BLOCK 1211 LOT 2 ADDRESS (SITE) ______ PERMIT NO. 2531-97

RECEIVED
JUN 23 1997

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 2001 Lanes Mill Rd
2. Name of Owner in Fee: Brick Board of Education Tel. (908) 477-2800
   Address 101 Hendrickson Avenue (street) Brick (municipality) N.J. 08724-2599 (zip code)
3. Ownership in Fee: Public XXX Private ______
4. Principal Contractor: Ralph D'Aries and Sons, Inc Tel. (973) 731-5605
   Address 96 Forest Hill Road West Orange, N.J. 07052
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Emp. No. 22-269 4118 Social Security No. ______
5. Architect or Engineer Yezzi Associates Tel. (908) 240-3433
   Address P.O. Box 1638 Toms River, N.J. 08754
6. Responsible Person in Charge of Work Joseph T. D'Aries Tel. (973) 731-5605

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	Exempt		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training 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. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
		OPTIONAL (for office use only)							
1. ☐ Minor work (single trade)									
2. ☐ Small Job ($5,000 and no prior approvals)									
3. ☐ New Building		Cls	6/23/97		7-9-97	FM	12/18/97		FM
4. ☐ Addition									
5. ☒ Alteration	185,000.								
6. ☒ Fire Protection	4,500.	sm	7-11-97	7-11-97					
7. ☐ Plumbing							12/12/97		[illegible]
8. ☐ Electrical	53,500						12/2/97		[illegible]
9. ☐ Elevator Devices									
10. ☐ Asbestos Abatement									
11. ☐ Demolition									
TOTAL COSTS	243,000.								

III. DO YOU WANT: (optional)
1 ☐ Partial Releases 2. ☐ Prototype Processing

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ______
After Construction ______
Net gain or loss ______

B. NON-RESIDENTIAL
1. State Specific Use:
Brick Township School
2. Use Group:
3. Change in Use Group, Indicate Former:

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

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
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 New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 Ralph D'Aries and Sons, Inc.

Address 96 Forest Hill Road West Orange, N.J. 07052

Telephone (973) 731-5605

Signature _____ Date 6-20-97

OFFICE DATE RECEIVED: _____

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

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

Name of Code & Edition		Name of Code & Edition		
Building	_____	Energy	_____	Other _____
Electrical	_____	Barrier Free	_____	_____
Plumbing	_____	Flood Hazard	_____	_____
Fire Protection	_____	As Built Elevation Cert.	_____	_____
Mechanical	_____	Other	_____	_____

X. CERTIFICATES ISSUED **(office use only)**

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	
☐ None			

CERTIFICATE

Date Issued 12/19/97
Control #
Permit # 2531-97

IDENTIFICATION

Block 1211 Lot 2
Work Site Location 2901 Lanes Mill Rd
Brick, N.J.
Owner in Fee Brick Board of Education
Address 101 Hendrickson Ave
Brick, N.J.
Tele. ( )
Contractor Ralph D'Aries & Sons Inc
Address 96 Forest Hill Rd
West Orange, N.J.
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group E
Maximum Live Load
Description of Work/Use:

Alterations

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XX☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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 OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Joe Cunningham / Frank Meyer
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 8/22/97
Control #
Permit # 2531-97

IDENTIFICATION Block 1211 Lot 2

Work Site Location 2001 Lands Mill Rd
Block Municipal Hts

Owner in Fee Brick Bae
Address 181 Hendrickson Ave
Brick, NJ 7724
Tele. (908) 477-2200

Contractor Ralph D'Hries & Son
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. 223674418
or Social Security No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Alteration

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 $ 23,000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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 Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

DUPLICATE

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6/24/97
Control #
Permit # 253-97

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

Block _____ Lot _____
Work Site Location Brick Memorial High School
Owner in Fee Brick Board of Education
Address 101 Hendrickson Avenue Brick, N.J. 08724-2599
Tele. (908) 477-2800
Contractor Ralph D'Aries and Sons, Inc.
Address 96 Forest Hill Road West Orange, N.J. 07052
Tele. (973) 731-5605
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22 269-4118 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	7-9-97	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-16-97
Approved By: FM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

over

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 243,000.
3. Total (1+2) $ 243,000

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

Installtion of New CMU and Drywall Partitions
Install New Doors, Frames Hardware
Remove and Replace Ceiling Tile and Grid
Run New Electric to T.V. Studio
Install 4 new A/C units
Install carpet amdpaint

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

12-12- DOOR closers noted as per p/kn
No one around to test emergency lighting - ok
OK (FM)

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # JUN 30 97 0 0 5 9 7 2

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
Work Site Location Brick High school Ella Memorial
Lanes Mill RD
Owner in Fee BRICK BD OF ED
Address
Tele. ( )
Contractor PEMCO
Address 1612 Middlesex St
Toms River NJ 08757
Tele. (908) 341-8014
Lic. No. 11358
Federal Emp. No. or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 12-2-97
Approved By: B. Koelbus #20

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			4/5/97	
Temporary				
Constr. Serv.				
TCO				
Other	10-31-97 #20		10/17/97	
Service				
Final			12-2-97	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 12-2-97 #20

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.

