BLOCK 664 LOT 1 ADDRESS (SITE) _____ PERMIT NO. 1462-91

RECEIVED
JUN 3 1991

CONSTRUCTION PERMIT APPLICATION

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

BUILDING

I. IDENTIFICATION

1. Proposed Work-site at: 730 LYNN WOOD AVE
2. Name of Owner in Fee: VISITATION CHURCH Tel. (____) _____
   Address 730 (street) LYNN WOOD (municipality) BRICKTOWN (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ~~BSB~~ GOSLINE-NISSEN FIRE PROTECTION Tel. (609) 597-8787
   Address P.O. BOX 121 MANAHAWKIN, N.J. 08050
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security [redacted]
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work JOHN GOSLINE Tel. (609) OFFICE 597 8787. HOME 597 0507

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	70 —		
5. Other Sprinkler Heads		✓	
6. Subtotal	$ 70 —		
7. Less 20% for State Plan Review	5 —	✓	
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$	✓	
11. Cert. of Occupancy	20 —	✓	
12. Other			
13. TOTAL	$ 95 —	✓	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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 ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☒ Fire Protection	3,400.00
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS ✓	3,400.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
WP	6/3/91						
	6/8/91		6/14/91	JE	9/17/91		

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
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

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: CHURCH
2. Use Group: CHURCH
3. Change in Use Group,

LDS BR 10408681

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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

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

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		

CONSTRUCTION PERMIT

Date Issued
Control #
Permit # 1462-94

IDENTIFICATION Block 64 Lot

Work Site Location

Owner in Fee

Address

Tele. ( )

Contractor

Address

Tele. ( )

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:

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

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 $

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

(see reverse side)

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

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.13. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material, plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations, insulation installations;
4. Installation of all interior finish materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting this permit will be deemed to have consented to these requirements.

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

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

U.C.C. Form 1708

FIRE PROTECTION SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-2-91
Control #
Permit # 1462-91

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

Block 664 Lot
Work Site Location 730 LYNNWOOD AVE
BRICK TOWN, N.J.
Owner in Fee VISATATION CHURCH
Address 730 LYNNWOOD AVE
BRICKTOWN, N.J.
Tele. ( )
Contractor GOSLINE-NISSEN FIRE PROTECTION
Address P.O. BOX 121 MANAHAWKIN N.J
Tele. (609) 597-8787
Lic. No.
Federal Emp. No. or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present CHURCH Proposed CHURCH
Constr. Class. Present V Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 3,400-00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 6/4/91
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 9-17-91
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test	9-6-91		9-17-91	AC
Smoke Test				
Mechanical				
TCO				
Other HYDRO TEST 9-6-91			9-17-91	AC
Other JAMPER ALARM			9-17-91	AC
Other CA SYSTEM 9-6-91			9-17-91	AC

* SEE BACK

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 Sprinkler Domestic,

Water Supply Source	CITY
Method of Valve Supervision	LOCKED
Local Alarm Supervision	BELL
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	

LIMITED SERVICE

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	19	30-
Dry Sprinkler Heads	0	
TOTAL	19	
Bell Alarm.		
Smoke Detectors	N/A	
Heat Detectors		
TOTAL [illegible]		
Stand Pipes	0	
Kitchen Hood Exhaust Systems	0	
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression	N/A	
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER [illegible]		40-
Administrative Surcharge	$	
Minimum Fee	$	
TOTAL FEE	$	70-

Paid [ ] Check # Collected by

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

PERMIT 1462-91 BL: 864 LOT: 1

9-6-91 FIRE SPRINKLER HYDRO TEST - FAIL (65 STDWD)
9-6-91 FLOW / TAMPER ALARM / INSP TEST - FAIL
① NO PERSON PRESENT TO TEST SYSTEM
9-6-91 CA LIMITED SPRINKLER SYSTEM = FAIL
9-17 ① HOOK UP TAMPER SWITCH
② BROKEN TESTS
9-17 ③ SPARE HEADS / WRENCH
9-17-91 ④ VALVE TAGS
9-17-91 ⑤ INSTALL FIRE SPRINKLER ALARM
9-17-91 FIRE SPRINKLER 200 PSI HYDR 2HR TEST - AP
9-17-91 FIRE SPRINKLER FLOW ALARM / TAMPER ALARM TEST - ADD
9-17-91 CA FIRE SPRINKLER SYSTEM (19 HEADS) - ADD

