

Called  
cert message  
9/24/93  
10-7-13-93  
sent letter  
for 24

BLOCK 1077 LOT 5

RECEIVED  
AUG 23 1993

file  
to follow



# CONSTRUCTION PERMIT APPLICATION

ADDRESS (SITE) 250 OLD SWAN RD. PERMIT NO. 2056-93

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

## DIV. OF INSPECTION

1. Proposed Work-site at: 250 OLD SWAN RD.

2. Name of Owner in Fee: CHURCH OF DOMINIC Tel. (908) 840-1412  
Address 250 OLD SWAN RD. BRICK  
street municipality zip code

3. Ownership in Fee: Public \_\_\_\_\_ Private X

4. Principal Contractor: I-R INC. Tel. (201) 435-9777  
Address 377 DANFORTH AVE. JERSEY CITY, NJ.

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Federal Emp. No. 1255-9214-7 Social Security No. \_\_\_\_\_

5. Architect or Engineer TAMAS DOBUSZ Tel. (908) 722-6293  
Address 487 Rt. 28 BRIDGEWATER, NJ.

6. Responsible Person RICK ALBAUGH Tel. (908) 689-4465  
In Charge of Work

| V. FEE SUMMARY (for office use only) |    |              | Update | Update |
|--------------------------------------|----|--------------|--------|--------|
| 1. Building                          | \$ | <u>501</u>   |        |        |
| 2. Electrical                        |    |              |        |        |
| 3. Plumbing                          |    |              |        |        |
| 4. Fire Protection                   |    |              |        |        |
| 5. Other <u>DECK</u>                 |    | <u>15-</u>   |        |        |
| 6. Subtotal                          | \$ | <u>65-</u>   |        |        |
| 7. Less 20% for State Plan Review    |    | <u>5-</u>    |        |        |
| 8. Subtotal                          | \$ |              |        |        |
| 9. DCA Training Fee                  |    | <u>225-</u>  |        |        |
| 10. Subtotal                         | \$ |              |        |        |
| 11. Cert. of Occupancy               |    | <u>20-</u>   |        |        |
| 12. Other                            |    |              |        |        |
| 13. TOTAL                            | \$ | <u>112 -</u> |        |        |

| VI. BUILDING/SITE CHARACTERISTICS          | (office use only)   |
|--------------------------------------------|---------------------|
| 1. Number of Stories                       | <u>1</u>            |
| 2. Height of Structure                     | <u>13</u> ft.       |
| 3. Area—Largest Floor                      | <u>700</u> sq. ft.  |
| 4. Building Area—All Floors                | <u>700</u> sq. ft.  |
| 5. Volume of Structure                     | <u>5600</u> cu. ft. |
| 6. Construction Classification             |                     |
| 7. Total Land Area Disturbed               | _____ sq. ft.       |
| 8. Flood Hazard Zone                       |                     |
| 9. Base Flood Elevation                    | _____ ft.           |
| 10. Wetlands yes _____ sq. ft.<br>no _____ |                     |
| 11. Fire Grading                           |                     |
| 12. Max. Live Load                         |                     |
| 13. Max. Occupancy Load                    |                     |

| II. PROPOSED WORK                                                      | Est. Cost     |
|------------------------------------------------------------------------|---------------|
| 1. <input type="checkbox"/> Minor Work (single trade)                  |               |
| 2. <input type="checkbox"/> Small Job (\$5,000 and no prior approvals) |               |
| 3. <input checked="" type="checkbox"/> New Building                    |               |
| 4. <input type="checkbox"/> Addition                                   |               |
| 5. <input type="checkbox"/> Alteration                                 |               |
| 6. <input checked="" type="checkbox"/> Fire Protection                 |               |
| 7. <input type="checkbox"/> Plumbing                                   |               |
| 8. <input type="checkbox"/> Electrical                                 |               |
| 9. <input type="checkbox"/> Asbestos Abatement                         |               |
| 10. <input type="checkbox"/> Demolition                                |               |
| TOTAL COSTS                                                            | <u>29,000</u> |

trailer REPLACEMENT TRAILOR

| OPTIONAL (for office use only) |                |                |                |           |                             |           |           |
|--------------------------------|----------------|----------------|----------------|-----------|-----------------------------|-----------|-----------|
| Plans Rec'd By                 | Date Rec'd     | Rejection Date | Approval Date  | Re-viewer | Resubmission Dates Approval | Rejection | Re-viewer |
| <u>JA</u>                      |                |                | <u>8/31/93</u> | <u>AK</u> | <u>9/5/93</u>               |           | <u>WS</u> |
|                                |                |                | <u>9/14/93</u> | <u>JE</u> | <u>10/20/93</u>             |           | <u>JE</u> |
| <u>GM</u>                      | <u>8/15/93</u> | <u>ENR</u>     |                |           |                             |           |           |

| VII. DESCRIPTION OF BUILDING USE                  |
|---------------------------------------------------|
| A. RESIDENTIAL:                                   |
| 1. <input type="checkbox"/> Hotels (R-1)          |
| 2. <input type="checkbox"/> Multi-Family (R-2)    |
| 3. <input type="checkbox"/> Two-Family (R-3) BOCA |
| 4. <input type="checkbox"/> Two-Family (R-4) CABO |
| 5. <input type="checkbox"/> One-Family (R-3) BOCA |
| 6. <input type="checkbox"/> 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: <u>School</u>                       |
| 3. Change in Use Group                            |

| IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?                    |                                              |                                                               |                                        |  |  |  |
|---------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------|----------------------------------------|--|--|--|
| 1. <input type="checkbox"/> Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks | 3. <input type="checkbox"/> Pressure Vessels | 5. <input type="checkbox"/> Hazardous Uses/Places of Assembly | 7. <input type="checkbox"/> Sprinklers |  |  |  |
| 4. <input type="checkbox"/> Refrigeration Systems                               |                                              |                                                               |                                        |  |  |  |

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

LDS BR 10515990

## 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 I - R INC.

Address 377 DANFORTH AVE. JERSEY CITY, NJ.

Telephone (701) 435-9773

Signature [Signature] Date 8/23/93

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(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 |          |
| <input checked="" type="checkbox"/> Planning Board              |                   |                |                        |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                           |                   |                |                        |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                        |                   |                |                        |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                        |                   |                |                        |            |                   |            |                   |            |          |
| <input type="checkbox"/> Fire Department                        |                   |                |                        |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                      |                   |                |                        |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                      |                   |                |                        |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                      |                   |                |                        |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Community Affairs        |                   |                |                        |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation      |                   |                |                        |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Environmental Protection |                   |                |                        |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                        |                   |                |                        |            |                   |            |                   |            |          |
| <input checked="" type="checkbox"/> Other <i>zoning</i>         | <i>SK</i>         | <i>8/25/93</i> | <i>replace trailer</i> | <i>-?</i>  |                   |            |                   |            |          |
| <input checked="" type="checkbox"/> <i>A-1-B.T.</i>             | <i>EXEMPT</i>     | <i>6/15/93</i> | <i>None</i>            |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |                |                        |            |                   |            |                   |            |          |

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

| Name of Code & Edition | Name of Code & Edition         | Other |
|------------------------|--------------------------------|-------|
| Building _____         | Energy _____                   |       |
| Electrical _____       | Barrier Free _____             |       |
| Plumbing _____         | Flood Hazard _____             |       |
| Fire Protection _____  | As Built Elevation Cert. _____ |       |
| Mechanical _____       | Other _____                    |       |

X. CERTIFICATES ISSUED (office use only)

DATE EXPIRED

|                                                             |           |       |
|-------------------------------------------------------------|-----------|-------|
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____ | _____ |
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____ | _____ |
| <input type="checkbox"/> Continued Certificate of Occupancy | No. _____ | _____ |
| <input type="checkbox"/> Certificate of Occupancy           | No. _____ | _____ |



# CERTIFICATE

Date Issued 10-21-93  
Control #  
Permit # 2056-93

## IDENTIFICATION

Block 1091 Lot 5  
Work Site Location 250 Old Squan Rd.  
Owner in Fee Church of St. Dominic  
Address 250 Old Squan Rd.  
Brick, NJ  
Tele. (     )      
Contractor I-R, Inc.  
377 Danforth Ave.  
Address Jersey City, NJ  
Lic. No. or Bldgs. Reg. No.      
Federal Emp. No.      
or Social Security No.    