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO	SIZE	ITEM	FEE (Office Use Only)
59		Fixtures (1)	
85		Receptacles (2)	
10		Switches (3)	
154		Total 1 + 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
4	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
2	Kw	Transformers 45KVA	
	Kw	Generators	
1	200 Amp	Service ~~Entrance~~	
		Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $ m/f
Collected by: TOTAL FEE $

U.C.C. Form F-120B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

9/5/97
MUSP6999 Open wall Rough Inspection only
Must call FOR Block wall Rough Inspection
After conductors are pulled inside conduits

9-24-97 Partial RW Block walls

10/16/97 CEILING ROUGH (1) TV STUDIO (2) EDIT ROOM X 2 (3) CLASSROOM
(4) HALL WAIT ROOM (5) CONTROL ROOM (6) OFFICE
PER E PLAN ON JOB
NO INSPECTION ON CORRIDOR
ABOVE IS FOR FIXTURE SUPPORT MORE CABLE TO BE PULLED
(PER SAM CAMPBELL) LATER DATE

10/17/97 (1) SURFACE FIXTURE SUPPORTS ~~OK~~ + CROSS NOW INSTALLED
(2) DROP IN FIXTURES NEED H CLIPS OR ~~[illegible]~~ APPROVED
METHOD FOR FLOAT
(3) OK TO INSTALL TILES

10-30-97
(1) NO stage or lighting for stage installed to be Done at future Date

10-31-97 (1) ~~[illegible] for 480 Panel~~?
(2) Need KO seal in Bottom of 480 Panel
(3) Need to Bond grounding wire EMT Sleeve at Top end & Bottom grounding bushing or Set Screw Lock Nut.
(4) ~~[illegible]~~ Side?
5) XMGR to Right of 150A Panel for future use
~~(6) Need 2 KO Seal at B.~~

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/22/97
Date Issued
Control #
Permit # 2531-97

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

Block _____ Lot _____
Work Site Location Brick Memorial High
2001 Lanes Mill Rd.
Owner in Fee Brick Board of Education.
Address 101 Hendrix Ave
Brick, N.J.
Tele. (____) _____
Contractor Ralph D'Aries & Sons.
Address 94 Forest Hill Rd.
West Orange, N.J. 07052
Tele. (201) 731-8605
Lic. No. _____
Federal Emp. No. 22-2644118 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ _____ [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 7/15/97
Approved by: JC
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

_____
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source 1½"
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet ~~Sprinkler~~ Heads	4	65.-
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	7	45
Heat Detectors	6	
TOTAL		
Pull Stn.	2.	35
Stand Pipes		
Kitchen Hood Exhaust Systems	2-	
~~Fire~~ Strobe		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER HVAC	4	164

3 Horns

Administrative Surcharge $ 3.29-
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8/22/97
Control #
Permit # 253-97

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
Work Site Location BRICK MEMORIAL HIGH SCHOOL
Owner in Fee Brick Bd. of Education
Address 101 Hendrickson Ave. Brick, NJ
Tele. ( )
Contractor JERSEY COAST MECH INC
Address 130 ST LAWRENCE BLVD BRICK NJ 08723
Tele. (908) 477-6007
Lic. No. 8798
Federal Emp. No. 222-969-044 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7/22/97
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 12-12-97

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO Back flow			11-26-97	

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.

Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
✓	Backflow Preventer	35
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

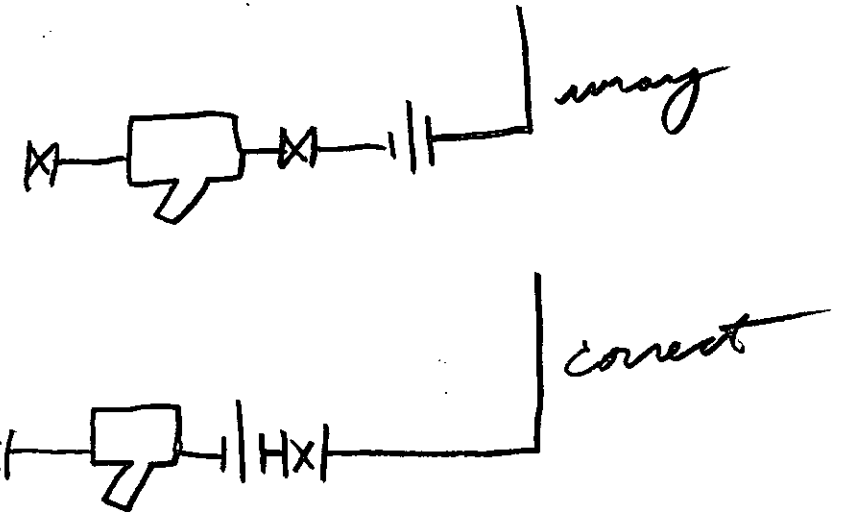
Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-130B

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

11-26 97

Union & valve on supply side should be switched.



