BLOCK 1068 LOT 15.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 15-0340

CONSTRUCTION PERMIT APPLICATION

C15-000147

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

I. IDENTIFICATION

1. Proposed Work Site at: Veterans Mem. E.S., 103 Hendrickson Ave., Brick, NJ 08723
2. Name of Owner in Fee: Brick Township Public Schools
   Tel. (732) 921-9594 e-mail tliming@brickschools.org
   Address 346 Chambers Bridge Road, Brick, NJ
   (street / municipality / zip code)
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: Electri-Tech Inc. Tel. (609) 476-0822
   Address 82 Tuckahoe Road, Dorothy, NJ 08317 e-mail bblystone@electritechinc. net
   License No. OR, if new home, Builder Reg. No. 34EB01233500 Exp. Date 03/31/2015
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 22-324542 FAX: (609) 476-0662
5. Architect or Engineer Di Cara/ Rubino Architects Contact Robert M. Lamello
   Address 30 Galesi Drive, Wayne, NJ 07470 e-mail biamello@dicararubino.co
   Tel. (973) 256-0202 FAX: (973) 256-0227
6. Responsible Person in Charge once Work has Begun MIchael Bootie (Field Foreman)
   Tel. (609) 667-8222 FAX: (609) 476-0662

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
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. Max. Live Load _____	
7. Max. Occupancy Load _____	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed _____ sq. ft.	
10. Flood Hazard Zone _____	
11. Base Flood Elevation _____ ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		DB	1/15/15						
☐ Electrical					2/6/15 TO				
☐ Plumbing									
☐ Fire Protection					1/26/15 COL				
☐ Elevator									
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: Public School
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/17/2015
Control Number C-15-000147
Permit Number 15-0340
Permit Issue Date 2/9/2015
Certificate Number 15-0340

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 101 - 107 HENDRICKSON AVE 103 HENDRICKSON AVE Brick Township, NJ Block: 1068 Lot: 15.01 Qual:

Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION

Owner Address: 101 HENDRICKSON AVE. BRICK NJ 08724

Telephone: (732) 921-9594

Contractor Electri-Tech Inc.

Address 82 Tuckahoe Road Dorothy NJ 08317

Telephone: (609) 476-0822 Fax: (609) 476-0662

License Number or Builders Registration Number: 12335 Federal Emp. Number: 22-324542

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: E Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALARM SYSTEM (BURGLAR OR FIRE)

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

David J. Newman Jr
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/17/2015

U.C.C. F260 (rev. 08/05)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/9/15
Control # 15-0340
Date Issued
Permit #

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

Block 1068 Lot 15.01 Qualification Code

Work Site Location Veterans Memorial Elementary School
103 Hendrickson Avenue, Brick, NJ 08723

Owner in Fee: Brick Township Public Schools

Tel. 732 921 9594 e-mail tliming@brickschools.org

Address 346 Chambers Bridge Road, Brick, N.J. 08723
street municipality zip code

Contractor: Electri-Tech Inc. Tel. 609 476 0822

Address 82 Tuckahoe Rd. Dorothy, NJ e-mail bblystone@electri-tech inc.net

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-3245424 FAX: 609 476-0662

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 167,000.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [✓] New OR [ ] Existing
Location of Panel: Lobby Main Entrance

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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.

Applicant/Contractor sign here:

Print name here: Bill Blystone

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	294	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	102	
Other Devices Door Holder	8	
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 1/21/15 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-21-15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12-14-15
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final		3/10/15	12/1/15	
Other				

U.C.C. F140 (rev. 02/11) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 2/9/15
Control #
Date Issued
Permit # 15-0340

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

Block 1068 Lot 15.01 Qualification Code

Work Site Location Veterans Memorial Elementary School
103 Hendrickson Avenue, Brick, NJ 08723

Owner in Fee: Brick Township Public Schoold

Tel. 921-9594 e-mail tliming@brickshcools.org

Address 346 Chambers Bridge Road (street) Brick, NJ (municipality) 08723 (zip code)

Contractor: Electri-Tech Inc. Tel. 609 476 0822

Address 82 Tuckahoe Road e-mail
Dorothy, NJ 08317-9703 bblystone@electritechinc.net

Contractor License No. 34EB01233500 Exp. Date 03/31/2015

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-324542 FAX: 609 476 0662

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 167,000

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 sign/Contractor sign and seal here: Bill Blystone

Print name here: Bill Blystone

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Fire Alarm Replacement

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
406		Alarm Devices/F.A.C. Panel	
406		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: 2/6/15 Approved by: TO

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2/10/15
Approved by: TO

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [T] CA
Date: 8/26/15
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			7/21/17	TO
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8/26/15	TO
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

8/18/15

1. keys for knox ✓
2. Final report | Asbuilt
3. central Station program.
4. remove old System ✓
5. System has strobe only capability ✓
6. fire door operation ✓
7. Stickers ✓

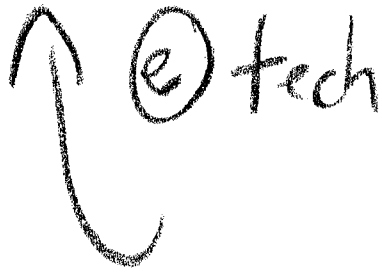
(1) annunciator by front entrance

(F) tech

PBNT RIW

7/21/15 ALARM CEILING MOUNT / FEW ROOMS NOT COMPLETE.

NEED TO SEE ABV. CEILING SURFACE MOUNT. DEVICES



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(f)1.ix:

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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. 5:23-2.15(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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Electri-Tech Inc.

Address 82 Tuckahoe Road

Dorothy, N.J.

Telephone 609-476-0822

Signature [signature]

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

2/9/15

CONSTRUCTION PERMIT

Date Issued
Control # C-15-000147
Permit # 15-0340

IDENTIFICATION Block: 1068 Lot: 15.01 Qualifier

Work Site Location: 101 - 107 HENDRICKSON AVE 103
HENDRICKSON AVE Brick Township, NJ

Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION
101 HENDRICKSON AVE. BRICK NJ 08724

Telephone: (732) 921-9594

Contractor: Electri-Tech Inc.
Address: 82 Tuckahoe Road Dorothy NJ 08317

Telephone: (609) 476-0822
Lic. No. or Bldrs. Reg. No. 12335
Federal Employee. No. 22-324542

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ALARM SYSTEM (BURGLAR OR FIRE)

Note: If constuction 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 $334,000

Construction Official

Date 2/9/15

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$0
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with 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 granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

Date	11/24/14
Project #	2014-102
Project Name:	Fire Alarm Replacement at Brick Township High School Drum Point Elementary School Emma Havens Young Elem. School Herbertsville Elementary School Osbornville Elementary School Veterans Memorial Elem. School
Contract Amount:	$ 1,029,000.00
Owner:	Brick Township Board of Education 101 Hendrickson Avenue Brick, New Jersey 08724-2599
Phone	732-785-3000
Facilities Manager	Thomas C. Liming, CEFM 346 Chamber Bridge Road Brick, NJ 08723
E-mail	tliming@brickschools.org
Phone	732-921-9594
Fax	732-477-8228
Assistant Fac. Manage	Roger Readel 346 Chamber Bridge Road Brick, NJ 08723
E-mail	rreadel@brickschools.org
Phone	732-773-0248
Fax	732-477-8228
Architect:	Di Cara | Rubino Architects 30 Galesi Drive

	Wayne, NJ 07470
	Robert M. Lamello, AIA
E-mail	biamello@dicararubino.com
Phone	973-256-0202
Fax	973-256-0227
Cell	732-245-5404
DRA Project #	2707
Engineer:	Johnson & Urban, LLC
	Consulting Engineers
	295 State Route 34
	Colts Neck, NJ 07722
	David J. Waldron, PE
E-mail	dwaldron@johnsonurban.com
Phone	732-772-1500
Fax	732-772-1515
Cell	732-856-0031
Contractor	Electri-Tech Inc.
	82 Tuckahoe Road
	Dorothy, NJ 08317
Phone	609-476-0822
Fax	609-476-0663
Project Manager	Bill Blystone
Phone	609-476-0822
E-mail	bblystone@electritechinc.net
Field Foreman	Michael Bootie
Cell Phone	609-667-8222
E-mail	mbootie@electritechinc.net

VETERANS		ADD DEVICES NOTE 6
TOTALS	COUNTS	
PULL STATION	27	5
WP PULL STATION	0	
SPEAKER/STROBE	77	5
WP SPEAKER/STROBE	5	
SPEAKER	0	
STROBE	20	5
STI STOPPER II	16	
WP STI STOPPER II	0	
COMB. SMOKE/HEAT	0	
SMOKE DETECTOR	36	5
HEAT DETECTOR	129	5
HEAT RATE OF RISE	0	
HEAT RATE OF RISE ABOVE CEIL	100	
HEAT FIXED HIGH TEMP	2	5
DUCT DETECTOR	0	2
REMOTE TEST SWITCH W/LED	0	2
INTERPOSING RELAY	0	2
ANNUNCIATOR PANEL	1	
DOOR HOLDER	8	
NAC PANELS	0	
FACP	1	
ADDRESS MODULE	0	
ADDRESS CONTROL MODULE	0	6
TAMPER SWITCH (ADDRESS MODULE)	0	3
FLOW SWITCH (ADDRESS MODULE)	0	
TOTALS	**422**	45

NOTIFIER by Honeywell

System Power Requirements

Notifier NFS2-3030 Fire Alarm Control Panel

Protected Premises:	Vets Memorial School			Date:	1/7/2015
Address:	105 Hendrickson Avenue				
City:	Brick	State:	New Jersey	Zip:	08724
Prepared By:	Allied Fire & Safety Equipment Co., Inc.			Phone:	(732) 922-3399
Address:	517 Green Grove Road			Email:	info@alliedfiresfety.com
City:	Neptune	State:	New Jersey	Zip:	07754

AC Branch Current Requirements — **4.50** AMPS @ 120 VAC

Current required by source to power the fire alarm system.

Primary Standby Load — **0.48** Amps

Current load on the primary power supply during **non-alarm** conditions.

Primary Alarm Load — **0.76** Amps

Current load on the primary power supply during **alarm** conditions.

Secondary Load Requirements — **13.81** Amp Hours

Total Secondary Load from the calculation table below.

Current Draw		Time (hours)	Total (AH)
Secondary Standby Load 0.477 A	x	Required Standby Time 24 hours	11.45
Secondary Alarm Load 0.762 A	x	Required Alarm Time 0.084 hours	0.06
		Total Secondary Load	11.51
		Derating factor	x 1.2
		Secondary Load Requirements	**13.81** AH

Battery Selection — **18** Amp Hours

Select batteries from the list below.

18 AH BAT-12180 Battery (12 volt)

☑ Two ☐ Four (two 12VDC sets in parallel)

NOTIFIER by Honeywell

Device Current Draw

NFS2-3030 Fire Alarm Control Panel

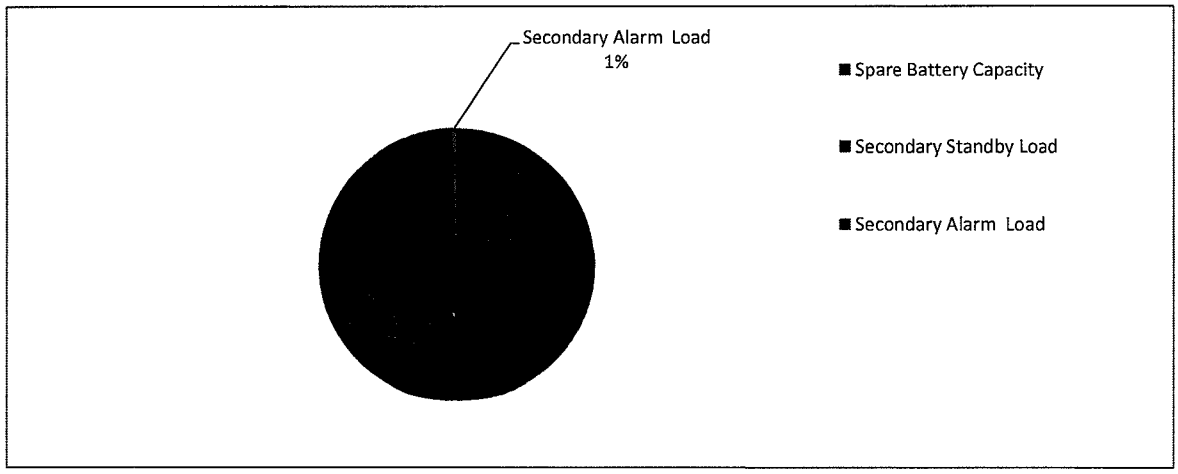
Quantity x [device current draw] = total current draw per device (in amps

Part Number	Qty	Primary Non-Alarm	Primary Alarm	Secondary Non-Alarm
CPU2-3030	1	x [0.12000] = 0.12000	x [0.12000] = 0.12000	x [0.12000] = 0.12000
LCM-320	1	x [0.13000] = 0.13000	x [0.13000] = 0.13000	x [0.13000] = 0.13000
LEM-320	1	x [0.10000] = 0.10000	x [0.10000] = 0.10000	x [0.10000] = 0.10000
LCD-160	1	x [0.07500] = 0.07500	x [0.32500] = 0.32500	x [0.07500] = 0.07500
UDACT-2 Communicator	1	x [0.05200] = 0.05200	x [0.08700] = 0.08700	x [0.05200] = 0.05200
SLC Loop Device Activation Current	2	x [0.00000] = 0.00000	x [0.20000] = 0.40000	x [0.00000] = 0.00000
Total (Amperes):		**0.4770 A**	**0.7620 A**	**0.4770 A**

Part Number	Qty	Secondary Alarm
Total Primary Alarm Load - C2	1	x [0.76200] = 0.76200
Total (Amperes):		**0.7620 A**

Battery Distribution Chart

Shows amp-hour distribution of your selections.



Comments

1. Batteries will fit in the FACP cabinet.
2. Selected battery size meets secondary load requirements.
3. The selected batteries (18AH) are within the charger range of this power supply (7-26AH).

Spare Battery Capacity	4.19	Battery Selection (AH) - Secondary Load Requirements (AH)
Secondary Standby Load	13.74	Secondary Standby Load (AH) * Derating Factor
Secondary Alarm Load	0.08	Secondary Alarm Load (AH) * Derating Factor

NOTIFIER by Honeywell

System Power Requirements

FCPS-24s8 Power Supply

Protected Premises:	Brick Schools - Typical NAC Remote Panel		Date: 1/7/2015
Address:			
City:	Brick	State: New Jersey	Zip: 08723
Prepared By:	Allied Fire & Safety Equipment Co., Inc.		Phone:
Address:	517 Green Grove Road		Email: info@alliedfiresafety.com
City:	Neptune	State: New Jersey	Zip: 07754

AC Branch Current Requirements

3.20 AMPS @ 120 VAC

Current required by source to power the fire alarm system.

Primary Standby Load

0.09 Amps

Current load on the primary power supply during **non-alarm** conditions.

Primary Alarm Load

7.26 Amps

Current load on the primary power supply during **alarm** conditions.

Secondary Load Requirements

2.60 Amp Hours

Total Secondary Load from the calculation table below.

Current Draw		Time (hours)	Total (AH)
Secondary Standby Load 0.065 A	x	Required Standby Time 24 hours	1.56
Secondary Alarm Load 7.258 A	x	Required Alarm Time (hours) 0.084 hours	0.61
		Total Secondary Load	2.17
		Derating factor	x 1.2
		Secondary Load Requirements	**2.60** AH

Battery Selection

7 Amp Hours

Select batteries from the list below.

7 AH BAT-1270 Battery (12 volt)

☑ Two ☐ Four (two 12VDC sets in parallel)

NOTIFIER by Honeywell

Device Current Draw

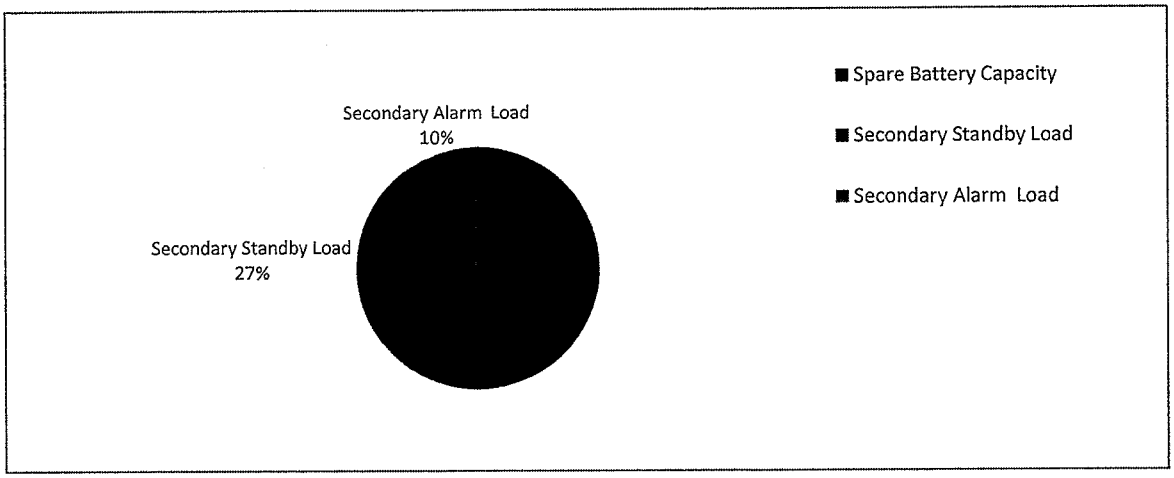
FCPS-24s8 Power Supply

Quantity x [device current draw] = total current draw per device (in amps

Part Number	Qty	Primary Non-Alarm	Primary Alarm	Secondary Non-Alarm
FCPS-24S8 Main Circuit Board	1	x [0.09100] = 0.09100	x [0.14500] = 0.14500	x [0.06500] = 0.06500
P2R75	9	x [0.00000] = 0.00000	x [0.17600] = 1.58400	x [0.00000] = 0.00000
P2R30	40	x [0.00000] = 0.00000	x [0.11600] = 4.64000	x [0.00000] = 0.00000
SR15	10	x [0.00000] = 0.00000	x [0.06600] = 0.66000	x [0.00000] = 0.00000
P2RK115	1	x [0.00000] = 0.00000	x [0.22900] = 0.22900	x [0.00000] = 0.00000
Total (Amperes):		**0.0910 A**	**7.2580 A**	**0.0650 A**

Battery Distribution Chart

Shows amp-hour distribution of your selections.



Comments

1. Batteries will fit in the FACP cabinet.
2. Selected battery size meets secondary load requirements.
3. The selected batteries (7AH) are within the charger range of this power supply (7-18AH).

Spare Battery Capacity	4.40	Battery Selection (AH) - Secondary Load Requirements (AH)
Secondary Standby Load	1.87	Secondary Standby Load (AH) * Derating Factor
Secondary Alarm Load	0.73	Secondary Alarm Load (AH) * Derating Factor

Voltage Drop Analysis

Notification Appliances - NAC #1

FCPS-24S8 Notification Appliance Circuit

Source Voltage: 20.40 VDC Low Battery

Protected Premises: Brick Township Schools Typical NAC Power Supply Date: 1-7-2015

Address: 101 Hendrickson Avenue City: Brick

State: New Jersey Zip: 08724 Note: Remote NAC Power Supply Voltage Drop

Prepared By: Allied Fire and Safety Equipment Co., Inc Phone: (732) 922-3399

Address: 517 Green Grove Road City: Neptune

State: NJ Zip: 07754

Device #	PartNumber	Current (amps)	Distance (Feet)		Circuit Voltage @ Each Device				
			Between	Total			14 AWG		
1	P2R1575	0.1000	50	50			19.94		
2	P2R1575	0.1000	50	100			19.51		
3	P2R1575	0.1000	50	150			19.11		
4	P2R1575	0.1000	50	200			18.74		
5	P2R1575	0.1000	50	250			18.40		
6	P2R1575	0.1000	50	300			18.10		
7	P2R1575	0.1000	50	350			17.82		
8	P2R1575	0.1000	50	400			17.58		
9	P2R1575	0.1000	50	450			17.36		
10	P2R1575	0.1000	50	500			17.18		
11	P2R1575	0.1000	50	550			17.02		
12	P2R1575	0.1000	50	600			16.90		
13	P2R1575	0.1000	50	650			16.81		
14	P2R1575	0.1000	50	700			16.75		
15	P2R1575	0.1000	50	750			16.72		
	Total Current:	**1.5000**	**% Voltage Drop:**				**18.06**		
							Go		

~~Strikethrough~~ indicates a value below the device's minimum voltage at indicated location and wire gauge.

These calculations assume a worst-case source voltage as measured by UL with the batteries depleted to 20.4 volts. Under AC power and for most of the drain cycle of the batteries, the circuit voltages will be substantially higher and thus, would support a greater number of devices. A device's minimum operating voltage is derived from the UL-requirement that it operate within a Regulated Voltage Range (16VDC - 33VDC).

Voltage Drop Analysis

Notification Appliances - NAC #2

FCPS-24S8 Notification Appliance Circuit

Source Voltage: 20.40 VDC Low Battery

Protected Premises: Brick Township Schools - Typical NAC Power Supply Date: 1-7-2015

Address: 101 Hendrickson Avenue City: Brick

State: New Jersey Zip: 08724 Note: Remote NAC Power Supply Voltage Drop

Prepared By: Allied Fire and Safety Equipment Co., Inc Phone: (732) 922-3399

Address: 517 Green Grove Road City: Neptune

State: NJ Zip: 07754

Device #	PartNumber	Current (amps)	Distance (Feet)		Circuit Voltage @ Each Device				
			Between	Total			14 AWG		
1	P2R1575	0.1000	50	50			19.94		
2	P2R1575	0.1000	50	100			19.51		
3	P2R1575	0.1000	50	150			19.11		
4	P2R1575	0.1000	50	200			18.74		
5	P2R1575	0.1000	50	250			18.40		
6	P2R1575	0.1000	50	300			18.10		
7	P2R1575	0.1000	50	350			17.82		
8	P2R1575	0.1000	50	400			17.58		
9	P2R1575	0.1000	50	450			17.36		
10	P2R1575	0.1000	50	500			17.18		
11	P2R1575	0.1000	50	550			17.02		
12	P2R1575	0.1000	50	600			16.90		
13	P2R1575	0.1000	50	650			16.81		
14	P2R1575	0.1000	50	700			16.75		
15	P2R1575	0.1000	50	750			16.72		
	Total Current:	**1.5000**	**% Voltage Drop:**				**18.06**		
							Go		

~~Strikethrough~~ indicates a value below the device's minimum voltage at indicated location and wire gauge.

These calculations assume a worst-case source voltage as measured by UL with the batteries depleted to 20.4 volts. Under AC power and for most of the drain cycle of the batteries, the circuit voltages will be substantially higher and thus, would support a greater number of devices. A device's minimum operating voltage is derived from the UL-requirement that it operate within a Regulated Voltage Range (16VDC - 33VDC).

