C4-91

BLOCK 1091 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 250 Old Squan Rd PERMIT NO. 00-0156

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: 250 Old Squan Rd
2. Name of Owner in Fee: St. Dominic's RC Church (732) 840-1410
   Address 250 Old Squan Rd (street) Brick (municipality) N.J. (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Woodward Const. Co. Tel. (732) 591-1125
   Address P.O. Box 393, Matawan N.J. 07747
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 21-072-9911 FAX: (732) 591-8739
5. Architect or Engineer Lawrence F. Slawson AIA Tel. (732) 577-0070
   Address 122 Robertsville Rd. Freehold N.J. 07728
6. Responsible Person in Charge of Work Charles Woodward
   Tel. (732) 591-1125 FAX (732) 591-8739

Interior Alt.

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 2141		
2. Electrical	90		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$ 1675		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	80		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 2266		

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		CAS	1/4/2000		1-6-00	KM	1-19-00		
3. ☐ Addition									
4. ☒ Alteration	85,250.-								
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	15,000				1-5-00	TO	2/15/00		OK
8. ☐ Elevator Devices							10/9/03		
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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: Church
3. Change in Use Group, Indicate Former:

ARBI PRELIMINARY APPROVAL
COMMERCIAL
IMPORTANT
H.B.I. - MANDATORY FEE - COMMERCIAL

LDS BR 10300801

U.C.C. F100-1 (rev. 3/96)

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 Woodward Construction Co

Address PO Box 393

Matawan, N.J. 07747

Telephone (732) 591-1125

Signature Charles Woodward 1/4/99

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.				

Township of Matawan

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 1091 Lot 7

Work Site Location 250 Old Squan Road
Brick, NJ

Owner in Fee St. Dominic RC Church
Address 250 Old Squan Rd.
Brick, NJ
Tele. (732) 840-1410

Contractor Woodward Construction Co.
Address PO Box 393
Matawan, NJ 07747
Tele. (732) 591-1125
Lic. No. or Bldrs: Reg. No. _____ Exp. Date _____
Federal Emp. No. 21-0729911
or Social Security No. _____

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK: Sanctuary Ventilation alterations see attached plans

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 $ _____

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

(see reverse side)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/18/2000
Control #
Permit # 00-0156

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1091 Lot 7 Qual

Work Site Location 250 OLD SQUAN RD
INTERIOR ALTERATION
Owner in Fee ST DOMINIC R.C. CHURCH
Address SAME
BRICK, NJ 08724-
Telephone (732)840-1410

Contractor WOODWARD CONSTRUCTION CO
Address P O BOX 393
MATAWAN, NJ 07747-
Telephone (908)591-1125
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0729911

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SANCTUARY INTERIOR ALTERATIONS

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 $ 100,250

J. Ciriaunya / CS
Construction Official

01/18/2000
Date

PAYMENTS (Office Use Only)

Building	2,141
Electrical	40
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	80
Cert. of Occupancy	0
Other	
Total	2,261
Check No.	1678
Cash	
Collected By	CS

U.C.C. P170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/04/2000
Date Issued 1/18/2000
Control # C4-91
Permit # 00-0156

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

Block 1091 Lot 7 Qual
Work Site Location 250 OLD SQUAN RD
INTERIOR ALTERATION
Owner in Fee ST DOMINIC R.C. CHURCH
Address SAME
BRICK, NJ 08724-
Tele.(732)840-4386 Fax ( )
Contractor CROWBECK ELECTRIC
Address 65 FRANK HERI 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 Proposed A-4
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 1-5-00
Approved By: Thomas Cole

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			1-6-00	KM
Temp Serv				
Const Serv				
TCO				
Other				
Service			1-14-00	
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)
43	28	Lighting Fixtures	
0		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
18		TOTAL NUMBERS	~~35~~ 40
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	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ ~~35~~ 40
	DCA Training Fee	$ 12

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/04/2000
Date Issued 1/18/2000
Control # C4-91
Permit # 00-0156

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

Block 1091 Lot 7 Qual
Work Site Location 250 OLD SQUAN RD
INTERIOR ALTERATION
Owner in Fee ST DOMINIC 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 Proposed A-4
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 1-5-00
Approved By: Thomas Ca

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1/5/00
Approved By:

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service	9m		1-5-00	mm
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)
43	25	Lighting Fixtures	
0		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
18		TOTAL NUMBERS	40
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	0
		Other	0

Charged 1-14-00 mm

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 40
DCA Training Fee $ 12

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/04/2000
Date Issued 01/18/2000
Control #
Permit # 00-0156

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

Block 1091 Lot 7 Qual
Work Site Location 250 OLD SQUAN RD
INTERIOR ALTERATION
Owner in Fee ST DOMINIC 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 Proposed A-4
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10983
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			2 2900 MM	
Temp Serv				
~~Const Serv~~	Underalter		3 3000 MM	
TCO				
Other				
Service				
Final			10 903 MM	

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)
43		Lighting Fixtures	
0		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
46		TOTAL NUMBERS	40
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	0
		Other	0

Administrative Surcharge $ 0
Paid [X] Check # 1678 Minimum Fee $ 0
Collected by: CS TOTAL FEE $ 40
DCA Training Fee $ 12

U.C.C. F120.(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. [illegible] 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 E Proposed E
[ ] 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 6 99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10903
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			10903	

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

must see Fire Inspector in ref. To shunt trip system, T.O 11-12-99 TO

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	FBB (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 1/4 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
Minimum Fee $ 26
TOTAL FBB $ 0
DCA Training Fee $ 0

Paid [ ] Check #
Collected by:

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

Township of Middletown

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7-18-2000
Date Issued
Control #
Permit # 00-0156

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

Block 1091 Lot 7
Work Site Location 250 Old Squan Road
Brick, NJ
Owner in Fee St. Dominic's RC Church
Address 250 Old Squan Road
Brick, NJ
Tele. (732) 840-1410
Contractor Woodward Construction Company
Address PO Box 393
Matawan, NJ 07747
Tele. (732) 591-1125
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0729911 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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Sanctuary Interior alterations
See attached plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			*Type:*				
[X] All	1-6-00	FM	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab		Floor	3-30-00	
[ ] Frame			Frame	2/28		3-6-2000	FM
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date: 10-9-03			Other				
Approved By: FM			Final			10-9-03	FM

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 85,250.-
3. Total (1+2) $ 85,250.-

TYPE OF WORK:
[ ] New Building
[ ] *Addition*
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

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

U.C.C. Form F-110A
1 White - Applicant Copy
2 Canary - Office Copy
3 Pink - Office Copy
4 Manila - Inspector Copy

MTBD 6

Township of Middletown

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1-18-2000
Control #
Permit # 00-0156

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

Block 1091 Lot 7
Work Site Location 250 Old Squan Road
Brick, NJ
Owner in Fee St. Dominic's RC Church
Address 250 Old Squan Road
Brick, NJ
Tele. (732) 840-1410
Contractor Woodward Construction Company
Address PO Box 393
Matawan, NJ 07747
Tele. (732) 591-1125
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0729911 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 Woodward Jr

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Sanctuary interior alterations
See attached plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	1-6-00	PM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ —
2. Alteration $ 85,250
3. Total (1+2) $ 85,250

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)

FEE	
	$
Administrative Surcharge	$
Minimum Fee	$
TOTAL FEE	$

Paid [ ] Check. #
Collected by:

U.C.C. Form F-110A
1 White - Applicant Copy
2 Canary - Office Copy
3 Pink - Office Copy
4 Manila - Inspector Copy

MTBD 6

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:
Frederick J. Underwood, Sr. - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin

OFFICE OF AFFORDABLE HOUSING
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
Fax: (732) 262-8954 or (732) 920-1456.
http://www.twp.brick.nj.us

January 10, 2000

Woodward Construction Co.
P.O. Box 393
Matawan, NJ 07747

RE: Mandatory Development Fee
Block 1091, Lot 7 ~ St. Dominic's RC Chruch ~ 250 Old Squan Rd.

To Whom It May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount ofone percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on January 4, 2000, for the above block and lot at $13,400.00, resulting in an estimated fee of $134.00.

Therefore, you are required to submit one half of the estimated fee ($67.00) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. Upon your request for a final Certificate of Occupancy/Approval, your permit application will again be processed. If the assessed value is adjusted at that time, the balance due on your account will be adjusted accordingly. All remaining fees will be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. so as to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe (KT)

Carol A. Wolfe
Affordable Housing Administrator

CAW/kt

MandDevCommLtr2/99

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1091 LOT 7 SITE ADDRESS 250 Old Squan Rd
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Interior Alt
Charles Woodward
APPLICANT Woodward Const. Co. PHONE NUMBER 591-1125
APPLICANT ADDRESS PO Box 393 CITY & STATE Manalapan NJ
PERMIT # C4-91 NAME OF BUSINESS St. Dominic's

INCLUSIONARY DEVELOPMENT

◊ Affordable
Fee Required _____ Date _____
Down Payment _____ Date _____
Balance _____ Date _____
Paid In Full _____ Date _____

◊ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01 %

Estimated Assessment $ 13400.00 Date 1-7-00
Estimated Required Fee $ 134.00
Required Deposit on Estimate $ 67.00 Date 1-13-00
Check # 1670 Receipt # 5483
Actual Assessment $ _____ Date _____
Actual Required Fee $ _____
Minus Deposit of Estimate $ _____
Balance Due $ _____ Date _____
Check # _____ Receipt # _____
Amount Paid In Full $ _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

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

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 1-6-00

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
Interior AIT

TYPE OF SITE _____ TYPE OF BUSINESS ST Dom nics
(Residential/Commercial)

APPLICANT Woodward Const CITY & STATE Manahawkin 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:

$ 13 40? 00

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

1/7/00

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

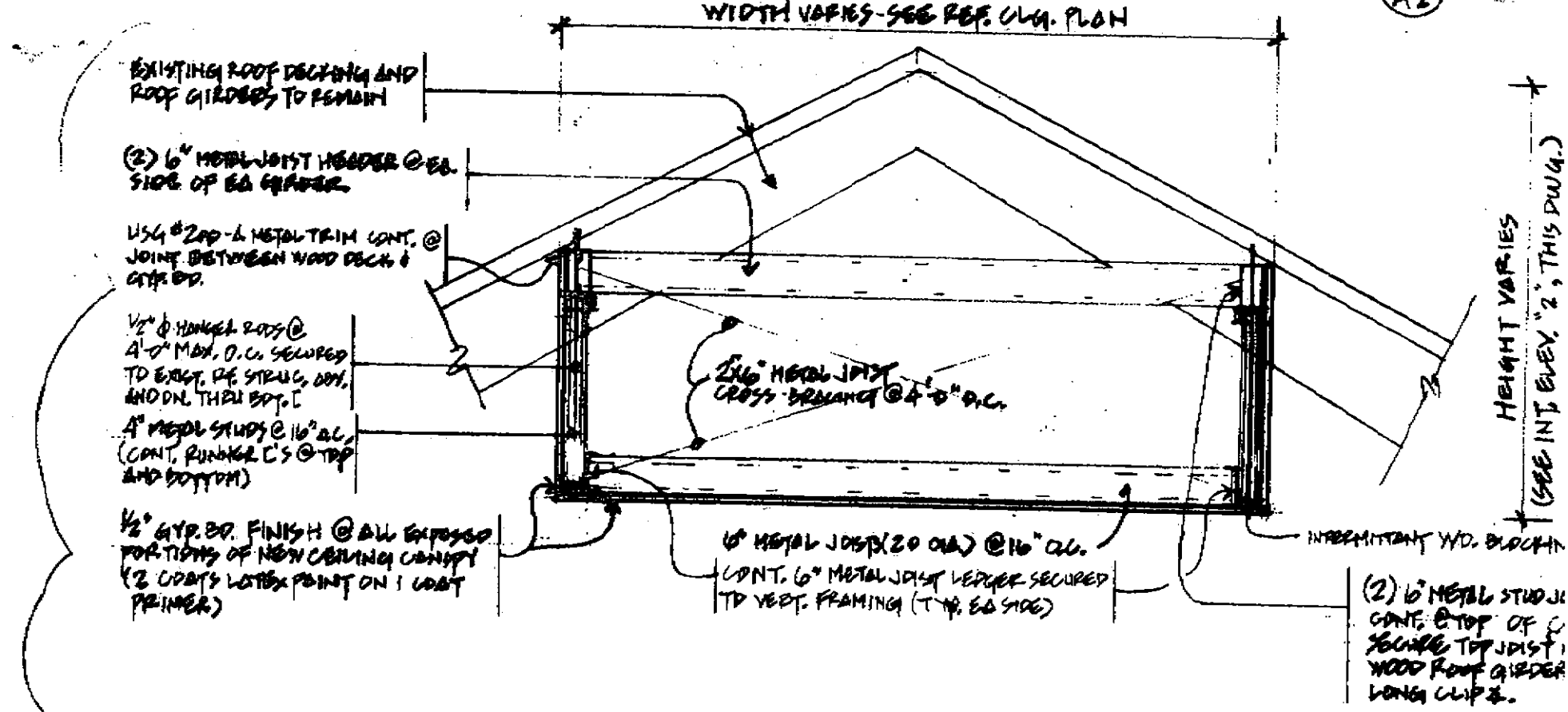
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

LEFT SIDE INTERIOR ELEVATION @ SIDE OF NEW CEILING CANOPY

SCALE: 1/4"=1'-0"

2/A-2



DETAIL

SCALE: 1/2"=1'-0"

C/A-2

1091 LOTT

WOODWARD CONSTRUCTION
RT 79 AND NOLAN RD
P O BOX 393
MATAWAN, NJ 07747

1670

55-2/212
BRANCH 95564

Date 1/10/00

Pay to the Order of TOWNSHIP OF BRICK $ 67.00

THE SUM 67 DOLS 00 CTS Dollars

Security features included. Details on back.

Look for: Micro Print signature line, blue background with CAP FOR BUSINESS type, First Union logo on back. If not present, do not cash.

First Union National Bank
Marlboro, New Jersey
R/T 021200025

CODE

Charles Woodward MP

For St. Dominic Church

[redacted]

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 1-13-00

Business/Development: St. Dominic's

Owner/Applicant: Woodward Const

Property Address: 250 Old Squan Rd

Block: 1091 Lot: 7

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 1670

Estimated Fee $ 134.00

Deposit Amount $ 67.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Final Fee $_____

Less Deposit $_____

Final Payment $_____

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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:

Signature

1-13-00
Date

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
101 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

#

Site Location: Date Rec'd.:
Block: Lot: Date Issued:
Owner in Fee: Control #:
Address: Permit #:

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

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:

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

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
	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: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

See attached.

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ 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: 2
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

ELECTRICAL SUBCODE

CONTRACTOR: CROWBECK Electric
ADDRESS: 65 Frank Neri Dr
Brick NJ 08724
PHONE: 732-840-4830
LIC. #: 07423 EXP. DATE: 3-31-00
FEDERAL EMPL. #: (or S.S. #): 087-34-7790

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures	H. Hat	15 150W
~~Receptacles~~	(Connected To Existing Space Ckts)	
Switches	3	
~~Receivers~~	1 ea INCANDESCENT Dome Light	
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS

Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other 2 ea 100W Pendant Fix	
Other Replace 26 Pendant Chrech	
~~Other~~ Fixtures with New owner supplied	
~~Other~~ Connected To Existing Circuits	

Estimated Cost of Electrical Work: $ 15,000
Signature (print name): John Hallenback
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☑

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

CONTRACTOR AFFIX SEAL:

FIRE SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WOR

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

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

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

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

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐

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