

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 Joseph Gungliardi

Address 346 Chamberbridge Rd

BRick N.J.

Telephone (202) 269-2005

Signature Joseph Gungliardi

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 _____

Other _____

Building _____
 Electrical _____
 Plumbing _____
 Fire Protection _____
 Mechanical _____

Energy _____
 Barrier Free _____
 Flood Hazard _____
 As Built Elevation Cert. _____
 Other _____

X. CERTIFICATES ISSUED (office use only)

☐ Temporary Certificate of Occupancy	No.	_____	DATE ISSUED	_____	DATE EXPIRED	_____	DATE REISSUED	_____	DATE EXPIRED	_____
☐ Temporary Certificate of Compliance	No.	_____								
☐ Continued Certificate of Occupancy	No.	_____								
☐ Certificate of Compliance	No.	_____								
☐ Certificate of Occupancy	No.	_____								
☐ Certificate of Approval	No.	_____								
☐ Lead Abatement Clearance Certificate	No.	_____								

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 08/12/98
Control #
Permit # 98-2789

IDENTIFICATION Block 1211 Lot 2 Qual

Work Site Location 2001 LANCES MILL RD
ALTER/GYM WALLS
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ 08724-
Telephone (732)262-2625
Contractor BRICK SCHOOLS MAINTENANCE
Address 346 CHAMBERSBRIDGE RD
BRICK, NJ 08724-
Telephone (732)262-2625
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 26-22625

Is hereby granted permission to perform the following work:

[X] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

BUILD WALL ACROSS AUX GYM

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 \$ 19,100

Construction Official

08/12/98
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)
Building 0
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other 0
DCA Training Fee 0
Cert. of Occupancy 0
Other 0
Total 0
Check No.
Cash
Collected By

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/06/98
Date Issued 8/12/98
Control # C06-2
Permit # 98-2789

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 Qual
Work site location 2001 LAMES HILL RD
ALTER/GRN WALLS

OWNER/GRN WALLS

Owner in Fee BRICK BOARD OF EDUCATION

Address 101 HERDRICKSON AVE

BRICK, NJ 08724-

Tele. (732) 262-2625

Contractor BRICK SCHOOLS MAINTENANCE

Address 346 CHAMBERSBRIDGE RD

BRICK, NJ 08724-

Tele. (732) 262-2625

Lic. No. or Blafs. Reg. No.

Federal Emp. No. 26-2625

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req.

☒ All

☒ Pooling

☒ Foundation

☒ Frame

☒ Other

Joint Plan Review Required:

☒ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS
Type Failure Dates (Month/Day)
Initial

Pooling

Foundation

Slab

Frame

BarrierFree

Insulation

Pinches

Energy

Mechanical

Other

Final

BarrierFree

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

BUILD WALL ACROSS AVX GYM

CALL FOR INSPECTIONS

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☒ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Other

☐ Demolition

FEE (Office Use Only)

0

0

485

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

Administrative Surcharge

Ministry Fee

PORTAL FEE

DCA Training Fee

U.C.C. F110 (REV. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/06/98
Date Issued 8/12/98
Control # C06-2
Permit # 98-2789

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

D. TECHNICAL SITE DATA

NO. SIZE ITEM

Block 121 Lot 2 Qual
Work Site Location 2001 LANES HILL RD

ALPER/GYM MALLS

Owner in Fee BRICK BOARD OF EDUCATION

Address 101 HENDRICKSON AVE

BRICK, NJ 08724-

Tele. (732) 262-2625 Fax ()

Contractor BRICK SCHOOLS MAINTENANCE

Address 346 CHAMBERS BRIDGE RD

BRICK, NJ 08724-

Tele. (732) 262-2625

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 26-22625

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R Proposed R

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 8-11-98

Approved By: *W*

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: 9-2-98

Approved By: *W*

INSPECTIONS

Type Failure Failure Approval Initial

Rough 980814 WMB 645

Temp Serv 0 0 0 0

Const Serv 0 0 0 0

TCO 0 0 0 0

Other 0 0 0 0

Service 980814 WMB 645

Final 980814 WMB 645

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

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.

Paid [] Check \$
Collected by:

Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$
DCA Training Fee \$

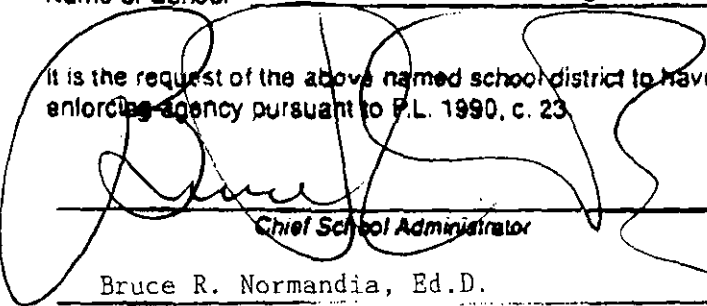
Applicant's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant

NEW JERSEY STATE DEPARTMENT OF EDUCATION
Educational Facility Planning
Release Form for School Construction Plans

JUL 1 1998

State Plan No. _____ Municipality Brick Township
County Ocean
School District Brick Township
Name of School Brick Memorial High School

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

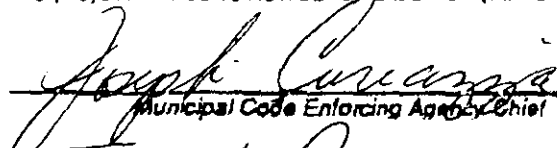
June 30, 1998

Date

Bruce R. Normandia, Ed.D.

