BLOCK 1068 LOT 15.01 QUALIFICATION CODE _____ ADDRESS (SITE) 105 HENDRICKSON AVE BRICK, NJ PERMIT NO. 13-5027

CONSTRUCTION PERMIT APPLICATION

C13-002008

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

I. IDENTIFICATION

1. Proposed Work Site at: Veterans Memorial Middle School
2. Name of Owner in Fee: Brick Township Board of Education
   Tel. (732) 785-3000 e-mail _____
   Address 101 Hendrickson Avenue, Brick, NJ 08724 (street / municipality / zip code)
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: Design Resources Group Arch Tel. (732) 560-7900
   Address 371 Hoes Lane Suite 301 e-mail dwidge@drgarch.com
   Piscataway, NJ 08854
   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. _____ FAX: (732) 560-7910
5. Architect or Engineer Design Resources Group Contact David Gabati
   Address 371 Hoes Lane Suite 301, Piscataway, NJ e-mail dwidge@drgarch.com
   Tel. (732) 560-7900 FAX: (732) 560-7910
6. Responsible Person in Charge once Work has Begun Philip Cacossa
   Tel. (732) 560-7900 FAX: (732) 560-7910

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ X		
2. Electrical	X		
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	$		

Exempt

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	15'-0" ft.	
3. Area — Largest Floor	142,795 sq. ft.	
4. New Building Area	No Change sq. ft.	
5. Volume of New Structure	N/A cu. ft.	
6. Max. Live Load	N/A	
7. Max. Occupancy Load	N/A	
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	NA sq. ft.	
10. Flood Hazard Zone	NA	
11. Base Flood Elevation	NA 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	$5,000			4/12/13 W			8/30/13	9/19/13	
☒ Electrical	$50,000			7/30/13 JJ			12-5-13		JJ
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$55000								

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: Education / No change
3. Change in Use Group, Indicate Present: Education

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

D. Construct. Classification: Present various
Proposed ~~No change~~ No Change

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

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 08/05/13

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.

(X) Check if contractor.

Agent Name Design Resources Group Architects / DAVID GALATI

Address 371 Hoes Lane Suite 301

Piscataway NJ 08854

Telephone (732) 560 7900

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/25/2017
Control Number C-13-002008
Permit Number 13-5027
Permit Issue Date 12/5/2013
Certificate Number 13-5027

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 101 - 107 HENDRICKSON AVE Vets Middle School 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 Design Resources Group

Address 371 Hoes Lane Ste. 301 Piscataway NJ 08854

Telephone: (732) 560-7900 Fax: (732) 560-7910

License Number or Builders Registration Number: Federal Emp. Number:

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: ALTERATION - COMMERCIAL, ELECTRICAL ALTERATIONS Emergency and exit lights

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:

Date Printed: 8/25/2017

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 13-5027

Date Issued
Permit # 12-05-13

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 Middle School
105 Hendrickson Ave, Brick, NJ

Owner in Fee: Brick Township Board of Education

Tel. (732) 785 3000 e-mail

Address 101 Hendrickson Avenue, Brick NJ 08724
street municipality zip code

Contractor: Design Resources Group Tel. (732) 560 7900

Address 371 Hoes Lane Suite 301 e-mail davidg@drgnia.com
Piscataway, NJ 08854

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

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

Federal Emp. ID No. FAX: (732) 560 7910

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.

Sign here:

Print name here: DAVID GALATI

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace emergency exit signs & Add emergency lights to coorridors.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	08/02/13	MAK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 08/03/13
Approved by: MAK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 08/11/17
Approved by: MAK

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation			Attached	
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
TCO				
~~Other~~				
Final				

* See Final 12-7-16 DM
* 4/13/15 MW
* 3/6/14 MW * 5/1/17 PM 8/9/17 PM
+ 4-24-14 MW
8/18/16 PM
* 5-4-17

B. BUILDING CHARACTERISTICS

Use Group Present E Proposed E / NO Change
No. of Stories 1
Height of Structure 15'-8" ft.
Area — Largest Floor 142,995 sq. ft.
New Bldg. Area/All Floors No Change sq. ft.
Volume of New Structure NA cu. ft.
Max. Live Load NA
Max. Occupancy Load NA

Constr. Class Present V Proposed NO Change
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ ~~50,000~~ 5,000
3. Total (1+ 2) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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)
$

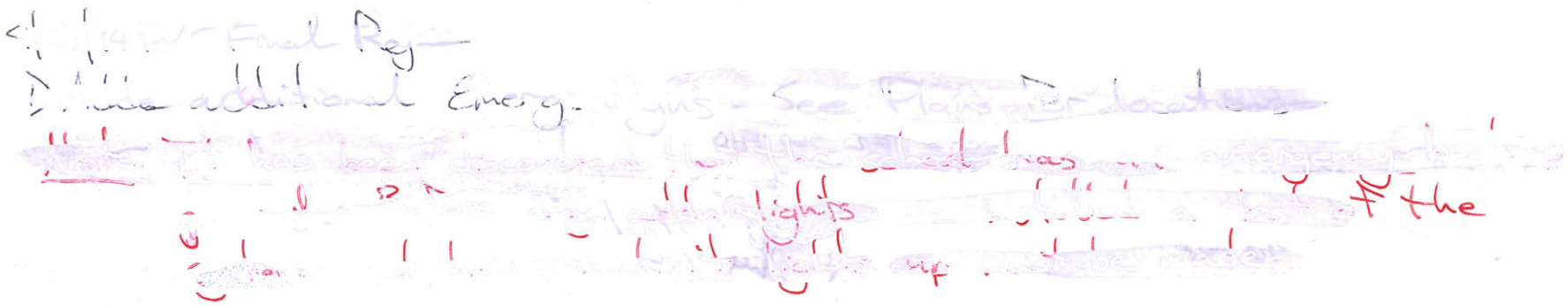
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F110
(rev. 11/09)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

3/6/14 MW - Final Rq -

1) Add Emerg ϕ's in Library (2).
2) Cafeteria has mult. non functioning / Repair or Replace



4/13/15 MW - #2 From 3/6/14

8/18/16 PM Final - meet Marvin from FSG Elec. has to talk to Building official to schedule full Ele exit & light inspection because so much time has passed since last inspection. He said it could take up to 2 HR's or more.

* 12-7-16 PM Final - see connection notice no change from Inspection 4/13/16 PM

* 5-1-17 PM Final - No plans, no body around need remote to check lights. also to locate areas of inspection.

(B) tech

1068 15.01

NEED C.O.C. TO FSG ELECTRIC / TAKEN OK TO ISSUE FINAL

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 12-05-13

Date Issued Permit # 13-5027

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 Middle School
105 Hendrickson Ave, Brick Nd

Owner in Fee: Brick Township Board of education

Tel. (732) 785 3000 e-mail

Address 101 Hendrickson Ave. (street) Brick (municipality) Nd 08724 (zip code)

Contractor: Design Resources Group Tel. (732) 560 7900

Address 371 Hoes Lane, Suite 301 e-mail davidg@drgusa.com
Piscataway Nd 08854

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: (732) 560 7910

B. ELECTRICAL CHARACTERISTICS

Use Group Present E Proposed E No Change

[ ] Pole/Pad # [ ] Temporary [X] Other Emergency lighting

Building Occupied as Education Utility Co.

Est. Cost of Elec. Work $ 50,000

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: David Galati

Print name here: David Galati

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace exit signs & ~~install~~ additional Add emergency lights in corridors

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
136		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		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: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5/18/15
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough SEE BACK			3/6/14	PSL
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/18/15	RE
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

3/6/14 – PASS ROUGH:

1) ADD ~~TWO~~ (2) EMER. LTS. IN LIBRARY CEILING.

PJC

4/13/15 – PASS ROUGH –

FSG ELECTRIC → NEED C.O.C. – OK TO ISSUE FINAL APPROVAL UPON ISSUANCE OF C.O.C.

PJC

E tech