Change of conts required.

H Y D R A U L I C S U M M A R Y

WATER SUPPLY INFORMATION

Static: 36.00 psi.
Residual: 28.00 psi. @ 788.00 gpm.
Hose: 0.00 gpm.

System requires: 33.14 psi. @ 63.39 gpm. (including Hose Allowance)
Supply available: 35.92 psi.

Safety Margin: 2.78 psi.

Maximum velocity in the system is 6.05 ft/sec.

Continuity at all nodes satisfied to 0.01 gpm.

FITTING LEGEND

F = 45 DEGREE ELBOW
E = 90 DEGREE ELBOW
L = 90 DEGREE LONG TURN ELBOW
T = TEE OR CROSS
B = BUTTERFLY VALVE
G = GATE VALVE
C = CHECK VALVE
A = ALARM CHECK VALVE
D = DRY PIPE VALVE
=

PIPE TYPE LEGEND

40 = SCHEDULE 40
10 = SCHEDULE 10
TL = THREADABLE LIGHTWALL
50 = DUCTILE IRON CLASS 50
CK = COPPER TYPE K
CL = COPPER TYPE L
CM = COPPER TYPE M
PB = POLYBUTYLENE
CP = CPVC
52 = DUCTILE IRON CLASS 52

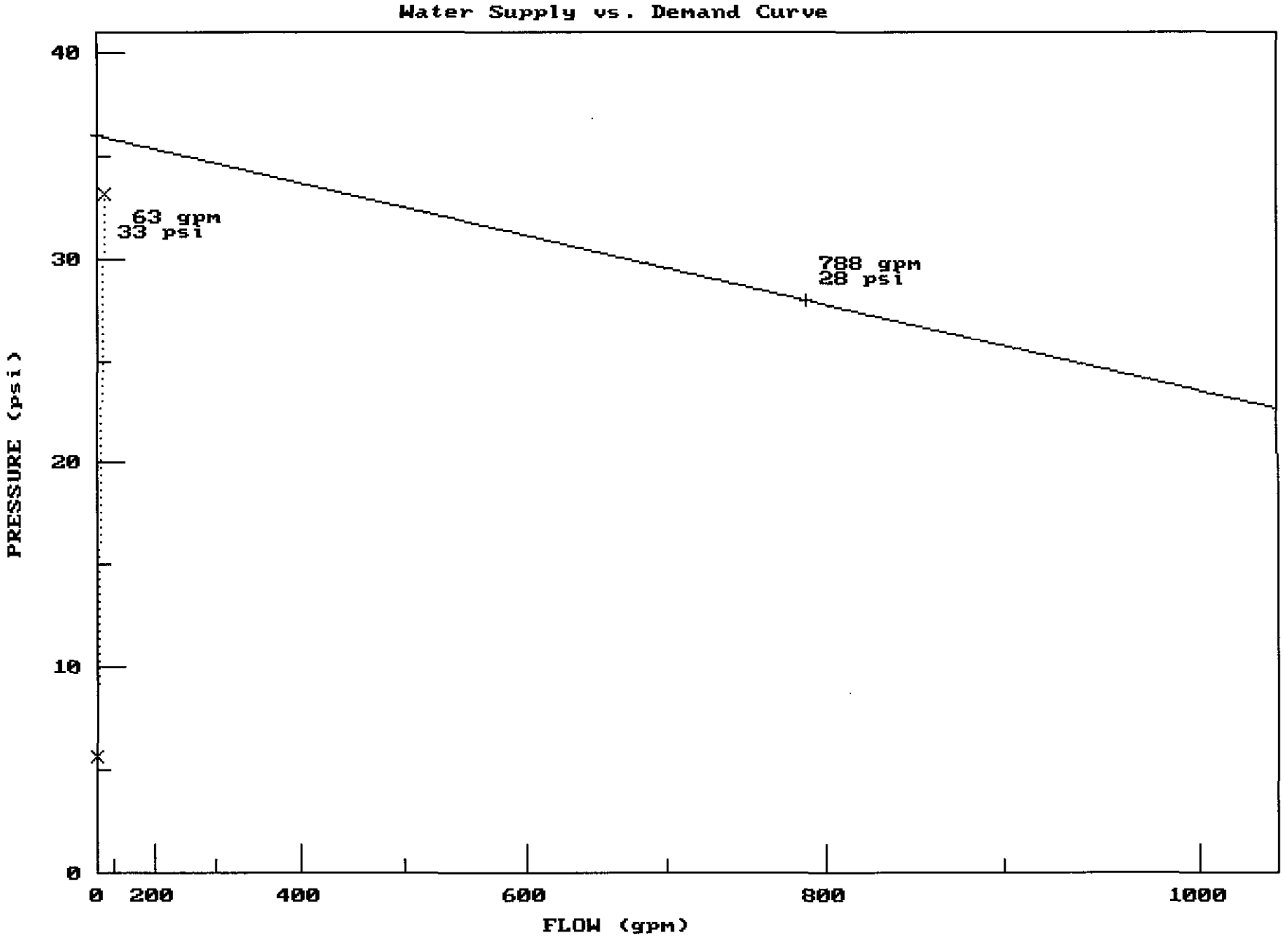
NOTES:

Brick High School - Limited Area

12/24/97

NODE	PRESSURE (PSI)	FLOW (GPM)	ELEVATION (FEET)	K-FACTOR	AREA (SQ.FT.)	DENSITY (GPM/SQ.FT.)
1	33.14	63.39	0	SOURCE		
2	31.71	0.00	3			
3	27.61	25.00	3	-25		
4	23.18	0.00	13			
5	22.96	0.00	13			
6	21.04	0.00	13			
7	19.53	0.00	13			
8	13.88	0.00	13			
9	7.01	38.39	13	14.5	256	0.150

BEGIN NODE	END NODE	FLOW (GPM)	DIAMETER (INCHES)	TYPE	FITTINGS	LENGTH (FEET)	EQV LENGTH (FEET)	TOT LENGTH (FEET)	FRICTION (PSI/FT.)	C-VALUE	Pe (PSI)	Pf (PSI)	VELOCITY (FT/SEC)
1	2	63.39	4.280	50	T2EG	50	29.98	79.98	0.002	100	1.30	0.13	1.41
2	3	63.39	4.026	40	2C2G	15	48.00	63.00	0.002	120	0.00	* 4.10	1.60
* NOTE: The Flow Dependent Pressure Loss Device in the preceeding pipe accounts for 4.00 psi of the total friction loss "Pf"													
3	4	38.39	4.026	40	3E	130.00	30.00	160.00	0.001	120	4.33	0.10	0.97
4	5	38.39	3.068	40	2E	80	14.00	94.00	0.002	120	0.00	0.22	1.67
5	6	38.39	2.067	40	2ET	100	20.00	120.00	0.016	120	0.00	1.92	3.67
6	7	38.39	1.610	40	T	20	8.00	28.00	0.054	120	0.00	1.51	6.05
7	8	38.39	1.610	40	T4E	80.67	24.00	104.67	0.054	120	0.00	5.65	6.05
8	9	38.39	1.610	40	2GE	12.10	4.00	16.10	0.054	120	0.00	* 6.87	6.05
* NOTE: The Flow Dependent Pressure Loss Device in the preceeding pipe accounts for 6.00 psi of the total friction loss "Pf"													


Water Supply vs. Demand Curve
40
30
20
10
0
PRESSURE (psi)
63 gpm
33 psi
788 gpm
28 psi
0
200
400
600
800
1000
FLOW (gpm)

H Y D R A U L I C S U M M A R Y

A supply calculation has been performed. All pressures and flows represent the maximum values that the water supply(s) can deliver.

Maximum velocity in the system is 6.54 ft/sec.

Continuity at all nodes satisfied to 0.1 gpm.

FITTING LEGEND	PIPE TYPE LEGEND
F = 45 DEGREE ELBOW	40 = SCHEDULE 40
E = 90 DEGREE ELBOW	10 = SCHEDULE 10
L = 90 DEGREE LONG TURN ELBOW	TL = THREADABLE LIGHTWALL
T = TEE OR CROSS	50 = DUCTILE IRON CLASS 50
B = BUTTERFLY VALVE	CK = COPPER TYPE K
G = GATE VALVE	CL = COPPER TYPE L
C = CHECK VALVE	CM = COPPER TYPE M
A = ALARM CHECK VALVE	PB = POLYBUTYLENE
D = DRY PIPE VALVE	CP = CPVC
=	52 = DUCTILE IRON CLASS 52

NOTES:

NODE	PRESSURE (PSI)	FLOW (GPM)	ELEVATION (FEET)	K-FACTOR	AREA (SQ.FT.)	DENSITY (GPM/SQ.FT.)
1	35.92	66.49	0	SOURCE		
2	34.47	0.00	3			
3	30.37	25.00	3	-25		
4	25.92	0.00	13			
5	25.67	0.00	13			
6	23.45	0.00	13			
7	21.71	0.00	13			
8	15.19	0.00	13			
9	8.19	41.49	13	14.5	256	0.162

BEGIN NODE	END NODE	FLOW (GPM)	DIAMETER (INCHES)	TYPE	FITTINGS	LENGTH (FEET)	EQV LENGTH (FEET)	TOT LENGTH (FEET)	FRICTION (PSI/FT.)	C-VALUE	Pe (PSI)	Pf (PSI)	VELOCITY (FT/SEC)
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4	5	41.49	3.068	40	2E	80	14.00	94.00	0.003	120	0.00	0.25	1.80
5	6	41.49	2.067	40	2ET	100	20.00	120.00	0.018	120	0.00	2.21	3.97
6	7	41.49	1.610	40	T	20	8.00	28.00	0.062	120	0.00	1.74	6.54
7	8	41.49	1.610	40	T4E	80.67	24.00	104.67	0.062	120	0.00	6.52	6.54
8	9	41.49	1.610	40	2GE	12.10	4.00	16.10	0.062	120	0.00	* 7.00	6.54
* NOTE: The Flow Dependent Pressure Loss Device in the preceeding pipe accounts for 6.00 psi of the total friction loss "Pf"													

H Y D R A U L I C S U M M A R Y

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50 = DUCTILE IRON CLASS 50
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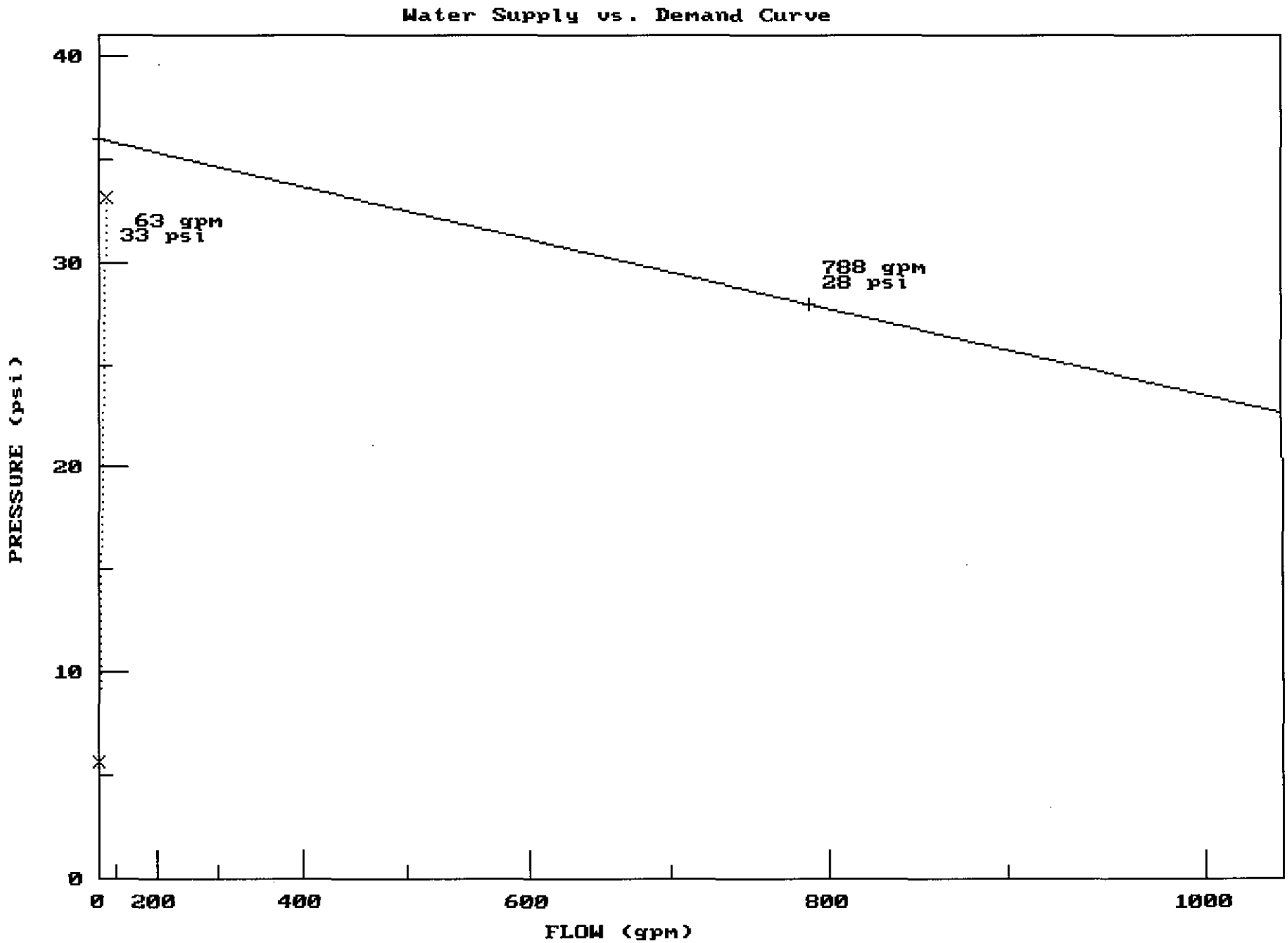
NOTES:

Brick High School - Limited Area

9/27/17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PRESSURE (psi)
63 gpm
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788 gpm
28 psi
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200
400
600
800
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FLOW (gpm)

NODE	PRESSURE (PSI)	FLOW (GPM)	ELEVATION (FEET)	K-FACTOR	AREA (SQ.FT.)	DENSITY (GPM/SQ.FT.)
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6	7	38.39	1.610	40	T	20	8.00	28.00	0.054	120	0.00	1.51	6.05
7	8	38.39	1.610	40	T4E	80.67	24.00	104.67	0.054	120	0.00	5.65	6.05
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T = TEE OR CROSS	50 = DUCTILE IRON CLASS 50
B = BUTTERFLY VALVE	CK = COPPER TYPE K
G = GATE VALVE	CL = COPPER TYPE L
C = CHECK VALVE	CM = COPPER TYPE M
A = ALARM CHECK VALVE	PB = POLYBUTYLENE
D = DRY PIPE VALVE	CP = CPVC
=	52 = DUCTILE IRON CLASS 52

NOTES:

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5	6	41.49	2.067	40	2ET	100	20.00	120.00	0.018	120	0.00	2.21	3.97
6	7	41.49	1.610	40	T	20	8.00	28.00	0.062	120	0.00	1.74	6.54
7	8	41.49	1.610	40	T4E	80.67	24.00	104.67	0.062	120	0.00	6.52	6.54
8	9	41.49	1.610	40	2GE	12.10	4.00	16.10	0.062	120	0.00	* 7.00	6.54
* NOTE: The Flow Dependent Pressure Loss Device in the preceeding pipe accounts for 6.00 psi of the total friction loss "Pf"													

State of New Jersey

DEPARTMENT OF EDUCATION
CN 500
TRENTON NJ 08625-0500

CHRISTINE TODD WHITMAN
Governor

LEO KLAGHOLZ
Commissioner

May 11, 1997

Yezzi Associates
PO Box 1638
Toms River, NJ 08754

RE: Brick Township School District
Laurelton School SP#95485
Brick Memorial HS SP#97005
FINAL PLAN REVIEW
Ocean County

Dear Sir:

The final plans and specifications for the above project have been educationally reviewed and approved. They will now be reviewed for compliance with the UCC and BOCA codes by your local code official. We are returning your checks for the local code official is also responsible to review for barrier free compliance and educational enhancements.

If I may be of assistance, please do not hesitate to contact my office at (609)633-7400.

Sincerely,

Lawrence V. Mione, Ed.D.
Educational Facilities Planning Services

c: Superintendent
Board Secretary
Board President
Ocean County Superintendent

NEW JERSEY STATE DEPARTMENT OF EDUCATION
Bureau of Facility Planning Services
Release Form for School Construction Plans

State Plan No. 97005 Municipality: BRICK OCEAN

County OCEAN

School District BRICK STATE PROJECT #97005

Name of School BRICK Memorial H-S ARCHITECTS # 9C96140

It is the request of the above named school district to have this project reviewed for U.C.C. compliance by a municipal code enforcing agency pursuant to P.L. 1990, c. 23.

Chief School Administrator — *Date* 3/25/97

DR. ROSA NORMANDIA
Name (print)

This project will be reviewed for UCC compliance by appropriately licensed code officials employed by Brick
(Municipality)

Municipal Code Enforcing Agency Chief — *Date* 3/27/97

JOSEPH P. CURRIAZZA
Name (print)

Below this line to be completed by the Bureau of Facility Planning Services.

This plan has been approved for conformance with N.J.A.C. 6:22

Director, Bureau of Facility Planning Services — *Date* 5-10-97

Plans and drawings received on behalf of the local school district by:

Signature

LAWRENCE V. MIONE

Name (print)

5-10-97
Date

Education Specialist
Title

YEZZI ASSOCIATES
Architects & Planners
P.O. Box 1638
TOMS RIVER, NJ 08754
TEL: (908) 240-3433
FAX: (908) 240-3463
1-800-376-3433

LETTER OF TRANSMITTAL

TO MR. JOSEPH CURIZZA, BUILDING INSPECTOR
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE ROAD
BRICK, NEW JERSEY 08723

JOB NUMBER: YC96140
DATE: 5/21/97
ATTENTION:
RE: BRICK MEMORIAL HIGH SCHOOL
TV STUDIO RENOVATION
STATE PLAN: 97005

WE ARE SENDING YOU X Attached ____ Under separate cover via ____ the following items.

____ Shop Drawings ____ Prints X Plans X Specifications ____ Samples

X Copy of Letter ____ Change Order X Other:

COPIES	DATE	NUMBER	DESCRIPTION
1	5/20/97		YEZZI ASSOCIATES LETTER
1	5/11/97		DEPT. OF EDUCATION LETTER
1	5/10/97		DEPT. OF EDUCATION, BUREAU OF FACILITY PLANNING SERVICES RELEASE FORM FOR SCHOOL CONSTRUCTION PLANS
2	6/2/97		COMPLETE SPECIFICATION BOOKS
2	6/2/97		COMPLETE CONSTRUCTION DRAWINGS

THESE ARE TRANSMITTED as checked below:

X For approval ____ Approved as submitted ____ Resubmit ____ Copies for approval

____ For your use X Approved as noted ____ Submit ____ Copies for distribution

____ As requested ____ Returned for corrections ____ Returned ____ Corrected prints

____ For review and comment ____ Other

____ FOR BIDS DUE/DATE: ____ PRINTS RETURNED AFTER LOAN TO US

REMARKS

HAND DELIVERED: 5/21/97 - TIME:_____

RECEIVED BY:_____

COPY TO CC DR. P. NICASTRO

SIGNED M. F. YEZZI, JR.

If enclosures are not as noted, please notify us at once.

YEZZI ASSOCIATES
ARCHITECTS PLANNERS

May 20, 1997

Mr. Joseph Curiazza, Building Inspector
Township of Brick
401 Chambers Bridge Road
Brick, New Jersey 08723

REF: Brick Memorial High School - TV Studio - State Plan #97005
Laurelton Elementary School - Interior Renovations - State Plan #95485
Final Plan Review - Township

Dear Mr. Curiazza:

We are in receipt of the attached letter and release forms from Dr. Lawrence V. Mione of the Department of Education in Trenton regarding the above referenced schools.

He advised us that the plans have been approved educationally and now must be reviewed for compliance with the UCC and BOCA codes by your office.

We are attaching two sets of the Brick Memorial High TV Studio plans and specifications and two sets of Laurelton Elementary School Interior Renovation plans and specifications for your review and approval.

If you have any questions or require any further information, please contact this office.

Yours truly,

M.F. Yezzi Jr/fa

Massimo F. Yezzi, Jr.
NCARB, R.A., P.P.

Enclosures: Letter of 5/11/97 and Release Forms
TV Studio Plans and Specifications
Laurelton Interior Renovations Plans and Specifications

cc. Dr. Lawrence V. Mione, Ed.D.
Dr. Philip Nicastro, Business Administrator

Massimo Francis Yezzi, Jr., NCARB, RA, PP
18 Washington Street
P.O. Box 1638, Toms River, N.J. 08754

Tel: 908-240-3433
Fax: 908-240-3463
1-800-376-3433

Lot-2 - Block 1211

YEZZI ASSOCIATES
ARCHITECTS PLANNERS

RECEIVED
JUL 23 1997
DIV. OF INSPECTION

July 21, 1997

Fire Subcode
Township of Brick
401 Chambers Bridge Road
Brick, New Jersey 08723

REF: BRICK MEMORIAL HIGH SCHOOL-TV STUDIO
Architectural Project YC96140

The following is response to comments from Fire Subcode Official regarding the above referenced project.

1. Please refer to Sheet A-1 Under "Building Data".
2. Panic hardware provided, Doors #3 and #12. See Door Schedule, Sheet A-2.
3. Exit signs provided. See Sheet E-1, Electric Lighting Plan.
4. See Engineering Response.
5. See Engineering Response.
6. See Engineering Response.
7. Fire sealant provided, please refer to Sheet A-4, Details #1, #2 and #4.
8. HVAC units not within 10 feet of roof edge, no guards needed. Please refer to Engineering Response.
9. Fire application submitted by contractor.
10. Please refer to Engineering Response.

Yours truly,

Bashir Hamid, R.A.

Enclosure: Fire Subcode Correction List
Response - Engineers - T & M Associates
Construction Documents

Massimo Francis Yezzi, Jr., NCARB, RA, PP
18 Washington Street
P.O. Box 1638, Toms River, N.J. 08754

Tel: 732-240-3433
Fax:732-240-3463
1-800-376-3433

ARCHITECTURE PLANNING INTERIOR DESIGN

1997 10:11 AM RALPH CHARLES & SONS INC TO:301 589 ...

... FREDERICK DEP LAND USE 2620954

Plan Review # ...

Date 7-11-97

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION BRICK — AS FIRE RE-SUBMITTED 7-11-97
(City, County, Township, etc.)

BUILDING LOCATION LANES MILL ROAD
(Street address)

BUILDING DESCRIPTION BRICK MEMORIAL HIGH SCHOOL - T.V. STUDIO

REVIEWED BY FIRE [signature] Ralph Sr. - 201-664-8490

Numerals indicated in parenthesis are applicable code sections of the 1987 BOCA National Building Code.

CORRECTION LIST

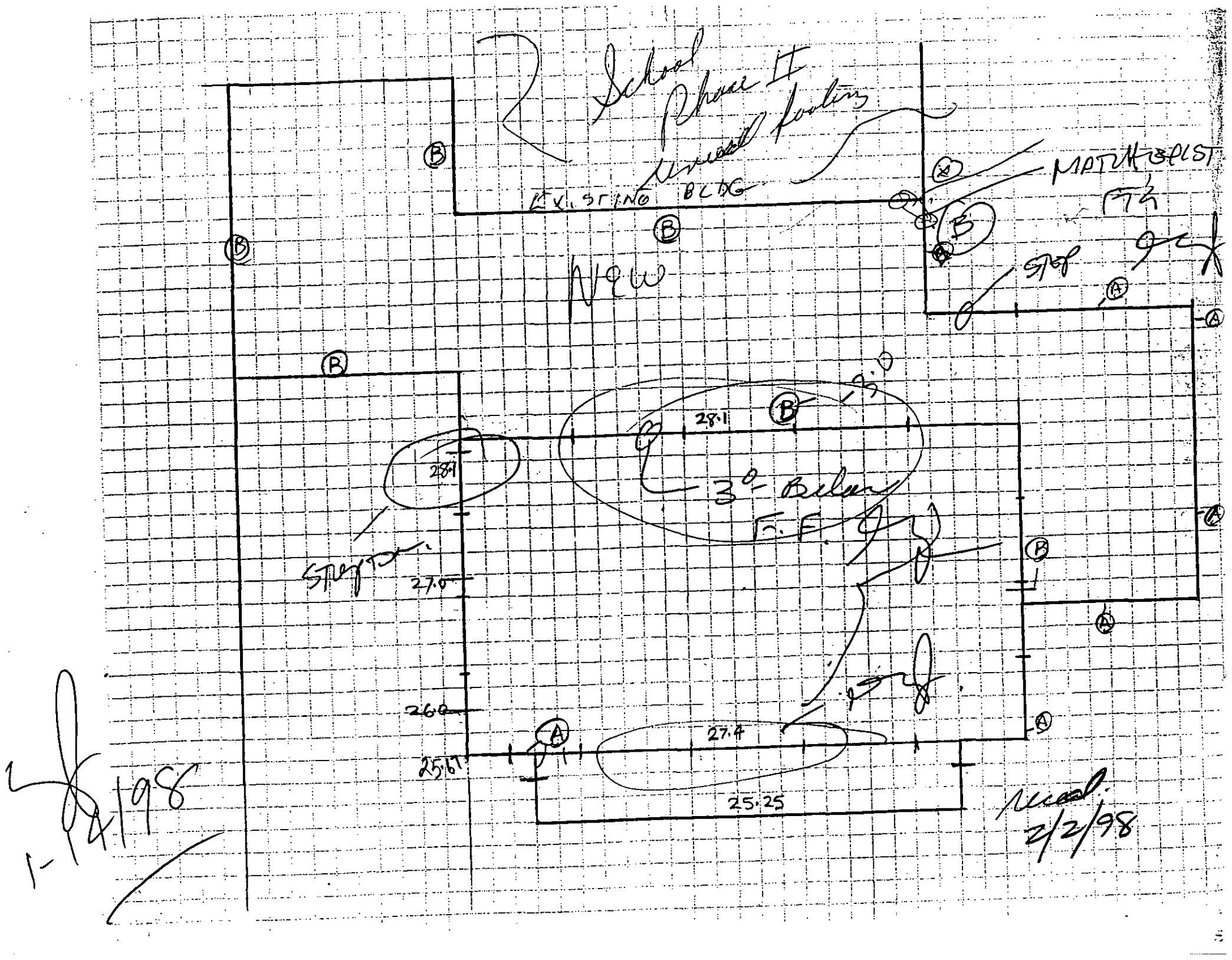
No.	DESCRIPTION	Code Section	
1	✓ PROVIDE OCCUPANT LOAD - Show on Plans - 7-17-97		
2	✓ PANIC HARDWARE IF OVER 50+ NOT REQ'D - 41 persons.		
3	✓ PROVIDE EXIT SIGNS - Shown on Plans - 7-17-97		
4	SMOKE DET - FIXED TEMP RATE OF RISE		- T+M
5	SPRINKLERS - NEED INFO SYSTEM PER [illegible] SUPPLY, WATER CURVE, ETC		- T+M
6	HVAC [illegible] SYSTEMS - ALARM & SYSTEM SHUT DOWN		- T+M
7	FIRE SEALANT - PEN A-4 - TYPE, RATING ? ON PLANS 7/17/97		
8	PROVIDE ROOF GUARD - HVAC WITHIN 10 FT EDGES		
9	FILL OUT FIRE APPLICATION -		- CONTRACTOR
10	PROVIDE PULL STATIONS		- T+M

YEZZ 00040

BRICK TOWNSHIP

RESPONSES TO FIRE CODE COMMENTS FOR BRICK MEMORIAL SCHOOL T.V. STUDIO FROM MR. JOSEPH CURIAZZA

ITEM #	RESPONSE
3.	Exit signs were provided at the corridor doors.
4.	Smoke detector to be used shall be the photoelectric type. The heat detector to be used shall be rate-of-rise and fixed temperature combination at 135 deg. F .
6.	Drawing M-2 submitted with required information on units.
10.	Fire alarm pull stations are provided at the doors of the corridor.


School Phase II
Lowest footing
EXISTING BLDG
NEW
METHODIST
FTG
STEP
3'-0" Below
T.F.
STEP
28.1
28.1
27.0
26.0
25.67
27.4
25.25
1-14-98
Neal
2/2/98