BLOCK 10108 LOT 15.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 13-5299

CONSTRUCTION PERMIT APPLICATION

C13-004630

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

I. IDENTIFICATION

1. Proposed Work Site at: 105 Hendrickson Avenue, Brick NJ 08724
2. Name of Owner in Fee: Brick Board of Education
   Tel. (732) 785-3000 e-mail jedwards@brickschools.org
   Address 101 Hendrickson Avenue (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: Design Resources Group, AIA Tel. (732) 560-7900
   Address 371 Hoes Lane, Suite 301 e-mail frankb@drgaia.com
   Piscataway, NJ 08854
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. _____ FAX: _____
5. Architect or Engineer Design Resources Group, AIA Contact Frank Bowlby
   Address 371 Hoes Lane Piscataway NJ 08854 e-mail frankb@drgaia.com
   Tel. (732) 560-7900 FAX: (732) 560-7900 ✓
6. Responsible Person in Charge once Work has Begun TBD
   Tel. _____ FAX: _____

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 25 ft.
3. Area — Largest Floor 64,857 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 X

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)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building					08/15/13	WCK			
☐ Electrical				8/22/13					
☐ Plumbing					8-27-13				
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$0								

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: School
2. Use Group, Proposed: E
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:
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

HVAC Computer Rooms

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/28/2015
Control Number C-13-004630
Permit Number 13-5299
Permit Issue Date 12/27/2013
Certificate Number 13-5299

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:

Contractor Falasca Mechanical Inc.

Address 3329 North Mill Rd. Vineland NJ 08360

Telephone: (856) 794-2010 Fax: (856) 794-9644

License Number or Builders Registration Number: 10396 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: REPLACEMENT A/C ...HVAC UPGRADES TO EXISTING IT/COMPUTER ROOM

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: 12/28/2015

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

BLOCK 1068 LOT 15.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 13-5299

CONSTRUCTION PERMIT APPLICATION C13-004630

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-006837

I. IDENTIFICATION

1. Proposed Work Site at: 105 Hendrickson Avenue, Brick, NJ 08724
2. Name of Owner in Fee: Brick BOE
   Tel. (732) 785-3000 e-mail _____
   Address 105 Hendrickson Avenue (street) (municipality) (zip code)
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: Falasca Mechanical Inc. Tel. (856) 794-2010
   Address 3329 N Mill Road Email: _____
   Vineland, NJ 08360
   License No. OR, if new home, Builder Reg. No. 10396 Exp. Date 6/30/15
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3607624 Fax: (856) 794-9644
5. Architect or Engineer Design Resources Group Contact Frank Bowlby
   Address 371 Hoes Lane Piscataway, NJ e-mail _____
   Tel. (732) 560-7900 Fax: (732) 560-7900
6. Responsible Person in Charge once Work has Begun Dennis Perna
   Tel. (856) 794-2010 Fax: (856) 794-9644

V. FEE SUMMARY (for office use only)

			Update
1.	Building	$ 1815	
2.	Electrical	70	
3.	Plumbing	150	
4.	Fire Protection	150	
5.	Elevator Devices		
6.	Subtotal		
7.	Less 20% for State Plan Review	$	
8.	Subtotal	$	
9.	State Permit Surcharge Fee	185	
10.	Subtotal	$	
11.	Cert. of Occupancy		
12.	Other		
13.	TOTAL	$ 2370	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1.	Number of Stories	1
2.	Height of Structure	25 ft.
3.	Area — Largest Floor	64857 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 X	

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					12/17/13	KER			
☐ Electrical					12/24/13	JS			
☐ Plumbing									
☐ Fire Protection				12-9-13			12/26/13		
☐ Elevator									
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:
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 System
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. ☐ LP Gas Tanks
12. ☐ Fire Alarm

Change of Contractor 12-11-13P01:20 FILED

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.

(x) Check if contractor.

Agent Name Falasca Mechanical Inc.

Address 3329 N Mill Road

Vineland, NJ 08360

Telephone (856) 794-2010

Signature _____

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

BUILDING SUBCODE
TECHNICAL SECTION

Change of Contractor

Date Received / Control # 12/27/13

Date Issued / Permit # 13-5299

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 105 Hendrickson Avenue
Brick, NJ 08724

Owner in Fee Brick BOE

Address 105 Hendrickson Avenue
Brick, NJ 08724

Tel. (732) 785-3000

Contractor Falasca Mechanial Inc

Address 3329 N Mill Road
Vineland, NJ 08360

Tel. (856) 794-2010 FAX (856) 794-9644

Contractor License No. or Builder Registration No. 10396

Federal Emp. No 22-3607624

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	12/17/13	TEV
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 12/18/15
Approved by: KAH

3-A/C 1,2,3

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
*Final	11/24/15 8m		12-15-15 8m	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present E Proposed E

Constr. Class Present Proposed

No. of Stories 1

Height of Structure 25 Ft.

Area — Largest Floor 64 857 Sq. Ft.

New Bldg. Area/All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 65 000
3. Total (1+ 2) $ 65 000

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

IMPROVE HVAC/COOLING IN IT/COMPUTER ROOMS

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

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

11/24/15 @ Mrs Hale office ① condensation line leaking to ceiling Tile.

② Fire caulk ceiling

(B) Tech

ELECTRICAL SUBCODE
TECHNICAL SECTION

New Jersey Uniform Construction Code

Change of Contractor

Date Received 12/27/13
Control #
Date Issued
Permit # 13-5299

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
105 HENDRICKSON AVE BRICK NJ.

Owner in Fee BRICK B.O.E
Address 105 HENDRICKSON AVE

Tel ( )

Contractor Altec Electrical Corporation
Address 904 Atlantic Avenue
Point Pleasant, NJ 08742
Tel (732) 903 - 6264 Fax (732) 903 - 6298
Contractor License No. 11073
Federal Emp. No. 22329 2289

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole / Pad # [ ] Temporary [ ] Other
Building Occupied as School Utility Co. JCP+L
Est. Cost of Elec Work $ 24,000

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's Signature / Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
6		Receptacles	
		Switches	
		Detectors	
		Light Poles	
75		Motors - Fract. HP	
		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 Dryer / Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater / Air Handler	
		KW Baseboard Heat	
5	1/4	(HP) Motors 1/+ HP Exhaust Fans	
		KW Transformer / Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
3	20Amp	Split System AC Units	

3 - Heating units

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 12/24/13
Approved by: SJ

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/14/15
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final PSE	4/7/15		4/14/15	PSE
Barrier-Free				

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

4/7/15 –

STRAPPING AND
SEAL PENETRATIONS.

2 @ tech
(change of contractor)

SPECIFICATIONS FOR:
Installation of HVAC Computer Rooms

AT:

Veterans Memorial Elementary School
DRG 1246 State Plan **0530-080-10-1073**

Brick Twp High School
DRG 1247 State Plan **0530-020-10-1080**

Brick Memorial High School
DRG 1248 State Plan **0530-020-10-1008**

FOR THE

Brick Township Board of Education

OWNER
Brick Township School District
101 Hendrickson Avenue
Brick Township, NJ 08724

ARCHITECT
Design Resources Group, Architects, AIA
371 Hoes Lane, Suite 301
Piscataway, New Jersey 08854
Tel: (732)-560-7900
Fax: (732)-560-7910

DATE: **July 2013**

TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE
Building Subcode KAK 08/15/13
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official

FILE COPY