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8-2-91
Control #
Permit # 1462-91

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

Block 664 Lot 1
Work Site Location 730 LYNNWOOD AVE
BRICK TOWN, N.J. 08
Owner in Fee VISATATION CHURCH
Address 730 LYNNWOOD AVE
BRICK TOWN, N.J.
Tele. ( )
Contractor GOSLING-NISSEN FIRE PROTECTION
Address P.O. BOX 121 MANAHAWKIN N.J.
Tele. 609) 597-8287
Lic. No.
Federal Emp. No. _____ or Social Security No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present CHURCH Proposed CHURCH
Constr. Class. Present 1C Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 3,400.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 6/7/91
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Sprinkler. Domestic,

Water Supply Source	CITY
Method of Valve Supervision	LOCKED
Local Alarm Supervision	BELL
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

LIMITED SERVICE

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	19	30—
Dry Sprinkler Heads	0	
TOTAL Bell Alarm.	19	
Smoke Detectors N/A		
Heat Detectors		
TOTAL		
Stand Pipes	0	
Kitchen Hood Exhaust Systems	0	
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression N/A		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Alarm & Supply		40—
Administrative Surcharge	$	
Paid [ ] Check # _____ Minimum Fee	$	70—
Collected by _____ TOTAL FEE	$	

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: October 16, 1996 1996 - 1508

Block 664 Lot 1 Zone R-7.5

Property Address: 730 Lynnwood Avenue

Owner: Church of the Visitation (Phone): 477-0028

Applicant: Same (Phone): Same

Use: Church.

Proposed Construction (if any): 32' by 62' addition to rectory building, one-story, 15' high.

Conditions: Minor site plan approved by Planning Board.
Case No. PB-2159-MSP-6/9.
Resolution No. R-69-95 approved October 25, 1995.
Map signed May 28, 1996.

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

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

Gosline Fire Protection
Fire Sprinklers

P.O. BOX 121
MANAHAWKIN, N.J. 08050
PHONE: (609) 597-8787

HYDRAULIC CALCULATIONS

CONTRACT NO ____ SHEET NO. 1 OF 3

CUSTOMER'S NAME CHURCH OF THE VISITATION DRAWING NO. ____

ADDRESS MANTOLOKING RD - BRICK TWNSHP N.J SYSTEM NO ____

DESCRIPTION OF HAZARD ORD. GROUP II

AUTHORITY HAVING JURISDICTION BRICK TOWNSHIP

CALCULATIONS BY JOHN GOSLINE DATE 5-26-91

SYSTEM REQUIREMENTS

AREA TO BE CALCULATED LARGEST ROOM IN BASEMENT AS PER NFPA

REQUIRED DENSITY PER. SQ. FT. 0.19 ALLOWABLE VARIATION ____

ALLOWANCE FOR INSIDE HOSE STATIONS 0 G.P.M

ALLOWANCE FOR OUTSIDE FIRE HYDRANTS 250.0 G.P.M

TOTAL WATER REQUIRED: 167.1 G.P.M AT 47.1 P.S.I

REMARKS NO DEDUCT WAS TAKEN FOR VEL. PRESSURE. AND THERE IS A 15 PSI SAFETY FACTOR.

WATER SUPPLY INFORMATION

STATIC PRESSURE IN P.S.I 64.0

RESIDUAL PRESSURE:

G.P.M FLOWING 920.0 AT 51.0 P.S.I

ELEVATION SAME LOCATION ILLINOIS & FARMAN

PUMP DATA:

RATED CAPACITY: -0- G.P.M. AT ____ P.S.I

ELEVATION ____ LOCATION ____

TANK DATA:

CAPACITY -0- G.P.M. ELEVATION ____

LOCATION ____

REMARKS: ____

ABBREVIATIONS

q -FLOW INCREMENT AT A SPECIFIC LOCATION
Q -FLOW AT A SPECIFIC LOCATION
GPM -GALLONS PER MINUTE
PSI -POUND PER SQUARE
PT -TOTAL PRESSURE IN
PF -PRESSURE LOSS DUE FRICTION

RE -45° ELBOW
E -90° ELBOW
LTE -LONG TURN ELBOW
T -TEE
C -CROSS
DELV -DELUGE VALVE
DRY.V.-DRY VALVE
ALV. -ALARM VALVE

WATER FLOW TEST SUMMARY SHEET TEST CONDUCTED BY BRICK M.U.A.

