

BLOCK 1068 LOT 15.01 QUALIFICATION CODE _____

103 Hendrickson Ave

ADDRESS (SITE) Brick, NJ 08723

PERMIT NO. 15-2095


CONSTRUCTION PERMIT APPLICATION

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

C-15-003233

I. IDENTIFICATION

1. Proposed Work Site at: Veterans Memorial Elementary School

2. Name of Owner in Fee: Brick Township Board of Education
 Tel. (732) 785-3000 e-mail jedwards@brickschools.org
 Address 101 Hendrickson Ave Brick, NJ 08724

3. Ownership in Fee: Public ☒ Private ☐
 street municipality zip code

4. Principal Contractor: Wallace Bros Inc Tel. (732) 295-9340
 Address 400 Chambers Bridge Road e-mail _____
Brick, NJ 08723 swallace@wallacegc.com

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. 22-2775668 FAX: (732) 295-5358

5. Architect or Engineer DiCara/Rubino ARch Contact Bob Iamello
 Address 30 Galesi Drive Wayne, NJ e-mail _____
 Tel. (973) 256-0202 FAX: (973) 256-0227

6. Responsible Person in Charge once Work has Begun Steve Wallace
 Tel. (732) 295-9340 FAX: (732) 295-5358

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	
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)

- ☐ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
				06/27/15	KEK		

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present: _____
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: _____
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present: _____

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

- D. Construct. Classification: Present _____
 Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Escalators/Lifts/
 Dumbwaiters/Moving Walks
☐ High Pressure Boilers
☐ Pressure Vessels
☐ Refrigeration Systems
☐ Cross-Connections/Backflow Preventers
☐ Hazardous Uses/Places of Assembly
☐ Sprinklers/Standpipes
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/29/2017
Control Number C-15-003233
Permit Number 15-2095
Permit Issue Date 6/30/2015
Certificate Number 15-2095

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 101 - 107 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) 785-3000
Contractor: WALLACE BROTHERS INC.
Address: 413 RAILROAD SQ PLAZA PT PLEASANT BEACH NJ
Telephone: (732) 295-9340 Fax: (732) 295-5358
License Number or Builders Registration Number: 50882 Federal Emp. Number: 22-2775668

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: WINDOW ALTERATION(S) - VETS ELEMENTARY SCHOOL

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:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

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 have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(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 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 WALLACE

Address _____

Telephone (732) 295-9340

Signature [Signature]

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



BUILDING SUBCODE TECHNICAL SECTION



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

Block 1068 Lot 1501 Qualification Code _____

Work Site Location Veterans Memorial Elementary School

103 Hendrickson Avenue Brick NJ 08723

Owner in Fee: Brick Township Board of Education

Tel. (732.) 785-3000

Address 101 Hendrickson Avenue Brick, NJ 08724 e-mail edwards@brickschools.org

Contractor: Wallace Bros Inc. Tel. (732-) 295-9340

Address 400 Chambers Bridge Rd e-mail swallace@wallacegc.com

Brick, NJ 08723

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 22-2775668 FAX: (732.) 295-5358

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date 06/23/15 Initial WCB

INSPECTIONS

Type: _____ Failure _____ Dates (Month/Day) _____ Approval _____ Initial _____

☒ All 06/23/15 WCB Footing _____ Failure _____

☐ Footings/Foundations _____ Failure _____

☐ Structural/Framework _____ Failure _____

☐ Exterior _____ Failure _____

☐ Interior _____ Failure _____

☐ Joint Plan Review Required: _____ Failure _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____ Failure _____

☐ SUBCODE APPROVAL for PERMIT _____ Failure _____

Date: 06/23/15 _____ Failure _____

Approved by: WCB _____ Failure _____

SUBCODE APPROVAL for CERTIFICATE _____ Failure _____

☐ CO ☐ CCO ☐ CA _____ Failure _____

Date: 06/23/15 _____ Failure _____

Approved by: WCB _____ Failure _____

Barrier-Free _____ Failure _____

Use Group Present _____ Failure _____

No. of Stories _____ Failure _____

Height of Structure _____ Failure _____

Area — Largest Floor _____ sq. ft. _____ Failure _____

New Bldg. Area/All Floors _____ sq. ft. _____ Failure _____

Volume of New Structure _____ cu. ft. _____ Failure _____

Max. Live Load _____ Failure _____

Max. Occupancy Load _____ Failure _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Failure _____

