



CONSTRUCTION PERMIT APPLICATION

006/1090

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

I. IDENTIFICATION

1. Proposed Work Site at Veterans Elementary School

2. Name of Owner in Fee: Brick Board of Education
Tel. (732) 785-3000 e-mail _____
Address 103 Hendrickson Ave. Brick 08724
street municipality zip code

3. Ownership in Fee: Public ☒ Private _____

4. Principal Contractor: Board of Education Tel. (732) 785-3000
Address 101 Hendrickson Ave. e-mail _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: (_____) _____

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun FRED TESTA
Tel. (732) 262-2628 FAX: (732) 262-0547

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>11</u>		
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

1. Number of Stories		(office use only)
2. Height of Structure	<u>8</u> ft.	
3. Area - Largest Floor	<u>21</u> sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	<u>21</u> sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands	yes ☒ no ☐	
11. Max. Live Load		
12. Max. Occupancy Load		

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates		Re-viewer
							Approval	Rejection	
1. ☒ Minor Work	<u>6,000.00</u>	<u>MM</u>	<u>3/10/06</u>						
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

4. No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs
	7. ☐ Sprinklers	

ANY BUILDING QUESTIONS
CALL 732-262-1027

IMPORTANT
A.H.B.T. - EXEMPT

IMPORTANT
A.H.B.T. - EXEMPT

OFFICE DATE RECEIVED: _____

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

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)	
Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

U.C.C. F100-3 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. () I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. () I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. () I further certify that I will perform or supervise the following work:

C.1. () Building
C.2. () Fire Protection
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 JOE TESTA BRICK B.O.F.

Address 101 Hendrickson Ave. Belial

Telephone (732) 262-2628

Signature [Signature]

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

U.C.C. F100-2 (rev. 1/2004)



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 15.01 Qualification Code _____
Work Site Location Veterans Elementary School

Owner in Fee Brick Board of Education
Address 103 Hendrickson Ave.

Tel. (732) 785-3000
Contractor Brick Board of Education
Address 101 Hendrickson Ave. Brick

Tel. (732) 262-2628 FAX (732) 262-0547
Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Required	<u>03/30/07</u>	<u>Red</u>	Type: _____
☒ All			Footings _____
☐ Footings			Footings Bonding _____
☐ Foundation			Foundation _____
☐ Frame			Slab _____
☐ Other			Frame _____
			Truss Sys./Bracing _____
			Barrier-Free _____
Joint Plan Review Required:			
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator
Insulation _____			
Finishes -Base Layer _____			
Finishes -Final _____			
Energy _____			
Mechanical _____			
TCO _____			
Other _____			
Final _____			
Barrier-Free _____			
SUBCODE APPROVAL			
☐ CO	☐ CCO	☐ CA	
Date:	<u>3.30.07</u>		
Approved by:	<u>[Signature]</u>		

B. BUILDING CHARACTERISTICS	
Use Group	Present _____
Constr. Class	Present _____
No. of Stories	_____
Height of Structure	<u>8</u> Ft.
Area — Largest Floor	<u>21</u> Sq. Ft.
New Bldg. Area/All Floors	_____ Sq. Ft.
Volume of New Structure	_____ Cu. Ft.
Total Land Area Disturbed	<u>21</u> Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Rehabilitation \$ _____
3. Total (1+2) \$ _____

Date Received
Control # _____
Date Issued
Permit # _____

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]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of sign
Front of school

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☒ Sign
☐ 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 \$ _____

U.C.C. F110
(rev. 07/03)

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



CONSTRUCTION PERMIT

Date Issued 03/31/2006
Control # C-06-1090
Permit # 06-0858

IDENTIFICATION Block: 1068 Lot: 15.01 Qualifier _____
Work Site Location: 101 - 107 HENDRICKSON AVE Brick Township, Contractor BRICK TOWNSHIP BOARD OF EDUCATION
NJ Address 101 HENDRICKSON AVE. BRICK NJ 08724
Owner in Fee BRICK TOWNSHIP BOARD OF EDUCATION
Address 101 HENDRICKSON AVE. BRICK NJ 08724 Telephone: 732-785-3000
Telephone: (732) 785-3000 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

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:

SIGN INSTALLATION GROUND SIGN 4X8 IN SIZE

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 \$1,200

Construction Official _____ Date 03/31/2006

U.C.C. F170
equiv (rev 8/03)

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	
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.



ELECTRICAL 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 15.1 Qualification Code _____

Work Site Location WETS ELEMENTARY SCHOOL

Owner in Fee HENDRICKSON AVE

Address BAILEY BOARDS OF ED

Address 101 HENDRICKSON AVE

Tel (732) 785-3000

Contractor SCHEDEL

Address 5000

Tel (732) 262-7424 (SMDP) FAX ()

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
[] No Plans Required			Type:	Failure	Approval	Initial
Joint Plan Review Required:			Rough			
[] Building [] Plumbing			Barrier-Free			
[] Fire [] Elevator			Trench			
[] Elec. Plans Approved			Temp. Serv.			
Date: <u>3/22/06</u>			Constr. Serv.			
Approved by: <u>MAN</u>			TCO			
			Other			
			Service			
			Final			
			Barrier-Free			
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued			
Date: _____			Annual Pool Inspection			
Approved by: _____			Date of Grounding and Bonding			
			Certification			

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent 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
Man Estelle

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
1		Lighting-Fixtures Sign
1		Receptacles
		Switches
		Detectors
		Light Poles
		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 Elec. Dryer/Receptacle	
KW Dishwasher	
HP Garbage Disposal	
KW Central A/C Unit	
HP/KW Space Heater/Air Handler	
KW Baseboard Heat	
HP Motors 1/2 HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	

1

FEE (Office Use Only)

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