Home Warranty No. N/A  
Use Group B  
Maximum Live Load      
Description of Work/Use:    

Trailer replacement  
for educational purposes

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

## CERTIFICATE OF OCCUPANCY/APPROVAL

### ☐ CERTIFICATE OF OCCUPANCY

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:

Fee \$      
Paid [     ] Check No.      
Collected by:    

CONSTRUCTION OFFICIAL

*Robert J. Lewis*



# CONSTRUCTION PERMIT

Date Issued 9-1-93  
Control #  
Permit # 2056-93

IDENTIFICATION Block ~~109~~ 1091 Lot 5  
Work Site Location 256 Old Branch Rd  
(Church of St. Leonine)  
Owner in Fee  
Address 950 Old Branch Rd  
of Brick  
Tele. (905) 840 1412  
Contractor 1-R Inc  
Address 3771 Hanover Ave  
of Person Postage  
Tele. ( ) 425 187713  
Lic. No. or Bldrs. Reg. No. Exp. Date  
Federal Emp. No.  
or Social Security No.

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER  
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

*Temp Educational Trailer  
& Deck*

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 \$ 27,000

*A. J. Ciesse*

| PAYMENTS (Office Use Only) |                    |                 |      |
|----------------------------|--------------------|-----------------|------|
| Building                   | <u>50</u>          |                 |      |
| Plumbing                   |                    | <u>#0005**</u>  |      |
| Electrical                 | <u>DECK 15</u>     | <u>2056**</u>   |      |
| Fire Protection            | <u>BLUCK</u>       |                 | 0.00 |
| Other                      |                    |                 | 0.00 |
| Other                      | <u>PID 5</u>       | <u>1090 #</u>   |      |
| DCA Training Fee           | <u>LOT 2</u>       |                 | 0.00 |
| Cert. of Occ.              | <u>5 #</u>         |                 |      |
| Other                      | <u>BUILDING</u>    |                 | 5.00 |
| Total                      | <u>112</u>         | <u>DECK</u>     | 1.00 |
| Check No.                  | <u># 45</u>        | <u>SPAN RVW</u> | 0.00 |
| Cash                       | <u>D.C.A.</u>      |                 | 2.00 |
| Collected By:              | <u>L. J. V. H.</u> |                 |      |



# PERMIT UPDATE

Date Update Issued 10-13-93  
Control #  
Permit # 2056-93  
Date Permit Issued 9-1-93

IDENTIFICATION Block 1091 Lot 5  
Work Site Location 250 Old Haven Contractor MC Electric  
St. Dominics Address \_\_\_\_\_  
Owner in Fee \_\_\_\_\_  
Address \_\_\_\_\_  
Tele. (\_\_\_\_) \_\_\_\_\_  
2056# \_\_\_\_\_  
Lic. No. or Bldrs. Reg. No. \_\_\_\_\_ BLOCK \_\_\_\_\_ 0.00  
Federal Emp. No. \_\_\_\_\_ 1091 # \_\_\_\_\_  
or Social Security No. \_\_\_\_\_ LUI \_\_\_\_\_ 0.00

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ Other \_\_\_\_\_  
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

*add 1 fire fee*

Estimated Cost of Work \$ 1.00

*[Signature]*  
CONSTRUCTION OFFICIAL

| PAYMENTS (Office Use Only) |                                       |  |      |
|----------------------------|---------------------------------------|--|------|
| Building                   | TOTAL                                 |  | 6.00 |
| Plumbing                   | CHECK                                 |  | 6.00 |
| Electrical                 | CHANGE                                |  | 0.00 |
| Fire Protection            | <u>46</u>                             |  |      |
| Other                      | <u>10/13/93</u> NO. <u>5</u> 00231005 |  | 1.59 |
| Other                      |                                       |  |      |
| DCA Training Fee           |                                       |  |      |
| Cert. of Occ.              |                                       |  |      |
| Other                      |                                       |  |      |
| Total                      | <u>46</u>                             |  |      |
| Check No.                  | <u># 5443</u>                         |  |      |
| Cash                       |                                       |  |      |
| Collected By:              | <u>[Signature]</u>                    |  |      |



