 250 OLD SQUAN RD
FIRE SYSTEM
Owner in Fee ST DOMINICS R.C. CHURCH
Address SAME
BRICK, NJ 08724-
Tele.(732)938-2020 Fax ( )
Contractor JERSEY COAST FIRE EQUIP
Address 377 ASBURY RD
HOWELL, NJ 07731-
Tele.(732)938-2020
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2699591

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-4 Proposed A-4
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,600

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 10-15-99
Approved By: BS
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPH Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	1	92
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	92
DCA Training Fee	$	1

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/29/99
Date Issued 10-15-99
Control # C29-91
Permit # 99-3957

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

Block 1091 Lot 5 Qual
Work Site Location 250 OLD SQUAN RD-CAFETERIA
INSTALL GAS STOVE
Owner in Fee ST DOMINICS R.C. CHURCH
Address SAME
BRICK, NJ 08724-
Tele.(732)899-8877 Fax (__)
Contractor STEBL P & H
Address 566 CARROLL FOX RD.
BRICK, NJ 08723-
Tele.(732)899-8877
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [I] Existing [ ] HVAC
Type: [I] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 10-15-99
Approved By: DO
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPH Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [I] or Oil [ ] Fired Appliances	1	46
Other		0
Other		0

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

Paid [ ] Check #
Collected by:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

CC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/29/99
Date Issued 10/15/99
Control # C29-91
Permit # 99-3957

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

Block 1091 Lot 5 Qual

Work Site Location 250 OLD SQUAN RD-CAFETERIA
INSTALL GAS STOVE

Owner in Fee ST DOMINICS R.C. CHURCH
Address SAME
BRICK, NJ 08724-
Tele.(732)899-8877 Fax ( )
Contractor STEEL P & H
Address 566 CARROLL FOX RD.
BRICK, NJ 08723-
Tele.(732)899-8877
Lic. No. or Bldr [illegible]952
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R Proposed R
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10-6-99
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 11-17-99

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.			11-12-99	DW
Gas Piping			11-3-99	DW
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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

10'
202 000
1"

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 0
DCA Training Fee $ 0

U.C.C. P130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/29/99
Date Issued 10/5/99
Control # C29-91
Permit # 99-3957

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

Block 1091 Lot 5 Qual
Work Site Location 250 OLD SQUAN RD-CAFETERIA
INSTALL GAS STOVE
Owner in Fee ST DOMINICS R.C. CHURCH
Address SAME
BRICK, NJ 08724-
Tele.(732)899-8877 Fax ( )
Contractor STEEL P & H
Address 566 CARROLL FOX RD.
BRICK, NJ 08723-
Tele.(732)899-8877
Lic. No. or Bldrs. Reg. No. BI06952
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10-6 99
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater 10'	0
0	Fuel Oil Piping 262 000	0
1	Gas Piping "	25
0	Steam Boiler 1	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 0
DCA Training Fee $ 0

U.C.C. F130 (rev. 3/96)

U.S. Range

Project: _____

Quantity: _____ Item No.: _____

PERFORMER ENCORE SERIES — 72" MEDIUM DUTY RANGES

With 26" Oven(s) • Cabinet Base

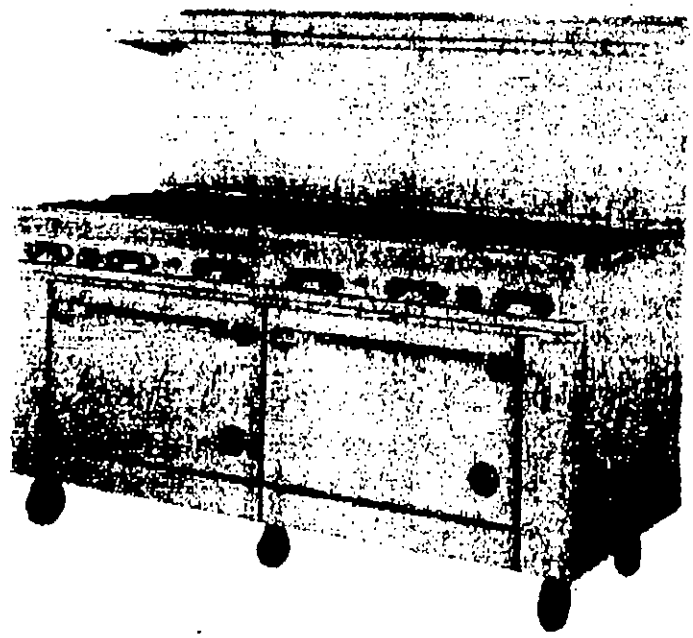
STANDARD FEATURES
- Stainless Steel Front, sides, high shelf and riser
- Detachable high shelf
- Large, durable knobs
- 6" level adjustable legs
- Pressure regulator-¾", ¾" rear gas connection
- One-Year Parts & Labor Warranty.