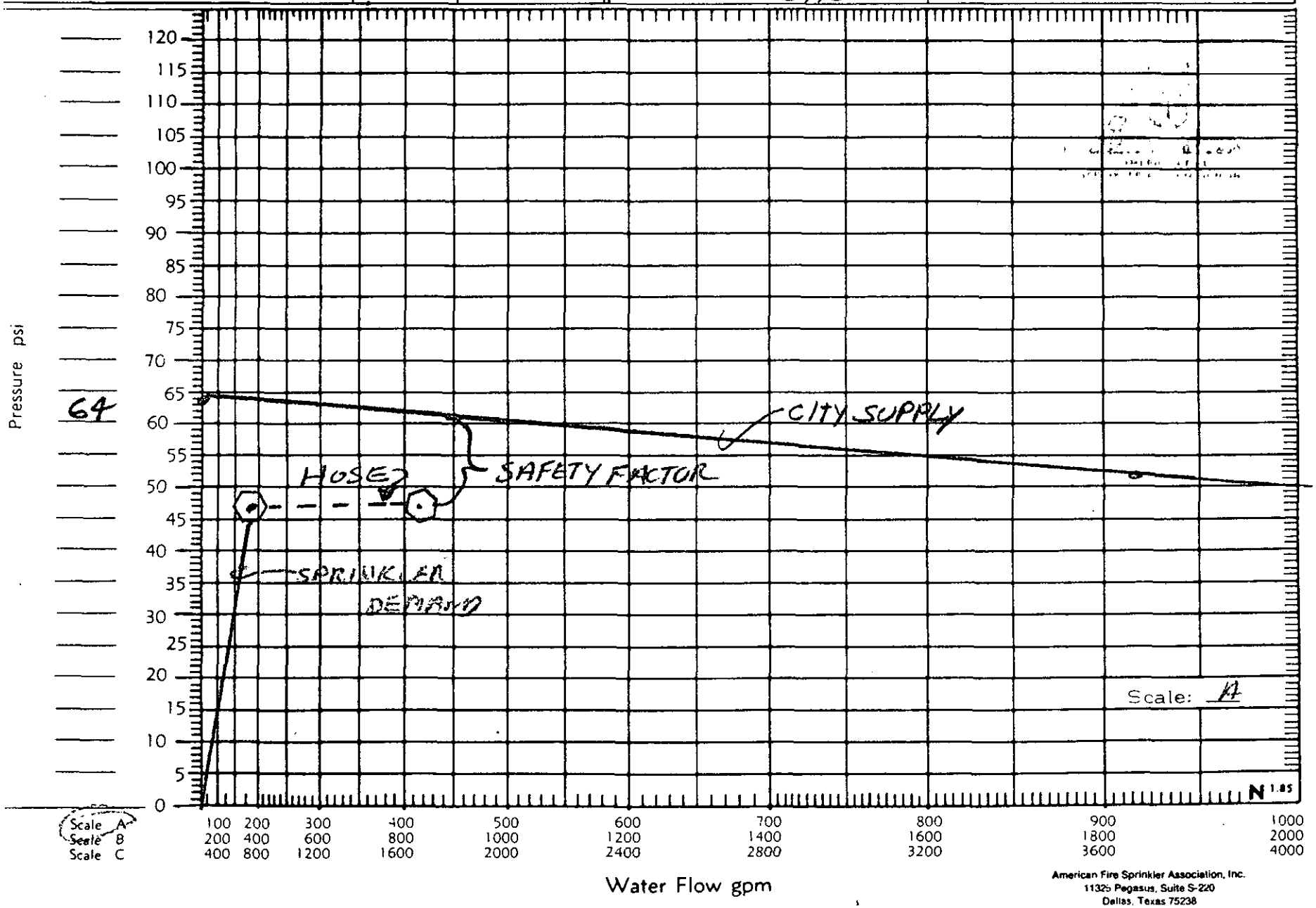
Hydrant No.	Outlet I.D. inches	Pitot Press. psi	Flow gpm	Residual psi
1	2½	30.0	920.0	51.0
2				
3				
Total Flow				

Date: 5-30-91 Time: 10:00 AM Cont. No.

Cont. Name: VISITATION CHURCH

Address: MANTOLOKING RD
BRICKTOWN, N.J.

Static Press: 64.0 psi Flow @ 20 psi gpm



American Fire Sprinkler Association, Inc.
11325 Pegasus, Suite S-220
Dallas, Texas 75238

CONTRACT NAME VISITATION APT. - BUILDING SHEET 2-01

STEP NO	NOZZLE IDENT. AND LOCATION		FLOW IN G.P.M.	PIPE SIZE	PIPE FITTINGS AND DEVICES	EQUIV. PIPE LENGTH	FRICTION LOSS P.S.I./FOOT	PRESSURE SUMMARY	NORMAL PRESSURE	NOTES	REF STEP
1	HD. # 1	B.L. A	q Q 24.5	TYPICAL LINE → 1"		L 11.7 F — T 11.7	.19	P_1 19.1 P_e P_1 2.2	P_1 P_v P_n	129 ϕ PER HD. C=120 K=5.6	
2	2	B.L. A	q 25.8 Q 40.3	1"	1-ELL 1-TEE	L 0.2 F 7.0 T 7.2	.47	P_1 21.3 P_e P_1 3.4	P_1 P_v P_n	$q = 129 \times .K$ $= 295$ GPM $P_T = \left(\frac{24.5}{5.6}\right)^2 =$	
3		C.M. A	q Q 40.3	1½		L 10.0 F — T 10.0	.058	P 24.7 P_e P_1 0.6	P_1 P_v P_n	19.1 psi	
4	3 TO 4	B.L. B	q 40.7 Q 81.0	1½		L 11.0 F — T 11.0	.22	P 25.3 P_e P_1 2.4	P_1 P_v P_n	NEW K 40.3 $\sqrt{24.7}$	
5	5 TO 6	B.L. C	q 42.6 Q 123.6	SCH. 10 2"		L 11.0 F — T 11.0	.11	P 27.7 P_e P_1 1.2	P_1 P_v P_n	= 8.1	
6	7 TO 8	B.L. D TO RISER	q 43.5 Q 167.1	2"	4-ELL 2-SW. CK 1-O.S.&Y	L 30.0 F 43.0 T 73.0	.19	P 28.9 P_e P_1 13.8	P_1 P_v P_n		
7		UPPER GRID	q Q 167.1	2"	2-ELL	L 30.0 F 7.13 T 37.13	.14	P 42.7 P_e P_1 4.4	P_1 P_v P_n		
		HOSE →	q 250.0 Q 417.1			L F T		P 47.1 P_e P_1	P_1 P_v P_n	AT CITY MAIN	
			q Q			L F T		P_1 P_e P_1	P_1 P_v P_n		
			q Q			L F T		P_1 P_e P_1	P_1 P_v P_n		
			q Q			L F T		P_1 P_e P_1	P_1 P_v P_n		
								P_1			