Date Received  
Date Issued  
Control #  
Permit #

9-1-93  
2056-93

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 850 OLD SQUARE RD. Block N1  
Owner in Fee CHURCH OF DOMINE  
Address 850 OLD SQUARE RD.  
Tel. (908) 840-1412  
Contractor J.P. INC.  
Address 377 DORRANCE AVE.  
Tel. (801) 435-9773  
Lic. No. or Bids. Reg. No.  
Federal Emp. No. 1255-9214-7 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

TEMP. EDUCATIONAL TRAILER  
14'x50'  
REPAIRING 30'x12'

JOB SUMMARY (Office Use Only)

|                                                                                              |         |         |                                                                                              |
|----------------------------------------------------------------------------------------------|---------|---------|----------------------------------------------------------------------------------------------|
| PLAN REVIEW                                                                                  | Date    | Initial | INSPECTIONS                                                                                  |
| <input type="checkbox"/> No Plans Req.                                                       | 8/27/93 |         | Type:                                                                                        |
| <input type="checkbox"/> All                                                                 |         |         | <input checked="" type="checkbox"/> Footing                                                  |
| <input type="checkbox"/> Footing                                                             |         |         | <input type="checkbox"/> Foundation                                                          |
| <input type="checkbox"/> Foundation                                                          |         |         | <input type="checkbox"/> Frame                                                               |
| <input type="checkbox"/> Frame                                                               |         |         | <input type="checkbox"/> Insulation                                                          |
| <input type="checkbox"/> Other                                                               |         |         | Finishes:                                                                                    |
| Joint Plan Review Required                                                                   |         |         | <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |         |         | Energy                                                                                       |
| SUBCODE APPROVAL                                                                             |         |         | Mechanical                                                                                   |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA         |         |         | TCO                                                                                          |
| Date:                                                                                        |         |         | Other                                                                                        |
| Approved By:                                                                                 |         |         | Final                                                                                        |

B. BUILDING CHARACTERISTICS

Use Group Present Proposed  
Constr. Class Present Proposed  
No. of Stories 13  
Height of Structure 13  
Area-Largest Floor 700  
Total Bldg. Area/All Floors 700  
Volume of Structure 5600  
Total Land Area Disturbed

Est. Cost of Bldg. Work:  
1. New Bldg. \$ 27,000  
2. Alteration \$  
3. Total (1+2) \$

(Office Use Only)  
FEE

|                                                  |         |
|--------------------------------------------------|---------|
| TYPE OF WORK:                                    |         |
| <input checked="" type="checkbox"/> New Building |         |
| <input type="checkbox"/> Addition                |         |
| <input type="checkbox"/> Alteration              |         |
| <input type="checkbox"/> Roofing                 |         |
| <input type="checkbox"/> Siding                  |         |
| <input type="checkbox"/> Other                   |         |
| <input type="checkbox"/> Demolition              |         |
| <input type="checkbox"/> Miscellaneous           |         |
| <input type="checkbox"/> Fence                   | Height  |
| <input type="checkbox"/> Sign                    | Sq. Ft. |
| <input type="checkbox"/> Pool                    |         |
| <input type="checkbox"/> Elevator                |         |
| <input type="checkbox"/> Asbestos Abatement      |         |
| <input type="checkbox"/> Other                   |         |

Administrative Surcharge \$  
Paid ☐ Check # Minimum Fee \$  
Collected by: TOTAL FEE \$



**FIRE PROTECTION  
SUBCODE  
TECHNICAL SECTION**



Date Received 10-13-93  
Date Issued  
Control # 2056-93  
Permit # supervisor

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

Block 1047 1st Lot 5  
Work Site Location 200 Old Square Rd  
Owner in Fee \_\_\_\_\_  
Address \_\_\_\_\_  
Tele. ( ) \_\_\_\_\_  
Contractor NJC Electric Inc  
Address 138 Bartlett Ave  
Jersey City  
Tele. (201) 451-7699  
Lic. No. 7856 A  
Federal Emp. No. \_\_\_\_\_ 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 \$ \_\_\_\_\_ ( ) Other \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW:                | INSPECTIONS:                             | Dates (Month/Day)                |
|-----------------------------|------------------------------------------|----------------------------------|
| ( ) No Plans Required       | Type:                                    | Failure Failure Approval Initial |
| Joint Plan Review Required: | Suppression Test                         |                                  |
| ( ) Bldg. ( ) Plumb.        | Fire Alarm Test                          |                                  |
| ( ) Elec. ( ) Elevator      | Smoke Test                               |                                  |
| (X) Fire Plans Approved     | Mechanical                               |                                  |
| Date: <u>9/14/93</u>        | TCO                                      |                                  |
| Approved by: _____          | Other <u>Class Room Trailer 10/20/93</u> |                                  |
| SUBCODE APPROVAL:           | Other _____                              |                                  |
| (X) CO ( ) GCO ( ) CA       | Other _____                              |                                  |
| Date: <u>10/20/93</u>       | Other _____                              |                                  |
| Approved by: _____          |                                          |                                  |

**C. CERTIFICATION IN LIEU OF OATH**

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

[Signature]  
SIGNATURE

**D. TECHNICAL SITE DATA**

Description of Work  
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 \_\_\_\_\_

Wet Sprinkler Heads \_\_\_\_\_  
Dry Sprinkler Heads \_\_\_\_\_  
TOTAL \_\_\_\_\_

Smoke Detectors \_\_\_\_\_  
Heat Detectors \_\_\_\_\_  
TOTAL 3

TOTAL  
Spent & Supervised  
Stand Pipes  
Kitchen Hood Exhaust Systems  
Emergency. Alarms  
Pre-Engineered Systems

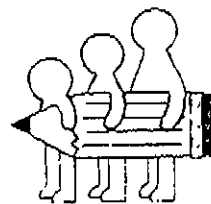
CO<sub>2</sub> Suppression \_\_\_\_\_  
Halon Suppression \_\_\_\_\_  
Foam Suppression \_\_\_\_\_  
Dry Chemical \_\_\_\_\_  
Wet Chemical \_\_\_\_\_  
Gas or Oil Fired Appliance \_\_\_\_\_  
OTHER \_\_\_\_\_

Paid ( ) Check # \_\_\_\_\_  
Collected by: \_\_\_\_\_  
Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
DCA Training Fee \$ \_\_\_\_\_  
TOTAL FEE \$ 46-

**FEE (Office Use Only)**

**independent child study teams, inc.**

DIAGNOSTICS AND CLASSIFICATION • INSTRUCTIONAL SERVICES

TRANSMITTAL SHEET

908-920-4850

"helping children grow"

TO: JOSEPH EVARISTO  
Fire and SubCode Official  
Brick Township Buildings Department

FROM: Laurie McGarry

DATE:

September 14, 1993.

RE:

Prototype approval letter from the State of New Jersey to  
Miller Construction.

XXXX As requested

For your information

Please return one copy

Other

Enclosed please find a copy of the letter as stated above.  
The Trailer placed at Saint Dominic School in Brick is Serial-#  
MIL-5619. Should you have any questions, please contact our office.

Thank you

DIRECTORS: ANTHONY O'DONNELL, M.A. • HAROLD SCHOLL, Ed.D.

377 danforth avenue, jersey city, n.j. 07305 (201)435-4100



STATE OF NEW JERSEY  
DEPARTMENT OF EDUCATION  
CM 100  
TRENTON, N.J. 08646-0000

August 4, 1993

MARY LEE FITZGERALD, COMMISSIONER

Miller Structures Inc.  
524 East McKinley Avenue  
Suite 1  
Mishawaka, IN 46545

Re: Prototype Trailers  
State Plan #93457, #93458, #93459,  
#93460, #93461, #93462, #93463,  
#93464, #93465

*L.E.# 1093-1172-3*

**ATTENTION: CONSTRUCTION OFFICIAL**

The construction plans for the above referenced project proposed to be built within the boundaries of your municipality have been reviewed and

- ☒ APPROVED      ☐ CONDITIONALLY APPROVED PENDING SHOP DRAWINGS  
☐ OTHER (See attached times)

These plans and specifications are released in conformance with the provisions of the regulations of the New Jersey Uniform Construction Code. Any changes or modifications to these plans shall be subject to review and approval of the Bureau of Facility Planning Services.

All required prior approvals shall be obtained before the issuance of any permits. If a conditional approval is given, no certificate of occupancy shall be issued until receipt and approval of all required shop drawings by the Bureau of Facility Planning Services. This approval shall be prior to the completion of the project.

Enclosed is/are copies of any variance(s) granted by the Department of Education that affects the approval of this project. The board of education has been instructed to provide your agency with 2 copies of the released plans and specifications.