OVEN FEATURES
- Standard oven—26½"W x 22½"D x 14"H
- Available with (1) or (2) ovens
- Burner-Aluminized steel, rated 35,000 BTU/HR
- Thermostat with temperature range from 150°F to 550°F
- One chrome plated oven rack
- Heavy duty oven door
- Porcelainized oven interior
- Strong, keep cool oven door handle

STANDARD ON APPLICABLE MODELS
Open Burners
- One piece, cast iron, lift off top grate—each 12"W x 25"D
- Satellite burners with center pilot—20,000 BTU/HR each
- Large capacity, removable, aluminized drip pan

Griddle
- ½" thick, steel plate, with manual controls
- 3" wide drip trough
- Burner-one burner every 12", rated 24,000 BTU/HR

OPTIONAL FEATURES
- Thermostat griddle control
- Interconnecting gas line to range mounted Salamander or Cheesemelter
- Stainless Steel 5" stub back
- Extra oven racks
- Casters-6" swivel casters (set of four-two are locking)
- Hot top in lieu of two open burners
- Stainless Steel work surface in lieu of open burners
- Grooved griddle
- Cabinet base with or without doors
- Convection oven—standard on right side
  - Large capacity-26½"W x 22½"D x 14"H
  - Electronic spark ignition system
  - Burner-One aluminized steel rated 30,000 BTU/HR
  - Snap action thermostat with temperature range from 150°F to 550°F
  - Fan motor-1725 RPM, ¼ HP
  - Illuminated power rocker switch
  - 3 chrome plated oven racks



P-12-2626 with optional casters

TYPE OF GAS
- Natural
- Propane
- Elevation Above 2,000 Ft.—Specify _____ ft.

SHORT FORM SPECIFICATIONS
Shall be U.S. Range Performer Encore Series Medium Duty Range

Model _____ with total BTU/Hour rating of _____ when used with natural/propane gas. Finish is to be stainless steel front and sides. Unit is to have 6" legs with adjustable feet.

Ovens – oven door is to be one piece. Oven interior is to be porcelainized with a heavy-duty, "keep-cool" door handle. Standard oven to come with a thermostat having temperature range from 150° (low) to 550°F. Oven interior is to have one chrome plated oven rack.

Open Burners – are to be 20,000 BTU/Hour per burner with center pilot and a one piece, cast iron top grate over two open burners.

Griddles – are to be ½" thick steel plate with 3" wide grease trough. Burners are to be rated 24,000 BTU/Hour each. One burner per 12" section.

PERFORMER ENCORE SERIES — 72" MEDIUM DUTY RANGES

With 26" Oven(s) ▪ Cabinet Base

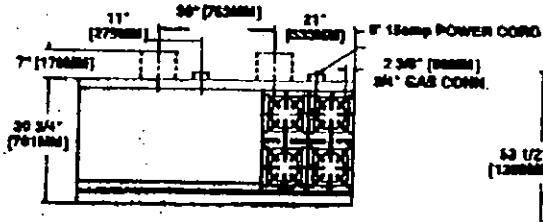
SPECIFICATIONS

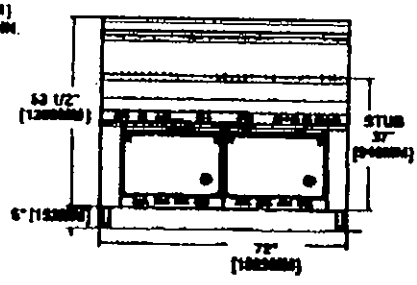
Description	Model 72" Performer Encore
Width	72"
Depth	30¼"
Height w/o Legs	30"
Height w/Legs	36"

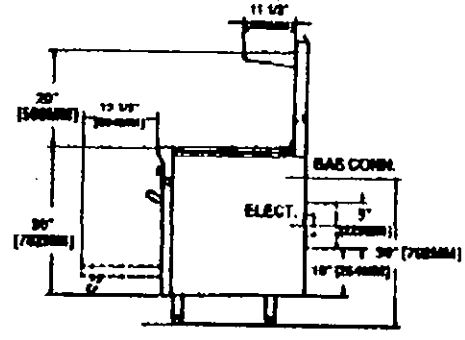
Type of Gas	Natural/Propane
BTU – Griddle Burners	24,000 ea
BTU – Open Top Burners	20,000 ea
BTU – Oven Burner – Standard	35,000
– Convection	30,000
Oven Interior – Standard	26½"W x 22½"D x 14"H
– Convection	26½"W x 22½"D x 14"H

