

**BLOCK  
RECEIVED**

LOT

**ADDRESS (SITE)****PERMIT NO.**

JUL 30 1993



# CONSTRUCTION PERMIT APPLICATION

## DIV. OF INSPECTION

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

## I. IDENTIFICATION

1. Proposed Work-site at: BRICK MAM HIGH SCHOOL

2. Name of Owner in Fee: B D of EDUCATION BRICKS Tel. (\_\_\_\_) \_\_\_\_\_

Address LANEBAILLS RD. street municipality zip code

3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_

4. Principal Contractor: G. A. S. H. CONST. CO. Tel. ( ) \_\_\_\_\_

Address 455 SILVERTOWN BRICK

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

5. Architect or Engineer VERDI ASS. Tel. ( 415 ) 3433

Address 1035 HOOPER AV TOMS RIVER NJ

6. Responsible Person JERRY ASTI Tel. (908) 925-71  
In Charge of Work

## II. PROPOSED WORK

Est. Cost

1. ☐ Minor Work  
(single trade)
2. ☐ Small Job (\$5,000  
and no prior  
approvals)
3. ☒ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

TOTAL COSTS

16,000

**OPTIONAL (for office use only)**[illegible]

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

**V. FEE SUMMARY (for office use only)**

|                                      |        | Update | Update |
|--------------------------------------|--------|--------|--------|
| 1. Building                          | \$ 120 |        |        |
| 2. Electrical                        |        |        |        |
| 3. Plumbing                          |        |        |        |
| 4. Fire Protection                   |        |        |        |
| 5. Other                             |        |        |        |
| 6. Subtotal                          | \$ 120 |        |        |
| 7. Less 20% for<br>State Plan Review | \$ 24  |        |        |
| 8. Subtotal                          | \$ 96  |        |        |
| 9. DCA Training Fee                  | \$ 13  |        |        |
| 10. Subtotal                         | \$ 109 |        |        |
| 11. Cert. of Occupancy               | \$ 20  |        |        |
| 12. Other                            |        |        |        |
| 13. TOTAL                            | \$ 129 |        |        |

## VI. BUILDING/SITE CHARACTERISTICS

1. Number\_of\_Stories \_\_\_\_\_
2. Height of Structure \_\_\_\_\_ ft.
3. Area—Largest Floor \_\_\_\_\_ sq. ft.
4. Building Area—All Floors \_\_\_\_\_ sq. ft.
5. Volume of 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. Fire Grading \_\_\_\_\_
12. Max. Live Load \_\_\_\_\_
13. Max. Occupancy Load \_\_\_\_\_

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

LDS BR 10516841

7114

## 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.

( ) Check if contractor.

Agent Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(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 |          |
| <input type="checkbox"/> Planning Board                         |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Fire Department                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Community Affairs        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Environmental Protection |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Other <i>COAH</i>                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |            |                   |            |                   |            |                   |            |          |

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

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

X. CERTIFICATES ISSUED (office use only)

|                                                             | DATE EXPIRED |
|-------------------------------------------------------------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____    |
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____    |
| <input type="checkbox"/> Continued Certificate of Occupancy | No. _____    |
| <input type="checkbox"/> Certificate of Occupancy           | No. _____    |
| <input type="checkbox"/> Certificate of Approval            | No. _____    |



# CONSTRUCTION PERMIT

Date Issued 8-17-93  
Control #  
Permit # 1882 93

IDENTIFICATION Block 1211 Lot 2

Work Site Location Lane Mill Rd. Contractor \_\_\_\_\_

Address \_\_\_\_\_

Owner in Fee Bright Bldg Co.

Address same

Tele. (\_\_\_\_) \_\_\_\_\_

Lic. No. or Bldrs. Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_

or Social Security No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

☒ BUILDING    ☐ PLUMBING    ☐ OTHER \_\_\_\_\_  
☐ ELECTRICAL    ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

re. build press box

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 \$ 16,000.

[Signature]  
CONSTRUCTION OFFICIAL

## PAYMENTS (Office Use Only)

Building \_\_\_\_\_  
Plumbing \_\_\_\_\_  
Electrical \_\_\_\_\_  
Fire Protection \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
DCA Training Fee \_\_\_\_\_  
Cert. of Occ. \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_  
Check No. \_\_\_\_\_  
Cash \_\_\_\_\_  
Collected By: \_\_\_\_\_



**YEZZI ASSOCIATES**  
**ARCHITECTS      PLANNERS**

August 11, 1993

Mr. Ray Korkowski  
Building Department  
Brick Township  
401 Chambers Bridge Road  
Brick, New Jersey 08723

REF: Brick Memorial High School  
Stadium Press Box Addition

To All Parties Concerned:

Please be advised that the railing system for the above referenced project is to be constructed of galvanized metal tubing and is to be constructed in such a way that a 4" diameter sphere cannot pass through it. The height of this rail is to be 42" above the deck area.

Please contact this office with any questions or comments on this matter.

Sincerely,



John Burgdorfer  
Architectural Designer

JB/ja

cc. Dr. P. Nicastro  
Mr. J. Guagliardo

Massimo Francis Yezzi, Jr. R.A.P.P.  
1035 Hooper Avenue, Suite 4  
P.O. Box 1638, Toms River, NJ 08754

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(908) 240-3438  
Fax (908) 240-3463

**Architecture**

**Planning**

**Interior Design**