Voltage Drop Analysis

FCPS-24S8 Notification Appliance Circuit

Source Voltage: 20.40 VDC Low Battery

Protected Premises: Brick Township Schools Typical NAC Power Supply **Date:** 1-7-2015

Address: 101 Hendrickson Avenue **City:** Brick

State: New Jersey **Zip:** 08724 **Note:** Remote NAC Power Supply Voltage Drop

Prepared By: Allied Fire and Safety Equipment Co., Inc **Phone:** (732) 922-3399

Address: 517 Green Grove Road **City:** Neptune

State: NJ **Zip:** 07754

Device #	PartNumber	Current (amps)	Distance (Feet)		Circuit Voltage @ Each Device				
			Between	Total			14 AWG		
1	P2R1575	0.1000	50	50			19.94		
2	P2R1575	0.1000	50	100			19.51		
3	P2R1575	0.1000	50	150			19.11		
4	P2R1575	0.1000	50	200			18.74		
5	P2R1575	0.1000	50	250			18.40		
6	P2R1575	0.1000	50	300			18.10		
7	P2R1575	0.1000	50	350			17.82		
8	P2R1575	0.1000	50	400			17.58		
9	P2R1575	0.1000	50	450			17.36		
10	P2R1575	0.1000	50	500			17.18		
11	P2R1575	0.1000	50	550			17.02		
12	P2R1575	0.1000	50	600			16.90		
13	P2R1575	0.1000	50	650			16.81		
14	P2R1575	0.1000	50	700			16.75		
15	P2R1575	0.1000	50	750			16.72		
	Total Current:	**1.5000**	**% Voltage Drop:**				**18.06**		
							Go		

~~Strikethrough~~ indicates a value below the device's minimum voltage at indicated location and wire gauge.

These calculations assume a worst-case source voltage as measured by UL with the batteries depleted to 20.4 volts. Under AC power and for most of the drain cycle of the batteries, the circuit voltages will be substantially higher and thus, would support a greater number of devices. A device's minimum operating voltage is derived from the UL-requirement that it operate within a Regulated Voltage Range (16VDC - 33VDC).

Voltage Drop Analysis

Notification Appliances - NAC #4

FCPS-24S8 Notification Appliance Circuit

Source Voltage: 24 VDC Nominal

Protected Premises: Brick Township Schools Typical NAC Power Supply **Date:** 1-7-2015

Address: 101 Hendrickson Avenue **City:** Brick

State: New Jersey **Zip:** 08724 **Note:** Remote NAC Power Supply Voltage Drop

Prepared By: Allied Fire and Safety Equipment Co., Inc **Phone:** (732) 922-3399

Address: 517 Green Grove Road **City:** Neptune

State: NJ **Zip:** 07754

Device #	PartNumber	Current (amps)	Distance (Feet)		Circuit Voltage @ Each Device				
			Between	Total			14 AWG		
1	P2R1575	0.1000	50	50			23.54		
2	P2R1575	0.1000	50	100			23.11		
3	P2R1575	0.1000	50	150			22.71		
4	P2R1575	0.1000	50	200			22.34		
5	P2R1575	0.1000	50	250			22.00		
6	P2R1575	0.1000	50	300			21.70		
7	P2R1575	0.1000	50	350			21.42		
8	P2R1575	0.1000	50	400			21.18		
9	P2R1575	0.1000	50	450			20.96		
10	P2R1575	0.1000	50	500			20.78		
11	P2R1575	0.1000	50	550			20.62		
12	P2R1575	0.1000	50	600			20.50		
13	P2R1575	0.1000	50	650			20.41		
14	P2R1575	0.1000	50	700			20.35		
15	P2R1575	0.1000	50	750			20.32		
	Total Current:	**1.5000**	**% Voltage Drop:**				**15.35**		
							Go		

~~Strikethrough~~ indicates a value below the device's minimum voltage at indicated location and wire gauge.