MODELS AVAILABLE

Model No.	Description	Total BTU	Shipping Information Lbs.	Kg	Cube	Top Config.
P-12-2626	12 open burners– w/(2) Ovens	310,000	900	408	76.0	
P-12-26	– w/(1) Oven	275,000	800	363	76.0	
P-12	– w/o Ovens	240,000	700	318	76.0	
P-24G-8-2626	24" griddle, 8 open burners – w/(2) Ovens	278,000	905	411	76.0	
P-24G-8-26	– w/(1) Oven	243,000	805	365	76.0	
P-24G-8	– w/o Ovens	208,000	705	320	76.0	
P-36G-6-2626	36" griddle, 6 open burners – w/(2) Ovens	262,000	943	428	76.0	
P-36G-6-26	– w/(1) Oven	227,000	843	382	76.0	
P-36G-6	– w/o Ovens	192,000	743	337	76.0	
P-48G-4-2626	48" griddle, 4 open burners – w/(2) Ovens	246,000	955	433	76.0	
P-48G-4-26	– w/(1) Oven	211,000	855	388	76.0	
P-48G-4	– w/o Ovens	176,000	755	343	76.0	
P-60G-2-2626	60" griddle, 2 open burners – w/(2) Ovens	230,000	985	447	76.0	
P-60G-2-26	– w/(1) Oven	195,000	885	401	76.0	
P-60G-2	– w/o Ovens	160,000	785	356	76.0	
P-72G-2626	72" griddle – w/(2) Ovens	214,000	1015	460	76.0	
P-72G-26	– w/(1) Oven	179,000	915	415	76.0	
P-72G	– w/o Ovens	144,000	815	370	76.0	







Convection oven—115V 60 Hz, 1 phase, 5 amps per convection oven

5.0" w.c. natural gas
10.0" w.c. propane gas

NOTE:

- Convection oven is standard with cord & plug.
- Many local codes exist, and it is the responsibility of the Owner and Installer to comply with those codes.
- U.S. Range reserves the right to change or improve specifications without notification.
- These appliances are intended for commercial use by professionally trained personnel.
- 6" clearance from combustible walls required at rear of appliance.
- 12" clearance from combustible walls required at sides of appliance.

U.S. Range

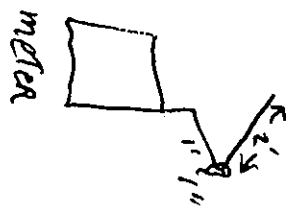
A WELBILT COMPANY

Form #P-12-2626
Printed 9/93
Printed in U.S.A.
Manufactured and Assembled in U.S.A.

STEEL Plumbing & Heating

CHARLES D. STEEL R.M.P. STATE LIC.#6952

566 CARROLL FOX ROAD, BRICK TOWN, NEW JERSEY 08724 201/899-8877



262,000 BTUH Stove

Plby 10-6-99

Charles D Steel

COUNTER FORM
PLEASE PRINT

X PLUMBING
CONTRACTOR: Steel P & H
ADDRESS: 506 Carroll Fox RD. Brick
PHONE: 899-8877
LIC #: 6952
LIC. EXPIRATION DATE: 8/30/01
FEDERAL EMPL # (or S.S. #): [redacted]

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
1	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $ X 300
Signature: X Charles D Steel
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:
Replace electric stove with gas

X FIRE
CONTRACTOR: Steel Jersey Coast Fire
ADDRESS: 377 Asbury RD. Farmingdale
PHONE: 938-2020
LIC #: EXP. DATE:
FEDERAL EMPL # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☑ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☑ Existing
Location of Furnace / Boiler

Existing fire system: Dry Chem. system Serviced Aug. 1998

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

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	3
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	Gas logs / gas stove
Other	
Other	

Estimated Cost of Fire Protection Work: $ X 1500
Signature: X Charles D Steel
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:

Site Location: ST DOMINIC School Date Rec'd:
Block: 1091 Lot: 5 Date Issued:
Owner Id Fee: Control #:
Address: 250 OLD SQUAN RD Permit #:
BRICK, NJ

State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

BUILDING

CONTRACTOR:
ADDRESS:

PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. #. (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

- o New Building
- o Addition
- o Alteration
- o Roofing
- o Siding
- o Other:
- o Fence: Height (6' or More)
- o Sign: Sq. Ft.
- o Pool (In Ground)
- o Pool (Above Ground)
- o Asbestos Abatement
- o Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required o Approved o

Approved by:

Date:

ELECTRICAL

CONTRACTOR: X Glaus BECK Electric
ADDRESS: 65 Frank NERI DR

PHONE: 732-840-4830
LIC #: 7423 EXP DATE: 3-31-00
FEDERAL EMPL #: (or S.S. #): [redacted]

TECHNICAL DATA (LIST ALL FIXTURES).

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches	3	
Detectors		
Light Poles		
Motors - Exact HP		
Emergency & Exit Lights		
Communication Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		
Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle		K
KW Oven / Surface Unit		K
KW Elec. Water Heater		K
KW Elec. Dryer / Receptacle		K
KW Dishwasher		K
HP Garbage Disposal		H
KW Central A/C Unit		K
HP/KW Space Heater/Air Handler		HP/K
KW Baseboard Heat		K
HP Motors 1/+ HP		H
KW Transformer/Generator		K
AMP Service		AM
AMP Subpanels		AM
AMP Motor Control Center		AM
AMP Elec. Sign/Outline Light		K
Other		
Other CAD off. - Phone		
Other OUTLET Add. Connection Board		
Other		

Estimated Cost of Electrical Work: $ 1000
Signature (PRINT NAME): X
Estimated Cost of Electrical Work: $ X 100
Signature (print name):
Owner o Contractor o

SUBCODE APPROVAL:
PLANS: Required o Approved o
Approved by:
Date:

CONTRACTOR AFFIX SEAL: