

BLOCK 1211 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 2001 Leanes Mills Road PERMIT NO. 17-2196
Brick, NJ 08724
101 Hendrickson Ave



CONSTRUCTION PERMIT APPLICATION

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

C17-008659

I. IDENTIFICATION

1. Proposed Work Site at: Brick Memorial High School, 2001 Leanes Mill Road, Brick, NJ 08724

2. Name of Owner in Fee: Brick Township Board of Education
Tel. 732, 785-2000 e-mail _____
Address 101 Hendrickson Ave Brick 08724
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Facility Solutions Group Tel. (732) 423 5633
Address 224 Washington St e-mail Kevin.Grella@fsg.com
Perth Amboy, New Jersey 08861
License No. OR, if new home, Builder Reg. No. 10671C Exp. Date 03/31/2018
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 74-2942838 FAX: () _____

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

6. Responsible Person in Charge once Work has Begun Kevin Grella ✓
Tel. (732) 423 5633 FAX: () _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ -0-	
2. Electrical	\$ -0-	
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 _____ ft.

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____

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

TOTAL COST

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>6/16/17</u>			<u>6-27-17</u>	<u>MM</u>			
				<u>6/28/17</u>	<u>MM</u>			

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 _____

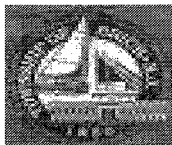
III. PLAN REVIEW (optional)

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 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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/25/2017
Control Number C-17-002659
Permit Number 17-2196
Permit Issue Date 6/28/2017
Certificate Number 17-2196

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 FACILITY SOLUTIONS GROUP INC.
Address 224 Washington St. Perth Amboy NJ 08861
Telephone: (732) 423-5633 Fax: _____
License Number or Builders Registration Number: 10671C 17377 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 - BRICK MEMORIAL HIGH SCHOOL ...INSTALL EMERGENCY LIGHTS IN STAIRWELLS

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 _____

Address _____

Telephone (_____) _____

Signature _____

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



CONSTRUCTION PERMIT

Date Issued 6/28/17
Control # C-17-002659
Permit # 17-2196

IDENTIFICATION Block: 1211 Lot: 2 Qualifier _____
Work Site Location: 2001 LANES MILL RD Brick Township, NJ Contractor: FACILITY SOLUTIONS GROUP INC.
Address: 224 Washington St. Perth Amboy NJ 08861
Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION
101 HENDRICKSON AVE. BRICK NJ 08724 Telephone: (732) 423-5633
Telephone: (732) 785-3000 Lic. No. or Bldrs. Reg. No. 17377 10671C 17377 10671C 17377
Federal Employee No. 10671C

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:

ALTERATION - COMMERCIAL - BRICK MEMORIAL HIGH SCHOOL ...INSTALL EMERGENCY
LIGHTS IN STAIRWELLS

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 \$17,000

D. Neumann
Construction Official

6/28/17
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	
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



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

Block 1311 Lot 2 Qualification Code 2001 Landscaping
Work Site Location Brick Memorial High School
2001 Loanes Mills Road Brick, NJ 08724

Owner in Fee: Brick Township Board of Education

Tel. _____ e-mail _____

Address 101 Hendrickson Ave Brick 08724

Contractor: Facility Solutions Group Inc street municipality zip code
Address 224 Washington St Tel. (732) 423-5633

Perth Amboy, New Jersey 08861 e-mail Kevin.grella@fsgr.com

Contractor License No. 10671C Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 74-2942838 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. 10,000

Est. Cost of Elec. Work \$ \$47,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
		Type: Failure Failure Approval Initial
☒ No Plans Required <u>6-27-17</u>		
☒ Partial—Understand Utilities Approved <u>W</u>		
Date: _____ Approved by: _____		
☒ Electric Plans Approved		
Date: <u>6-27-17</u> Approved by: <u>PSC</u>		
Joint Plan Review Required:		
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elec.		
SUBCODE APPROVAL PERMIT		
Date: <u>6-27-17</u>		
Approved by: <u>[Signature]</u>		
SUBCODE APPROVAL FOR CERTIFICATE		
☐ CO ☐ CCO ☐ CA		
Date: <u>7-28-17</u>		
Approved by: <u>[Signature]</u>		

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to execute this application and perform the work listed on this application. I am the owner of record and am authorized to execute this application and perform the work listed on this application. I am the owner of record and am authorized to execute this application and perform the work listed on this application.

Print name here: Stephen S. [Signature]

☒ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contractor

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Install emergency lights in the stairwells

QTY. SIZE

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

28

28

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Date Received

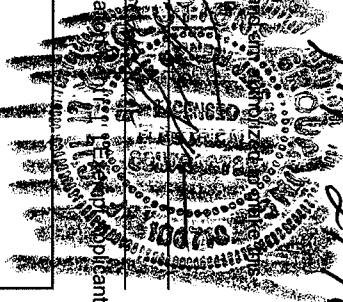
Control #

Date Issued

Permit #

6/28/17

17-2196



FEE (Office Use Only)

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



FIRE PROTECTION 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 Leanes Mills Road Brick, NJ 08724

Owner in Fee: Brick Township Board of Education

Tel. 732 785-3008 e-mail _____

Address 101 Hendrickson Ave Brick 08724

Contractor: Facility Solutions Inc 224 Washington St Perth Amboy, New Jersey 08861 Tel. 732 423-5633 e-mail Kevin.brella@fsi.com

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 74-244 2838 FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible
Capacity _____

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing
or [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar
[] Other _____ Location of Main Control Valve: _____

Location: _____
Total Cost of Fire Protection Work \$ 7,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
[] Partial - Under-slab Utilities Approved
Date: _____ Approved by: _____

[] Fire Protection Plans Approved
Date: 7-28-17 Approved by: [Signature]
[] Fire Protection Plans Approved
Date: 7-28-17 Approved by: [Signature]

[] Bldg. [] Elec. [] Plumb. [] Elev.
Johann Review Required: _____

SUBCODE APPROVAL for PERMIT
Date: 7-28-17

SUBCODE APPROVAL for CERTIFICATE
[] CO [] CCGO [] ECA
Date: 7-28-17

Approved by: [Signature]
Approved by: [Signature]

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

Alarm System _____
Suppression Sys. _____
Standpipe _____
Fire Pump _____
Pre-Eng. System _____
Mechanical _____
Smoke Control _____
TCO _____
Flam/Combust Tanks _____
Fireplace Venting _____
Final _____
Other _____

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.

Applicant/Contractor sign here: E P Mahan

Print name here: Eric Drahos

D. TECHNICAL SITE DATA [] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____
Alarm Systems _____
[] System _____
[] 110v Interconnected _____
[] CO Detectors/110v _____
Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____
Supervisory Devices (i.e., tamper, low/high air) _____
Signaling Devices (i.e., horn/strobes, bells) _____
Other Devices _____
TOTAL _____

Suppression Systems _____
Fire Pump _____ GPM Type _____
Dry Pipe/Alarm Valves _____
Pre-action Valves _____
Sprinkler Heads (Dry and Wet) _____
Standpipes _____

Pre-engineered Systems _____
Wet Chemical _____
Dry Chemical _____
CO₂ Suppression _____
Foam Suppression _____
FM200 Suppression _____
Other _____

Other Systems _____
Kitchen Hood Exhaust System _____
Smoke Control System _____
Fuel-Fired Appliances [] Gas [] Oil [] Solid _____
Fireplace Venting/Metal Chimney _____
Other _____

Date Received Control # _____

Date Issued Permit # _____

6/28/17
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Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____