No. of Stories _____ Failure _____

Height of Structure _____ Failure _____

Area — Largest Floor _____ sq. ft. _____ Failure _____

New Bldg. Area/All Floors _____ sq. ft. _____ Failure _____

Volume of New Structure _____ cu. ft. _____ Failure _____

Max. Live Load _____ Failure _____

Max. Occupancy Load _____ Failure _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent, owner or record and am authorized to make this application.

Sign here: _____

Print name here: Steve Daniels

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Window Replacements

Window Replacements

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6') _____

☐ Sign _____ Sq. Ft. _____

☐ Pool _____

☐ Retaining Wall _____ Sq. Ft. _____

☐ Asbestos Abatement Subchapter 8 _____

☐ Lead Haz. Abatement NJAC 5:17 _____

☐ Radon Remediation _____

☐ Other _____

☐ Demolition _____

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Date Received
Control #

Date Issued
Permit #

6/30/15
15-2095

KALWALL®

C O R P O R A T I O N

1111 Candia Road | PO Box 237 Manchester NH 03105-0237 USA

T: 603.627.3861 | 800.258.9777 F: 603.627.7905 W: KALWALL.COM

1068 / 15.01

Via: UPS Gmd

Wallace Contracting Inc.
400 Chambers Bridge Road

Brick, NJ 08723

ATTENTION: Lou Renton

RECEIVED

MAY 2 2017

WALLACE BROS., INC.

DATE: 4/28/17

15-2095

PROJECT: Veterans Memorial Elementary School

LOCATION: Brick Township, NJ

CUST. ORDER NO.: BSWR#1

KALWALL ORDER NO.: 150236-TB

Enclosed please find the following:

- | | | | |
|---|--|--------|------|
| ☐ Submittal Drawings: | Copies | Vellum | Disk |
| ☐ Revised Submittal Drawings | Copies | Vellum | Disk |
| ☐ Fabrication Drawings: | Copies | Vellum | Disk |
| ☐ Kalwall Corrosion Resistant Finish Color Charts: | | | |
| ☐ Applicable Test Reports | ☐ Span Analysis | | |

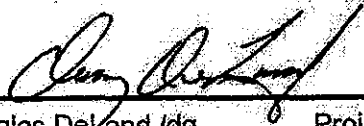
These are for:

- | |
|--|
| ☐ Your Approval |
| ☒ As Requested |
| ☐ Your Use |
| ☐ Field and File |
| ☐ Color Selection |

Other: Warranty

CC

Very truly yours,
Kalwall Corporation



Douglas DeLand /dg Project Coordinator

11-3-16 pm final - contractor made 90 m schedule classes 1...
12/20/16 pm final ^{section -} windows 75% window lock not working properly.
exterior finish good
6-8-17 pm final. see connection letter.



1111 Candia Rd., PO Box 237, Manchester, NH 03105-0237 U.S.A.
Phone: 603-627-3861 or 800-258-9777 Fax: 603-627-7905
info@kalwall.com

April 26, 2017

Wallace Contracting Inc.
400 Chambers Bridge Road
Brick, NJ 08723

RE: Veterans Memorial Elementary School
Brick Township, NJ
Kalwall #150236-TB

Gentlemen:

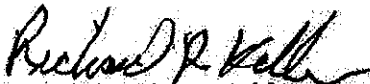
We hereby guarantee all properly maintained materials supplied by Kalwall Corporation in accordance with approved shop drawings #K15-0236 at the above referenced project to be free from defects in material and workmanship for a period of five years.

Claims must be in writing. Proof of purchase is required. Keep dated invoices. This guarantee is valid only after receipt of payment in full and in no event shall this guarantee be honored after November 1, 2020. Acts of God, vandals, accidents, improper storage or installation, and substructure movement are not covered by this guarantee.