If you have any questions or require any assistance, please feel free to contact the Bureau of Facility Planning Services at 609-633-0789.

Very truly yours,

*John D. Garcia*  
John D. Garcia  
Assistant Director  
Supervisor Plans Review  
Bureau of Facility Planning Services

Prototype #

Serial #

94042

5615

93457

5611

93458

5612

93459

5613

93460

5614

93461

5615

93462

5616

93463

5617

Enc: Copies of all approved variances to date

Prototype

Serial

93464 - 5618

93465 - 5619



# Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of  
Division of Inspections

## CHECK LIST

250 OLD SQUARE RD.

Re: Block 109.1 Lot 5

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative  
Zoning  
Engineering  
Building  
Plumbing  
Electric  
Fire

① ~~NO TRAILER APPROACH~~  
② ~~USE GROUP~~  
③ ~~FIRE PERMIT~~  
~~OCCUPANCY LOAD~~

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

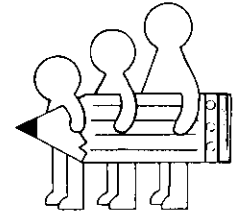
There is a 20 working day time limit for review of all documents submitted with building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

Ray  
Call  
201-435-4100  
Laurie  
Arthur J. Cierzo, Construction Official

1091 5

# independent child study teams, inc.

DIAGNOSTICS AND CLASSIFICATION • INSTRUCTIONAL SERVICES



"helping children grow"

September 1, 1993

Attn: Ray  
Bricktown Construction Inspector  
Bricktown Construction Official's Office  
401 Chambers Bridge Road  
Brick, New Jersey 08723

RECEIVED  
SEP 3 2 1993  
DIV. OF INSPECTION  
DIV. OF INSPECTION

Dear Ray,

Enclosed please find a sealed letter from the architect, Taras Dobusz, as requested. A copy of this was faxed over to your attention on August 31, 1993.

Thank you for your assistance in this matter. Should you have any questions, please do not hesitate to contact our office.

Sincerely,

*Laurie McGarry*

Laurie McGarry  
Secretary to Anthony Degatano, Director

LM  
Encl.

cc: A.D.; E.D.; J.P.; File

DIRECTORS: ANTHONY O'DONNELL, M.A. • HAROLD SCHOLL, Ed.D.

377 danforth avenue, jersey city, n.j. 07305 (201)435-4100 fax (201)435-0512

TARAS DOBUSZ, AIA  
ARCHITECT

487 Route 28  
Bridgewater, NJ 08807  
201-722-6293

August 31, 1993

I. C. S. T.  
377 Danforth Ave  
Jersey City, N. J. 07305

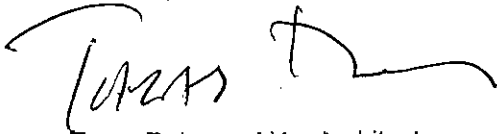
RE: Three classroom trailer at St. Dominic Academy, Brick, N.J.

To whom it may concern:

This is to certify that the above referenced trailer is a type B building use in accordance with BOCA, Section 304.1 and has a maximum occupant load of 39 people.

If you have any questions please feel free to contact me at any time.

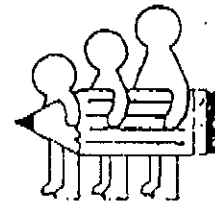
Sincerely,

A handwritten signature in black ink, appearing to read 'Taras Dobusz', with a stylized flourish extending to the right.

Taras Dobusz, AIA - Architect  
NJ Lic. No. AI-7848

## independent child study teams, inc.

DIAGNOSTICS AND CLASSIFICATION • INSTRUCTIONAL SERVICES



"helping children grow"

Telecopier No. (201) 435-0512  
PLEASE DELIVER THE FOLLOWING PAGE(S) TO:

NAME: Ray  
FIRM: Building  
FAX TELEPHONE NUMBER: 908/920-4850  
FROM: Laurie McGarry  
DESCRIPTION OF DOCUMENT TRANSMITTED: Approval letter  
for Prototype trailers.