Gosline Fire Protection
Fire Sprinklers

P.O. BOX 121
MANAHAWKIN, N.J. 08050
PHONE: (609) 597-8787

HYDRAULIC CALCULATIONS

CONTRACT NO _____ SHEET NO. 1 OF 3

CUSTOMER'S NAME CHURCH OF THE VISITATION DRAWING NO. _____

ADDRESS MANTOLOKING RD - BRICK TWNSHP. N.J SYSTEM NO _____

DESCRIPTION OF HAZARD ORD. GROUP II

AUTHORITY HAVING JURISDICTION BRICK TOWNSHIP

CALCULATIONS BY JOHN GOSLINE DATE 5-26-91

SYSTEM REQUIREMENTS

AREA TO BE CALCULATED LARGEST ROOM IN BASEMENT AS PER NFPA

REQUIRED DENSITY PER. SQ. FT. 0.19 ALLOWABLE VARIATION _____

ALLOWANCE FOR INSIDE HOSE STATIONS 0 G.P.M

ALLOWANCE FOR OUTSIDE FIRE HYDRANTS 250.0 G.P.M

TOTAL WATER REQUIRED: 167.1 G.P.M AT 42.1 P.S.I

REMARKS NO DEDUCT WAS TAKEN FOR VEL. PRESSURE, AND THERE IS A 15 PSI SAFETY FACTOR.

WATER SUPPLY INFORMATION

STATIC PRESSURE IN P.S.I 64.0

RESIDUAL PRESSURE:

C.P.M FLOWING 920.0 AT 51.0 P.S.I

ELEVATION SAME LOCATION LYLIN MANOR & FAIRBANK

PUMP DATA:

RATED CAPACITY: -0- G.P.M. AT _____ P.S.I

ELEVATION _____ LOCATION _____

TANK DATA:

CAPACITY -0- G.P.M. ELEVATION _____

LOCATION _____

REMARKS: _____

ABBREVIATIONS

q -FLOW INCREMENT AT A SPECIFIC LOCATION	RE -45° ELBOW
Q -FLOW AT A SPECIFIC LOCATION	E -90° ELBOW
GPM -GALLONS PER MINUTE	LTE -LONG TURN ELBOW
PSI -POUND PER SQUARE	T -TEE
PT -TOTAL PRESSURE IN	C -CROSS
PF -PRESSURE LOSS DUE FRICTION	DELV -DELUGE VALVE
	DRY.V.-DRY VALVE
	ALV. -ALARM VALVE

CONTRACT NAME VISITATION CATHOLIC - ISAIAH UNIT SHEET 2-01

STEP NO	NOZZLE IDENT. AND LOCATION	FLOW IN G.P.M.	PIPE SIZE	PIPE FITTINGS AND DEVICES	EQUIV. PIPE LENGTH	FRICTION LOSS P.S.I./FOOT	PRESSURE SUMMARY	NORMAL PRESSURE	NOTES	REF STEP
1	HD. # 1 B.L. A	q Q 24.5	TYPICAL LINE → 1"		L 11.7 F — T 11.7	.19	P_1 19.1 P_e P_1 2.2	P_1 P_v P_n	129 ϕ PER HD. C=120 K=5.6	
2	2 B.L. A	q 25.8 Q 40.3	1"	1-ELL 1-TEE	L 0.2 F 7.0 T 7.2	.47	P_1 21.3 P_e P_1 3.4	P_1 P_v P_n	$Q = 129 \times .K$ $= 29.5$ GPM $P_T = \left(\frac{29.5}{5.6}\right)^2 =$	
3	C.M. A	q Q 40.3	1½		L 10.0 F — T 10.0	.058	P 24.7 P_e P_1 0.6	P_1 P_v P_n	19.1 psi	
4	3 THRU 4 B.L. B	q 40.7 Q 81.0	1½		L 11.0 F — T 11.0	.22	P 25.3 P_e P_1 2.4	P_1 P_v P_n	NEW K 40.3 √24.7 =8.1	
5	5 THRU 6 B.L. C	q 42.6 Q 123.6	SCH. 10 2"		L 11.0 F — T 11.0	.11	P_1 27.7 P_e P_1 1.2	P_1 P_v P_n		
6	7 THRU 8 B.L. D TO RISER	q 43.5 Q 167.1	2"	4-ELL 2-SW. CK 1-O.S.&Y	L 30.0 F 43.0 T 73.0	.119	P 28.9 P_e P_1 13.8	P_1 P_v P_n		
7	UNDER GROUND	q Q 167.1	2"	2-ELL	L 30.0 F 7.13 T 37.13	.14	P_1 42.7 P_e P_1 4.4	P_1 P_v P_n		
	HOSE →	q 250.0 Q 417.1			L F T		P_1 47.1 P_e P_1	P_1 AT CITY MAIN P_v P_n		
		q Q			L F T		P_1 P_e P_1	P_1 P_v P_n		
		q Q			L F T		P_1 P_e P_1	P_1 P_v P_n		
		q Q			L F T		P_1 P_e P_1	P_1 P_v P_n		
							P_1			

WATER FLOW TEST SUMMARY SHEET TEST CONDUCTED BY BRICK M.U.A.

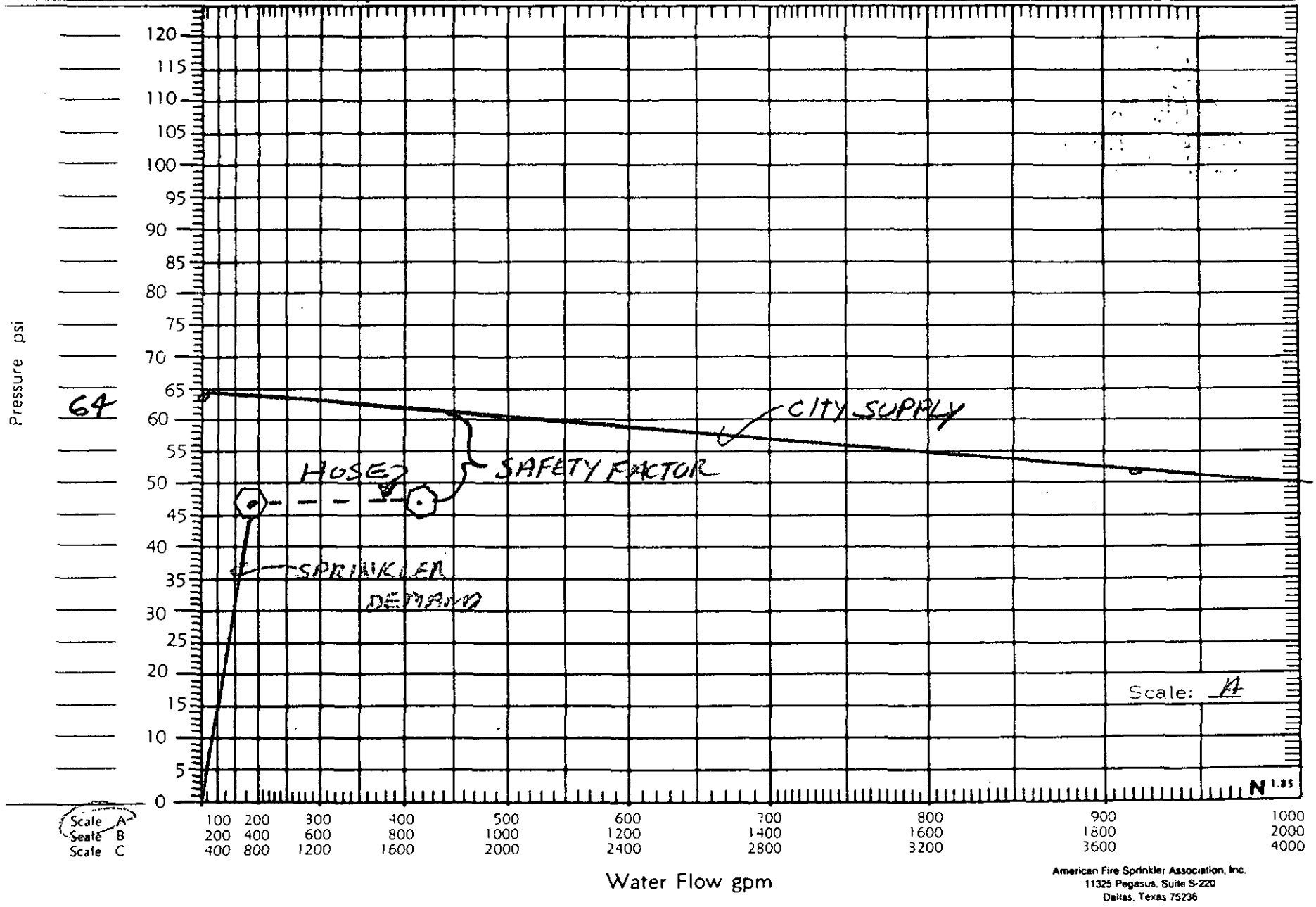
Hydrant No.	Outlet I.D. inches	Pitot Press. psi	Flow gpm	Residual psi
1	2½	30.0	920.0	51.0
2				
3				
Total Flow				

Date: 5-30-91 Time: 10:00AM Cont. No.

Cont. Name: VISITATION CHURCH

Address: MANTOLOKING RD
BRICKTOWN, N.J.

Static Press: 64.0 psi Flow @ 20 psi gpm



American Fire Sprinkler Association, Inc.
11325 Pegasus, Suite S-220
Dallas, Texas 75238

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

Joseph C. Scarpelli, Mayor

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

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

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: DEPOSIT FOR BUILDING PERMITS
- [x] Mandatory Development Fee
- [ ] Inclusionary Development Fee

Date: 10/22/96
- [x] Commercial
- [ ] Residential

Enclosed please find check number #52662, drawn on the account of Church of the Visitation in the amount of $ 750.00 which represents a deposit for estimated fees levied against Block 664 Lot 1 Address 730 Lynnwood Ave.

Collection of said fees as authorized by Township Ordiance 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] 10/22/96

CHURCH OF THE VISITATION
730 LYNNWOOD AVENUE
BRICK, NJ 08723-5302

FIRST UNION NATIONAL BANK
BRICK, NJ
55-2/212 - 95750

52662

10/24/1996

PAY TO THE ORDER OF TOWNSHIP OF BRICK $ **750.00

Seven Hundred Fifty and 00/100********** DOLLARS

Security features included. Details on back.

MEMO BUILDING PERMIT/AFFORD. HOUSING

Rev. William M. Dunlap

⑈052662⑈ ⑆021200251⑆ 2000019169040⑈

CERTIFICATE OF COMPLIANCE

BLOCK _____ LOT _____ SITE ADDRESS _____

TYPE OF SITE _____ TYPE OF BUSINESS _____
Residential/Commercial

APPLICANT _____ PHONE NUMBER _____

APPLICANT ADDRESS _____ CITY & STATE _____

CASE # _____ NAME OF BUSINESS _____

INCLUSIONARY DEVELOPMENT

❒ Affordable

Fee Required _____ Date_____

Down Payment _____ Date_____

Balance _____ Date_____

Pd. in Full _____ Date_____

❒ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

❒ Residential is .005%

❒ Commercial is .01%

Estimated Assessment: _____ Date_____

Required Deposit on Estimate $_____ Date_____

Check # _____ Receipt #_____

Actual Assessment: _____ Date_____

Actual Required Fee: $_____

Minus Deposit of Estimate $ _____

Balance Due $_____

Amount Paid in Full $ _____ Date_____

Check # _____ Receipt #_____

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

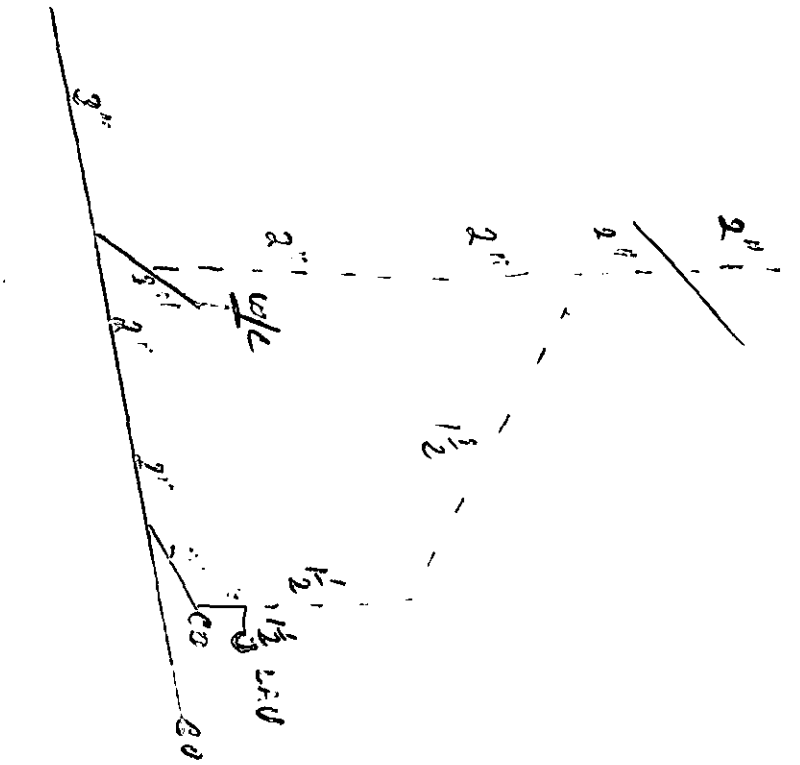
_____

Carol A. Wolfe
Affordable Housing Administrator

JERSEY COAST
PLUMBING & HEATING
37 NAUTILUS STREET
BEACHWOOD, NEW JERSEY 08722

(908) 286-3266 LICENSE # 2956

Job:
Church of the Visitation
Upstairs Bath

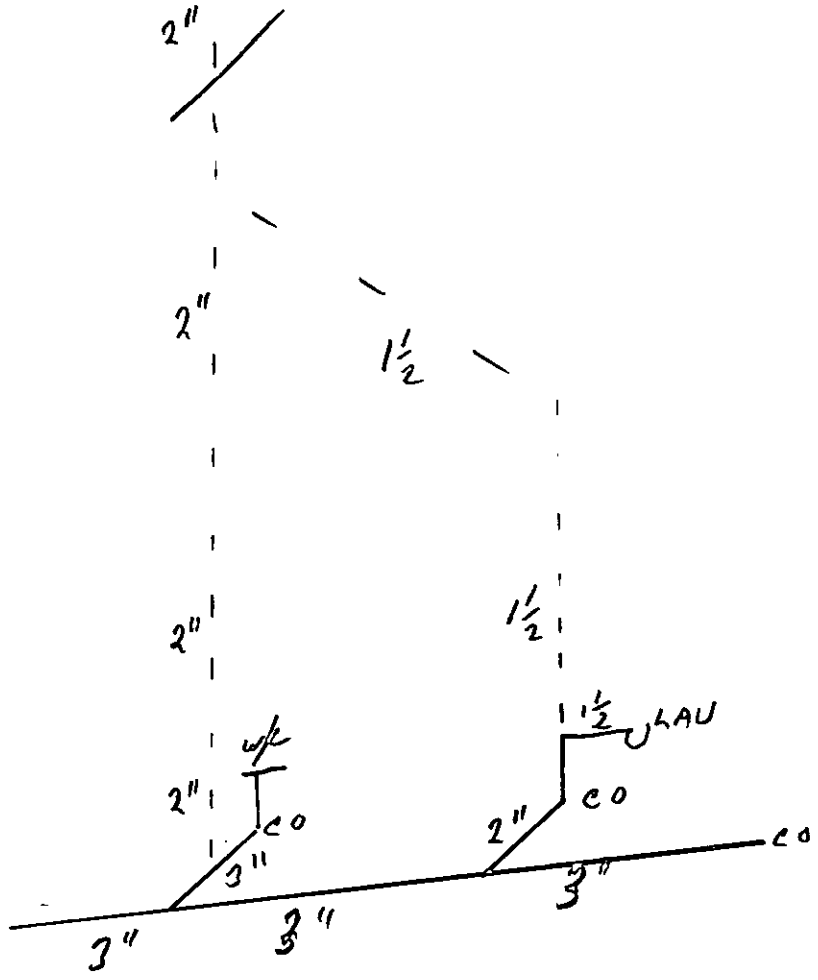


JERSEY COAST
PLUMBING & HEATING
37 NAUTILUS STREET
BEACHWOOD, NEW JERSEY 08722

(908) 286-3266 LICENSE # 8956

db6: Church of the Visitation

Upstairs Bath



Church of the Visitation

Basement Schematic

Block 66446 Lot 1