Should the panels fail to meet the above guarantee within the five year period, the liability of the company is limited to furnishing new panels of the same type and size.

Very truly yours,

KALWALL CORPORATION


Richard R. Keller
President

RRK/dl



CONSTRUCTION PERMIT

Date Issued 6/30/15
Control # C-15-003233
Permit # 15-2095

IDENTIFICATION Block: 1068 Lot: 15.01 Qualifier _____
Work Site Location: 101 - 107 HENDRICKSON AVE Brick Township, NJ Contractor WALLACE BROTHERS INC.
Owner in Fee BRICK TOWNSHIP BOARD OF EDUCATION Address 413 RAILROAD SQ PLAZA PT PLEASANT BEACH NJ
101 HENDRICKSON AVE BRICK NJ 08724 Telephone: (732) 295-9340
Telephone: (732) 785-3000 Lic. No. or Bldrs. Reg. No. 58882
Federal Employee No. 22-2775668

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:

WINDOW ALTERATION(S) - VETS ELEMENTARY SCHOOL

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$200,000

David J. Newman Jr. 6/30/15
Construction Official Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

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	\$0
Other	\$0
Total	\$0
Check No.	
Cash	\$0
Credit	\$0
Collected By	

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.

Permit #15-2095

12/28/16 B-
WPN

TOWNSHIP OF BRICK

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

John G. Ducey, Mayor

Township Council:

Paul Mummolo - President
Marianna Pontoriero - Vice President
Lisa Crate
Heather deJong
Jim Fozman
Arthur Halloran
Andrea Zapcic



VET Elementary School

Division of Inspections

Daniel Newman Jr.
Construction Official
dnewman@twp.brick.nj.us

732-262-1030
Fax: 732-262-2941
www.twp.brick.nj.us

Room Windows

#8 NG G
#7 NG G
#6 NG G
#5 NG NGG
#4 NG G
#3 NG NG
#1 NG G
main office NG
#11 - Good
#12 - Good
#13 - Good
#14 - Good
#15 - Good
#16 - Good

Doors

#8 Good
#7 Good
#6 Good
#5 Good
#4 Good
#3 Good
#1 Good
all 13 Doors OK
main office Door Good.
#19 Door Good
#20 Good
#21 Good
#29 Good
#30 Good

Windows

#17 - Good
#18 - NG G
#19 - NG G
#20 NG G
#21 NG G
#22 NG G
#23 NG G
#24 - Good
#25 NG G
#26 - NG G
#27 - NG G
#28 - NG G
#BSI - NG G
#29 - NG G
#30 - NG G



www.facebook.com/BrickTwpNJGovernment



@TownshipofBrick

8 - School's windows correction.
5 - School's complete inspection
Brick Township

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

CORRECTION NOTICE

ADDRESS 6/8/17 PM

PERMIT NUMBER _____ BLOCK _____ LOT _____

OWNER _____

Upon inspection, violations of the _____ Building _____ Plumbing _____ Electric _____ Fire Code
were in evidence and the following orders are hereby issued for their correction:

- ① ~~Remond L H.S.~~ - Room #s 234, 104, 103, 102, 100.
- ② ~~Stone Mill Elementary~~ - Room #s 26, 22. (19-Track missing screw)
- ③ ~~Robt's Elementary~~ - Room # 3
- ④ ~~Wts Middle School~~ - Room # F-3, G-1, G-3, G-5
- ⑤ ~~Weststream Elementary~~ - Room # 1, 3, 5, 6, 4, 18

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND
APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 6/8/17 INSPECTOR BM

3 - Schools

Brick Township

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

CORRECTION NOTICE

ADDRESS 6/9/17 PM

PERMIT NUMBER _____ BLOCK _____ LOT _____

OWNER _____

Upon inspection, violations of the _____ Building _____ Plumbing _____ Electric _____ Fire Code
were in evidence and the following orders are hereby issued for their correction:

- ① 15-2092 - Fair Osbornville no charge
to window from last inspection
- ② 15-2087 Drumpt school 41 & 43
PASS
- ③ 15-2088 Lake R. middle school
PASS

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND
APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 6/9/17 INSPECTOR BM