TOTAL NUMBER PAGES (INCLUDING THIS COVER PAGE): 2DATE SENT: Aug. 30, 1993

TIME SENT: \_\_\_\_\_

MESSAGE TO RECIPIENT: The trailer used @St Dominic, 250 Old Square Rd, Brickis prototype # 93465 Serial #MIL-5619

IF THERE IS ANY PROBLEM RECEIVING THIS TRANSMISSION CALL AND

ASK FOR: Laurie (201) 435-4100

DIRECTORS: ANTHONY O'DONNELL, M.A. • HAROLD SCHOLL, Ed.D.

377 danforth avenue, jersey city, n.j. 07305 (201) 435-4100

212102051214

MILLER STRUCTURE

0002



STATE OF NEW JERSEY  
DEPARTMENT OF EDUCATION  
TRENTON, N.J. 08646-0000

August 4, 1993

MARY LEE FITZGERALD, COMMISSIONER

Miller Structures Inc.  
524 East McKinley Avenue  
Suite 1  
Mishawaka, IN 46545

Re: Prototype Trailers  
State Plan #93457, #93458, #93459,  
#93460, #93461, #93462, #93463,  
#93464, #93465

F.E.# 1093-1172-3

**ATTENTION: CONSTRUCTION OFFICIAL**

The construction plans for the above referenced project proposed to be built within the boundaries of your municipality have been reviewed and

☒ APPROVED

☐ CONDITIONALLY APPROVED PENDING SHOP DRAWINGS  
☐ OTHER (See attached sheet)

These plans and specifications are released in conformance with the provisions of the regulations of the New Jersey Uniform Construction Code. Any changes or modifications to these plans shall be subject to review and approval of the Bureau of Facility Planning Services.

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Enclosed is/are copies of any variance(s) granted by the Department of Education that affects the approval of this project. The board of education has been instructed to provide your agency with 2 copies of the released plans and specifications.

If you have any questions or require any assistance, please feel free to contact the Bureau of Facility Planning Services at 609-633-0769.

Very truly yours,

*John D. Garcia*  
John D. Garcia  
Assistant Director  
Supervisor Plans Review  
Bureau of Facility Planning Services

Prototype #

Serial #

94048

5645

93457

5611

93458

5612

93459

5613

93460

5614

93461

5615

93462

5616

93463

5617

Enc: Copies of all approved variances to date

Prototype

Serial

93464 - 5618

93465 - 5619/5644

# independent child study teams, inc.

DIAGNOSTICS AND CLASSIFICATION • INSTRUCTIONAL SERVICES



Telecopier No. (201) 435-0512  
PLEASE DELIVER THE FOLLOWING PAGE(S) TO:

NAME: Ray

FIRM: Bricktown Construction Official's Office

FAX TELEPHONE NUMBER: (908) 920-4850

FROM: Anthony Degatano

DESCRIPTION OF DOCUMENT TRANSMITTED: Request regarding St. Dominic's  
classroom trailer.

TOTAL NUMBER PAGES (INCLUDING THIS COVER PAGE): 2

DATE SENT: 8/31/93

TIME SENT: 1:05

MESSAGE TO RECIPIENT: Electricial will apply for Fire Alarm  
permit on Wed. Please issue necessary permit for Rick Alpaugh  
to construct decks/stairs.

IF THERE IS ANY PROBLEM RECEIVING THIS TRANSMISSION CALL AND  
ASK FOR: (201)  
435-4100

DIRECTORS: ANTHONY O'DONNELL, M.A. • HAROLD SCHOLL, Ed.D.

377 danforth avenue, jersey city, n.j. 07305 (201)435-4100

TARAS DOBUSZ, AIA  
ARCHITECT

487 Route 28  
Bridgewater NJ 08807  
201-722-6763

August 31, 1993

I. C. S. T.  
377 Danforth Ave  
Jersey City, N. J. 07306

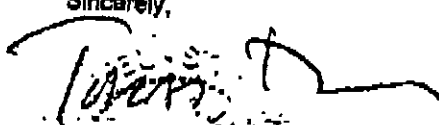
RE: Three classroom trailer at St. Dominic Academy, Brick, N.J.

To whom it may concern:

This is to certify that the above referenced trailer is a type B building use in accordance with BOCA, Section 304.1 and has a maximum occupant load of 39 people.

If you have any questions please feel free to contact me at any time.

Sincerely,

  
Taras Dobusz, AIA - Architect  
NJ Lic. No. A1-7655