Name (print)

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



Municipal Code Enforcing Agency Chief

6/30/98

Date

Joseph Curiazz

Name (print)

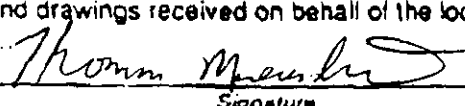
Below this line to be completed by the Educational Facility Planning

This plan has been approved for
conformance with N.J.A.C. 8:22

Educational Facility Planning

Date

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



Signature

Thomas Miserendino

Name (print)

7/29/98

Date

Ed Spec

Title



State of New Jersey

DEPARTMENT OF EDUCATION
PO Box 500
TRENTON, NJ 08625-0500

CHRISTINE TODD WHITMAN
Governor

July 29, 1998

LEO KLAGHOLZ
Commissioner

Mr. Massimo F. Yezzi, Jr.
Architects Planners
18 Washington Street
Toms River, NJ 08754

RE: **Brick Township Public Schools**
Brick Memorial High School **SP# 99004**
Veterans Memorial Middle School **SP# 99005**
Change of Use of Classroom with renovations
Ocean County
EDUCATIONAL SPECIFICATIONS, SCHEMATIC AND FINAL
EDUCATIONAL APPROVAL

Dear Mr. Yezzi:

Educational Specifications, Schematic and Final Educational Approval for the above projects have been approved. Per your submittal, there are no changes to the educational programs as previously submitted.

Per your request the enclosed "Release Form for School Construction Plans", to enable the municipal code enforcement agency to review the construction plans to the **requirements of the New Jersey Uniform Construction Code, enhancements and/or the educational facility planning standards as adopted by the State Board of Education**, is also approved.

Sincerely,


THOMAS MISERENDINO
Educational Facilities Planning Services

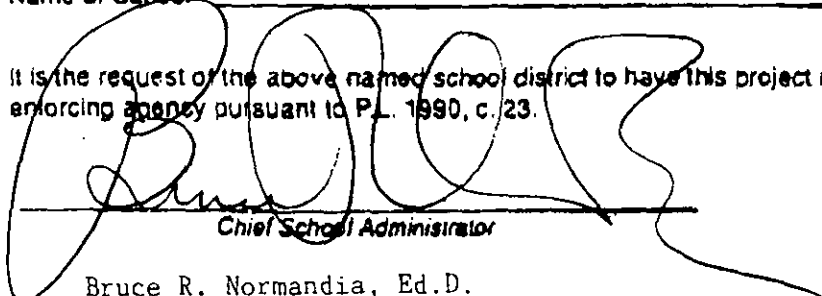
c: Dr. Bruce R. Normandia, Superintendent
Dr. Philip W. Nicastro, Business Administrator
Board President
Mrs. Lucille Rielly, Ocean County Superintendent
Mr. Joseph Curiazza, Construction Official, Brick (with copy of approved plans) ✓

NEW JERSEY STATE DEPARTMENT OF EDUCATION
Educational Facility Planning
Release Form for School Construction Plans

JUL 1 1998

State Plan No. _____ Municipality Brick Township
County Ocean
School District Brick Township
Name of School Veterans Memorial Middle School

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

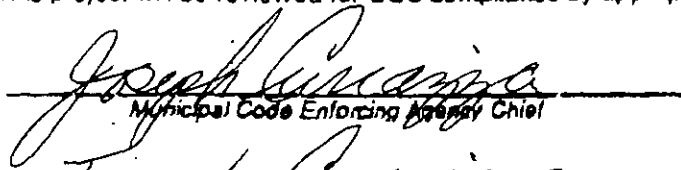
June 30, 1998

Date

Bruce R. Normandia, Ed.D.

Name (print)

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



Municipal Code Enforcing Agency Chief

6/20/98

Date

Joseph Curia

Name (print)

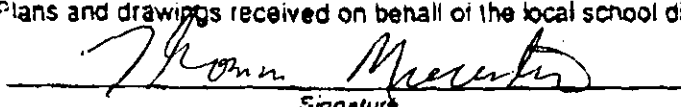
Below this line to be completed by the Educational Facility Planning

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

Educational Facility Planning

Date

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



Signature

Thomas Miserendine

Name (print)

7/24/98

Date

Ed. Spec.

Title

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK

401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Lansmill Road

Site Location:	Brick Memorial Hq	Date Rec'd:	
Block:	1211	Lot:	2
Owner in Fee:	Bound of NJ	Date Issued:	
Address:	101 Henderson Lane B.T. NJ 08723	Control #:	
State:	NJ	Zip:	08724
SS #:		Phone:	(732) 262-2625
Provide only if Applicant is owner			

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR:	CONTRACTOR: BRICK BOARD OF ED MANUL
ADDRESS:	ADDRESS: 101 Henderson Lane B.T. NJ
PHONE:	PHONE: 262-2625
LIC #:	LIC #:
LIC EXPIRATION DATE:	LIC EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):	FEDERAL EMP. # (or S.S. #):
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
NO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
Water Closet	Build wall across Ayr
Urinal / Bidet	Gym Brick Memorial Hq
Bath Tub	(Metal Sheds Sheet Rock
Lavatory	Insulation)
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bibb	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor / Separator	
Backflow Preventer	
Greasetrap	
Water Cooled AC or Refrig. Unit	
Sewer Connection	
Septic (Disposal System) Closure	
Water Service Connection	
Gas Service Connection	
Active Solar System	
Vent Through Roof	
Other	
Estimated Cost of Plumbing Work: \$	TYPE OF WORK
Signature:	☐ New Building
Owner ☐ Contractor ☐	☒ Addition ☐ Fence: Height (6' or More)
SUBCODE APPROVAL:	☐ Alteration ☐ Sign: Sq. Ft.
PLANS: Required ☐ Approved ☐	☐ Roofing ☐ Pool (In Ground)
Approved by:	☐ Siding ☐ Pool (Above Ground)
Date:	☐ Other: ☐ Asbestos Abatement
CONTRACTOR AFFIX SEAL:	☐ Other: ☐ Demolition
	BUILDING CHARACTERISTICS
	USE GROUP Present: Proposed:
	CONSTR. CLASS Present: Proposed:
	No. of Stories:
	Height of Structure:
	Area - Largest Floor:
	New Building Area / All Floors:
	Volume of Structure: Total Land Disturbed:
	Signature:
	Estimated Cost of Building Work:
	New Building (1): \$
	Alteration (2): \$
	TOTAL (1+2): \$
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by:
	Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE	FIRE PROTECTION SUBCODE
CONTRACTOR:	CONTRACTOR:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
LIC. #: EXP. DATE:	LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):	FEDERAL EMPL. #: (or S.S. #):
TECHNICAL DATA (LIST ALL FIXTURES)	TECHNICAL DATA (DESCRIPTION OF WORK)
DESCRIPTION QTY SIZE	
ITEMS	
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors - Fract. HP	
Emergency & Exit Lights	
Communications Points	
Alarm Devices/E.A.C. Panel	
	Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
	Heating Sys: ☐ New ☐ Existing
	Location of Furnace / Boiler _____
TOTAL NUMBERS	
Pool Permit w/UW Lights	Water Supply Source
Storable Pool/Spa/Hot Tub	Method of Valve Supervision
KW Elec. Range / Receptacle KW	Local Alarm Supervision
KW Oven / Surface Unit KW	Central Supervision
KW Elec. Water Heater KW	Proprietary Supervision
KW Elec. Dryer / Receptacle KW	
KW Dishwasher KW	Flammable Liquid Storage Tanks Capacity: Fuel:
HP Garbage Disposal HP	Combustible Liquid Storage Tanks Capacity: Fuel:
KW Central A/C Unit KW	L.G.P. Storage Tanks Capacity: Fuel:
HP/KW Space Heater/Air Handler HP/KW	
KW Baseboard Heat KW	DESCRIPTION NUMBER
HP Motors 1/+ HP HP	Wet Sprinkler Heads
KW Transformer/Generator KW	Dry Sprinkler Heads
AMP Service AMP	Total
AMP Subpanels AMP	
AMP Motor Control Center AMP	Smoke Detectors
AMP Elec. Sign/Outline Light KW	Heat Detectors
Other	Total
Other	
Other	Stand Pipes
Other	Kitchen Hood Exhaust Systems
Estimated Cost of Electrical Work: \$	
Signature (print name):	Pre-Engineered Systems
Estimated Cost of Electrical Work: \$	Co2 Suppression
Signature (print name):	Halon Suppression
Owner ☐ Contractor ☐	Foam Suppression
SUBCODE APPROVAL:	Dry Chemical
PLANS: Required ☐ Approved ☐	Wet Chemical
Approved by:	
Date:	Gas or Oil Fired Appliance
	Other
CONTRACTOR AFFIX SEAL:	Other
	Estimated Cost of Fire Protection Work: \$
	Signature:
	Owner ☐ Contractor ☐
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by:
	Date: