BLOCK 1211 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 2001 Lanes Mills Rd PERMIT NO. 3939-97

RECEIVED
DEC 0 5 1997

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

DIV. OF INSPECTION

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

N/A

I. IDENTIFICATION

1. Propsed Work Site at: 2001 Lanes Mills Rd. MEMORIAL HIGH SCHOOL
2. Name of Owner in Fee: BRICK BOARD OF ED. Tel. (732) 785-3000
   Address 101 HENDRICKSON AVE. (street) BRICK, N.J. (municipality) 08724 (zip code)
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: WALLACE BROS., INC. Tel. (732) 295-9340
   Address 2222 RT. 88 - BRICK, N.J. 08724
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 222756668 FAX: (732) 295-5358
5. Architect or Engineer YEZZI ASSOC. Tel. (732) 240-3433
   Address 18 WASHINGTON ST. - TOMS RIVER, N.J.
6. Responsible Person in Charge of Work STEVE WALLACE
   Tel. (732) 295-9340 FAX (732) 295-5358

interior alteration

V. FEE SUMMARY (for office use only)

No fee

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. 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
2. Height of Structure	ft.	32'
3. Area — Largest Floor	sq. ft.	30828
4. New Building Area	sq. ft.	3434
5. Volume of New Structure	cu. ft.	34340
6. Construction Classification		2C
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work	
2. ☐ New Building	
3. ☐ Addition	
4. ☐ Alteration	
5. ☐ Fire Protection	
6. ☒ Plumbing	
7. ☐ Electrical	
8. ☐ Elevator Devices	
9. ☐ Asbestos Abat. Subch. 8	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	
TOTAL COSTS	108,000.

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
[illegible]	12/5/97		12-11-97 [illegible]		1/27/98		
			12/23/97		1/98		
			12/23/97		1/30/98		
					1/30/98		
EWG	12/9/97		12/5/97				

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: School 2C
2. Use Group: E
3. Change in Use Group, Indicate Former:

NO FEE REQUIRED BY KT DATE 12-10-97

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
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

LDS BR 10516018

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 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.

(✓ Check if contractor.

Agent Name Wallace Bros. Inc.

Address 2222 Rt. 88
Brick, N.J.

Telephone (732) 295-9340

Signature [signature] PRESIDENT

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

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		Other	
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. 3939	2-3-98			
☐ Lead Abatement Clearance Certificate	No.				

CERTIFICATE

Date Issued 2-3-98
Control #
Permit # 3939-97

IDENTIFICATION

Block 1211 Lot 2
Work Site Location 2091 Lanes Mills Road
Owner in Fee Brick Board of Education
Address 101 Hendrickson Ave.
Brick, NJ 08724
Tele. ( )
Contractor Wallace Brothers, Inc.
Address 2222 Rt. 88
Brick, NJ
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:

Interior renovations to Brick Memorial High School

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXX☑ **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:

J Cinazza
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 12/23/97
Control #
Permit # 3939-97

IDENTIFICATION Block 1211 Lot 2
Work Site Location Memorial High School
James Field & Rd
Owner in Fee Board of Education
Address 101 Hendrickson Ave
BT.
Tele. ( ) ____

Contractor W. A. Reece Bros Inc
Address ____
Tele. ( ) ____
Lic. No. or Bldrs. Reg. No. ____ Exp. Date ____
Federal Emp. No. 22-2775668
or Social Security No. ____

is hereby granted permission to perform the following work:
[✓] BUILDING [✓] PLUMBING [ ] OTHER ____
[ ] ELECTRICAL [✓] FIRE PROTECTION
[ ] ELEVATOR DEVICES
DESCRIPTION OF WORK:

Interior Alterations

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 $ 108,000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	60
Plumbing	60
Electrical	
Fire Protection	1
Other	1
Other	1
DCA Training Fee	
Cert. of Occ.	1
Other	
Total	
Check No.	
Cash	
Collected By:	

U.C.C. Form F-170C

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.

U C C Form F-170D

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12/23/97
Date Issued
Control #
Permit # 3939-97

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 MEMORIAL HIGH SCHOOL
101 HENDRICKSON AVE - BRICK
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE - BRICK

Tele. (732) 785-3000
Contractor WALLACE BROS., INC.
Address 2222 RT. 88
BRICK, N.J.
Tele. (732) 295-9340
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 222 775668 or Social Security No.

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 J. FROSIDAK

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR RENOVATIONS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	12-11-97	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame			1/21/98 JKG (over)	
Insulation			1/26/98 JKG	
Finishes:				
Energy				
Mechanical				
TCO				
Other			Above ceiling	1/27/98 JKG - final
Final				

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

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present E Proposed
Constr. Class Present Proposed 2C
No. of Stories 2
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. $ 103,000
2. Alteration $
3. Total (1+2) $ 103,000

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

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

1/21/98 MUST BE FIRE RATED. AROUND PENETRATIONS AND HOLES IN ALL WALLS TO CODE JKG

1-26-98 not all corrected JKG

1-27-98 All penetrations OK JK

ELECTRICAL SUBCODE TECHNICAL SECTION

Brick

Date Received
Date Issued
Control #
Permit #

Class 1-2-3 2 NO Plan

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 MEMORIAL HIGH SCHOOL
2001 LAKES MILL RD. - BRICK

Owner in Fee/Occupant BRICK BOARD OF EDUCATION

Address 101 HENDRICKSON AVE.
BRICK, N.J. 08724

Tele. (732) 785-3000

Contractor LAKE ELECTRIC INC.

Address P.O. BOX 337
BRICK, NJ-08723

Tele. (732) 864-8724 Fax (732) 901-0191

Lic. No. 5164

Federal Emp. No. 222461058

B. ELECTRICAL CHARACTERISTICS

Use Group Present E Proposed

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

Building Occupied as SCHOOL Utility Co.

Est. Cost of Elec. Work $ 24,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 9/12/97

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 1-30-98

Approved by: B. Keelan

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Coast. Serv.				
Elec.	(over)		1-20-98	
Other			1-30-98	
Service				
Final				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 1-30-98

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
43		Lighting Fixtures	JAN 6 98
13		Receptacles	000087
14		Switches	
2		Detectors	
		Light Poles	
3		Motors—Fract. HP EX FANS	
		Emergency & Exit Lights	
		Communications Points	
~~OTH~~		Alarm Devices/F.A.C. Panel	
		.....	
81		TOTAL NUMBERS	$ 50
		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	
3	3ton	KW Central A/C Unit	27
3		HP/KW ~~Space Heater~~/Air Handler	27
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
2	~~200~~	AMP Subpanels 2 200A 1 100A	80
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge $

CK 3814 Minimum Fee $ 184

DCA Training Fee $

RPF TOTAL FEE $ 37

PLR Plan Review Fee

U.C.C. F120 (rev. 3/96)

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

Not Ready Devise out
installed 1/20 gf

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 12/23/97
Date Issued
Control #
Permit # 3939-97

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 MEMORIAL HIGH SCHOOL
LAWOS MILL RD. - BRICK
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE.
BRICK, N.J
Tele. (732) 785-3000
Contractor ED SCHOENLEBER
Address 17 VANDERBILT AVE
LEONARDO NJ 07737
Tele. (732) [redacted] 291-8526
Lic. No. 7366
Federal Emp. No. 222-775-668 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 $ $4,000-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12/23/97
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 1-30-98

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			1-5-98	DW
Water				
Sewer				
Fixtures	1-29-98	1-26-98	1-30-98	DW
Gas Equipment				
Gas Piping				
Solar				
TCO				

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.

Ed Schoenleber
Signature—Contractor Seal

[X] 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	
2	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	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
Eye Wash	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

1-21-98 -- NOT Ready

1-26-98 - ① NOT Ready

② NO Backflow on eye wash

1-27-98 - ① temper water - More than 140°

② NO Backflow on eye wash

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 12-9-97

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1211 LOT 2 SITE ADDRESS 2011 Lanes Mills Rd

TYPE OF SITE Commercial TYPE OF BUSINESS Interior Alteration
(Residential/Commercial)

APPLICANT Brick Board of Ed CITY & STATE Brick NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 100,000

Frederick R. Millman, CTA, Tax Assessor

12-9-97

Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1211 LOT 2 SITE ADDRESS 200 Lanes Mill Rd
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS [illegible]

APPLICANT Brick Board of Ed. PHONE NUMBER 785-3000
APPLICANT ADDRESS 101 Hickory Ave CITY & STATE Brick NJ
PERMIT # NAME OF BUSINESS Brick Memorial High School

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ 100,000 Date 12-9-97
Estimated Required Fee $ 0
Required Deposit on Estimate $ _____ Date _____
Check # _____ Receipt # _____
Actual Assessment $ _____ Date _____
Actual Required Fee $ _____
Minus Deposit of Estimate $ _____
Balance Due $ _____ Date _____
Check # _____ Receipt # _____
Amount Paid In Full $ _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

NO FEE REQUIRED

APPROVED BY KT **DATE** 12-10-97

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

YEZZI ASSOCIATES
ARCHITECTS PLANNERS

TELEFAX TRANSMITTAL

OUR FAX # (732) 240-3463

DATE: DECEMBER 23, 1997 TIME: 2:00 P.M.

TO: MR. JOSEPH CURIAZZA - PLUMBING SUBCODE OFFICIAL

TELEFAX NUMBER: 262-8954

FROM: MASSIMO F. YEZZI, JR.

PROJECT NAME: BRICK MEMORIAL H.S. 2ND FL. CLASSROOM ADD.

PROJECT NO.: YC97141

NUMBER OF PAGES: 3 (INCLUDING THIS COVER SHEET)

Please notify immediately by call (732) 240-3433 if this transmission has not been received properly.

COMMENTS: PLEASE SEE ATTACHED REGARDING THE BRICK MEMORIAL H.S. CLASSROOM ADDITION.

CC: MR. CARL MOENKE - 818-1644
WALLACE CONTRACTING - 295-5358

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

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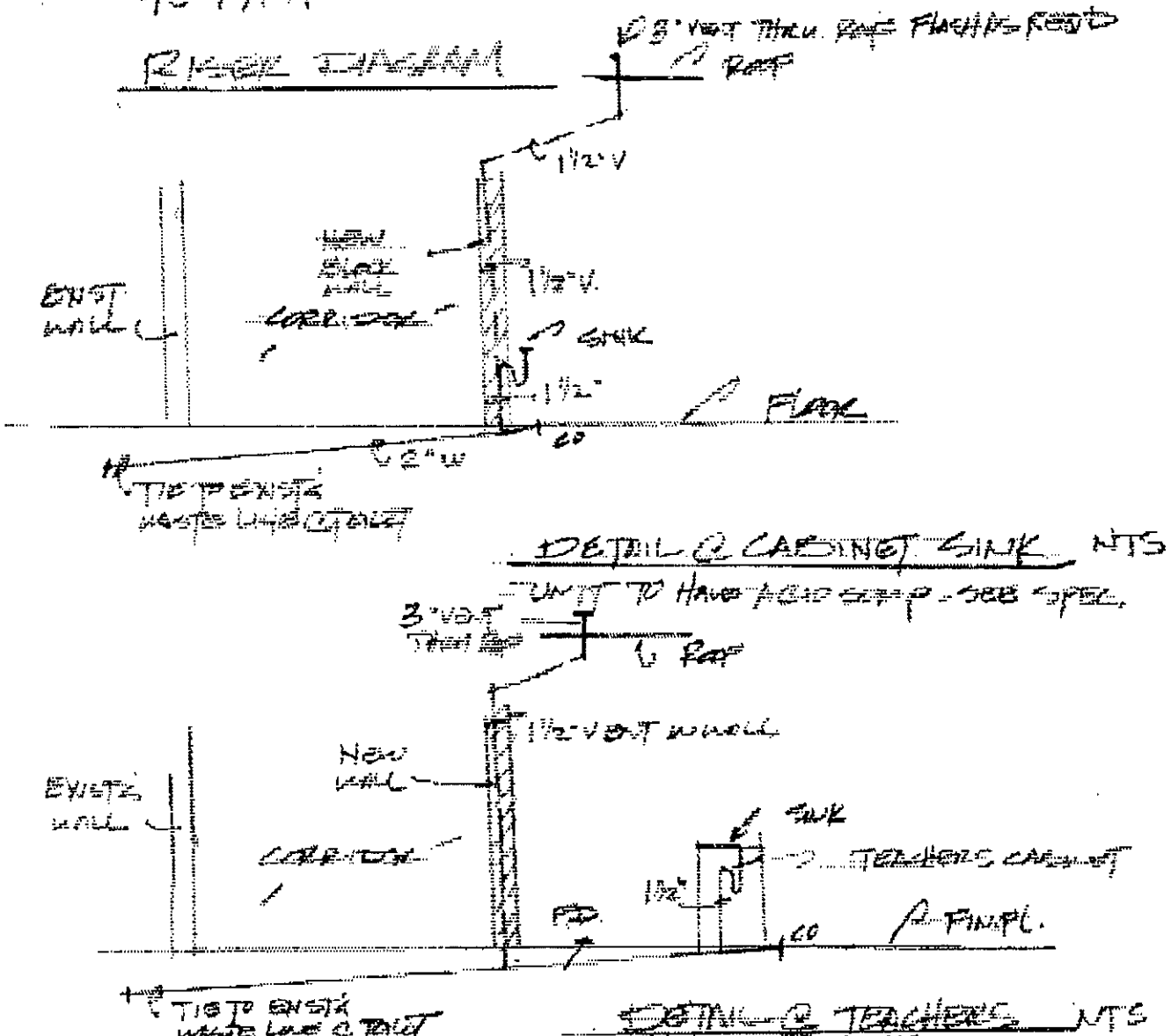
1-800-376-3433

ARCHITECTURE PLANNING INTERIOR DESIGN

YEZZI ASSOCIATES
ARCHITECTS PLANNERS

12-22-97

BRICK MEMORIAL HIGH SCHOOL
SELECT PLAN CHANGE FROM ALTERATIONS
4C 97141



* HOT & COLD WATER LINES COPPER - 1/2" EACH INSULATED & RUN ABOVE CEILING IN NEW BLOCK WALLS

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ARCHITECTURE **PLANNING** **INTERIOR DESIGN**

2.15 PLUMBING EQUIPMENT SCHEDULE

Laboratory Countertop Stainless Steel Sink, Provide ELKAY "Lustertone" 25" x 17" x 6 ½" deep Single Compartment Stainless Steel Sink, Model **DRKADA- 2517** with **LK-2439 Faucet Set**, and in place of Bubbler, provide connection for Portable Eyewash Hose, or approved equals (Typical of 2).

Portable Eyewash, Provide "HAWS" Model No. **8906** with hand-held eye/face/body wash attachment with 12 foot Hose with Vinyl coated fork type wall bracket for mounting to side of Sink Counter, or approved equals (Typical of 2).

Acid Neutralizing Sump, Provide Schott Process Systems "KNIGHT-WARE" Model **No. 401** Acid Neutralizing Sump, Low Capacity, with an initial fill of "Neutralizing Chips" plus a years supply of additional "Neutralizing Chips", or approved equals (Typical of 2). Distributor contact is June Martucci of Dolan & Traynor at **(201) 696-8700.**

FD - 3" floor drain with Type "H" strainer and deep seal trap, "Zurn" Model No. **ZN-415-P**, or equal.

Deep Seal Trap - "Zurn" Model No. Z-1000, or approved equal.

CO - "Zurn" Model No. **Z1441** for wall type (COWP), Model No. **Z-1400** for floor type (CODP), approved equal.

2.25 THERMAL EXPANSION COMPENSATION

A. Install all piping with proper allowances and provisions to compensate for thermal expansion. Furnish and install piping offsets as necessary.

2.26 PIPE SUPPORTS AND HANGERS

A. Pipe hangers shall be clevis style, adjustable type. Furnish copper plated hangers for all copper pipes. Furnish and install all necessary inserts, brackets, clamps and hangers rods. Furnish and install steel angle braces to prevent pipe "sway" where required. Hangers shall be supported from structural elements of the building ONLY and not from other piping or equipment.

B. Furnish and install Hangers and Clamps as follows:

1. For piping size 1-1/4" and smaller - at intervals not exceeding 6' - 0".
2. For piping size 1-1/2" and larger - at intervals not exceeding 8' - 0".
3. Install Clamps of the 2-Ho;e strap type on all riser pipes at intervals not to exceed 8' - 0". Clamps shall be sized to allow necessary expansion of piping.