

BLOCK 1211 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 2001 Lanes Mill Rd. Brick, NJ 08724 PERMIT NO. 15-2090



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: Brick Memorial High 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 Rd e-mail swallace@wallacegc.com
Brick, NJ 08723

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: 295-5358

5. Architect or Engineer DiCara/Rubino Architects 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	\$ <u>0</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

	(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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval Rejection	Re-viewer
☐ Building					<u>06/22/15</u>	<u>KCH</u>		
☐ Electrical								
☐ Plumbing								
☐ Fire Protection								
☐ Elevator								
TOTAL COST								

III. PLAN REVIEW (optional)

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	12. ☐ Fire Alarm
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/Standpipes	11. ☐ LPGas Tanks	

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 _____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/29/2017
Control Number C-15-003241
Permit Number 15-2090
Permit Issue Date 6/30/2015
Certificate Number 15-2090

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2001 LANES MILL RD Brick Township, NJ Block: 1211 Lot: 2 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) - BRICK MEMORIAL H.S.

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 Newman Jr

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 CEA

Address _____

Telephone (732) 295-9344

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 1211 Lot 2 Qualification Code _____
 Work Site Location Brick Memorial High School
2001 Lanes Mill Rd. Brick, NJ 08724
 Owner In Fee: Brick Township Board of Education
 Tel. (732) 785-3000 e-mail JEDWARDS@BRICKSCHOOLS.ORG
 Address 101 Hendrickson Ave Brick, NJ 08724
 Contractor: Wallace Bros. Inc. Municipality _____ Tel. (732) 295-9340
 Address 400 Chambers Bridge Rd. e-mail swallace@wallacego
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	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Initial
☐ No Plans Required	<u>06/27/15</u>	<u>TCB</u>	☒ All	Footling			
☐ Footings/Foundations			☐ Structural/Framework	Footling Bonding			
☐ Exterior			☐ Interior	Foundation			
☐ Joint Plan Review Required:			☐ Frame	Slab			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			☐ Truss Sys./Bracing	Frame			
SUBCODE APPROVAL for PERMIT	<u>06/27/15</u>		☐ Barrier-Free	Truss Sys./Bracing			
Date:	<u>06/23/15</u>		☐ Insulation	Barrier-Free			
Approved by:	<u>TCB</u>		☐ Finishes -Base Layer	Insulation			
SUBCODE APPROVAL for CERTIFICATE	<u>06/23/15</u>		☐ Finishes -Final	Finishes -Base Layer			
☐ CO ☐ CCO ☐ CA			☐ Energy	Finishes -Final			
Date:	<u>06/23/15</u>		☐ Mechanical	Energy			
Approved by:	<u>TCB</u>		☐ TCO	Mechanical			
			☐ Other	TCO			
			☐ Barrier-Free	Other			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
 No. of Stories _____
 Height of Structure _____ ft.
 Area — Largest Floor _____ sq. ft.
 New Bldg. Area/All Floors _____ sq. ft.
 Volume of New Structure _____ cu. ft.
 Max. Live Load _____
 Max. Occupancy Load _____

If Industrialized Building:
 State Approved _____ HUD _____
 Constr. Class Present _____ Proposed _____

Est. Cost of Bldg. Work:
 1. New Bldg. \$ 200,000
 2. Rehabilitation \$ 200,000
 3. Total (1+2) \$ 400,000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the signed owner of record and am authorized to make this application.

Sign here: _____

Print name here: Steve Deane

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK _____
 .com

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
 2 Pink = Office Copy

2 Canary = Office Copy
 4 Gold = Applicant Copy

Date Received 6/30/15
 Control # 15-2090
 Date Issued _____
 Permit # _____

8: School's windows correction.

Brick Township

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

CORRECTION NOTICE

ADDRESS _____

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 Memorial H.S. - Room #s 234, 104, 103, 102, 100.

② Lane Mill Elementary - Room #s 26, 22. (19-track missing screw)

③ Vets Elementary - Room # 3

④ Vets Middle School - Room # F-3, 6-1, 6-3, 6-5

⑤ Midstreams 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 _____ INSPECTOR _____

x 11-3-16 PM contractor needs to reschedule class in session.
x 12-3-16 PM windows final 75% of window not locking correctly.
see list attached to tech
* 6-8-17 PM - see connection notice.

(B) tech

a

TOWNSHIP OF BRICK

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

John G. Ducey, Mayor

8:30 - 9:40

Division of Inspections

Township Council:

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



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

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

2nd story

Brick Memorial High School 15-2090 windows 1

stairwells
NGS

1st story

Receiving storage - NGS
wood shop - NGS

109 - Good
108 - Good
Faculty room - Good

107 - Good
106 - Good
105 - Good
Office - Good
104 - NGS F
103 - NGS F
102 - Good
100 - NGS - F

200 - NGS

201 - NGS

202 - NGS

203 - NGS

204 - NGS

work room NGS

205 - NGS

work room - NGS

206 - NGS

207 - NGS

208 - NGS

217 - NGS

218 - NGS

219 - NGS

220 - NGS

221 - NGS

222 - NGS

224 - NGS

226 - NGS

228 - NGS

230 - Good

231 - NGS

232 - NGS

work room math - NGS

233 - NGS

234 - NGS F

235 - NGS

237 - NGS

239 - NGS

241 - NGS

243 - NGS

mike-908 783
5189



www.facebook.com/BrickTwpNJGovernment



@TownshipofBrick



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

C-15-003241

6/30/15
15-2090

IDENTIFICATION Block: 1211 Lot: 2 Qualifier
Work Site Location: 2001 LANES MILL RD Brick Township, NJ Contractor: WALLACE BROTHERS INC.
Address: 413 RAILROAD SQ PLAZA PT PLEASANT BEACH NJ
Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION
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)

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

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

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.