



CONSTRUCTION PERMIT APPLICATION

RECEIVED Page 1

JUL 17/86

BUILDING

IDENTIFICATION

1. Proposed Work at: BRICK MEMORIAL HIGH SCHOOL (Lane Mill Rd)

2. Owner Name: BRICK BOARD OF ED. Tel. () 477-2800

Address _____

3. Principal Contractor: SAME AS ABOVE Tel. () _____

Address _____

Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____

4. Architect or Engineer: WILLIAM C. CRAMER Tel. () 634-2700

Address _____

I. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	\$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST \$ <u>9800.00</u>	

C. DO YOU WANT:

1. ☒ Partial Releases
2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
- B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE

Robert K. Stutta

DATE

7/16/86

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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

TEL. ()

ADDRESS

SIGNATURE

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

- ☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Receiver	Approval Date	Reviewer	Comments
☐	BUILDING			7-21-86	PD	
	Footings/Foundations					
	Framing					
	Architectural			7/19/86	JK	
	Other <u>concrete</u>					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING		10-21-86	Edward H. H. H.
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
	PLUMBING			
	ELECTRICAL			
	FIRE PROTECTION			
	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	_____

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Ticker
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ 75.00
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	15.00
OTHER _____	_____
SUBTOTAL	\$ 90.00
- LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____	20.00
CERTIFICATE OF OCCUPANCY	_____
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 115.00
DATE _____	Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	_____	_____	_____
OTHER	_____	_____	_____
OTHER	_____	_____	_____
- LESS: Refunds	_____	_____	(_____)
TOTAL COLLECTED AFTER PERMIT ISSUED	_____	_____	\$ _____

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ _____
COLLECTED AFTER PERMIT (VB)	_____
TOTAL	\$ _____

TOWNSHIP OF BRICK



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 2000
 DATE ISSUED 1/24/00
 REVISION DATE _____
 Block 1211 Lot 2
 Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office

Owner BRICK BOARD OF ED. Contractor SAABE.

Address 101 HAWTHORNSIDE AVE. Address _____

Tel. () 477-2800 Tel. () _____

Work Site Address BRICK MEMORIAL SCHOOL Lic. No. _____

LAURE MYKE P.V. Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:
 (Complete for Minor Work and Small Job Only)
 I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
 Give detail description including materials used, dimensions, etc.
WEIGHT TRIMMING AREA, WHERE MESSH PARTITION - IN BOX CYM R.M. 12' X 60'

TYPE OF WORK:
☐ New Building
☐ Addition
☒ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

Fee Basis	Fee
Minimum Building Fee (if applicable)	\$ _____
Total Building Fee (Greater of Minimum or Subtotal)	\$ _____
SUBTOTAL	\$ _____

See Plans ☒

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____ Total Building Area-All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area-Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$ 19800.

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

3110

JOB CONDITION/COMMENTSMaximum Occupancy Load:

U.C.C. Form F-110 (8/83)

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 8060
DATE ISSUED 7/25/86
REVISION DATE _____
Block 1211 Lot 2
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only	When changing contractors, notify this office
Owner <u>BRICK BOARD OF ED.</u>	Contractor <u>E. STAMBE.</u>
Address <u>101 HAWTHORNE RD.</u>	Address _____
Tel. () <u>477-2900</u>	Tel. () _____
Work Site Address <u>BRICK MEN OF 144 JACKSON RD.</u>	Federal Emp. No. _____

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B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____	FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)	
No. of Heads: _____ No. of Spare Heads: _____	
☐ Valves Supervised - Method: _____	
Water Supply - Source: _____ Size: _____	
FD Connection Location: _____	
Estimated Cost of Work: \$ _____	

B3. ALARM

TYPE: ☐ Manual ☐ Automatic	FEE
Supervision Type: ☐ Local ☐ Central	
☐ Proprietary ☐ Remote Location	
Estimated Cost of Work: \$ _____	

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____	
Water Source: _____ Size: _____	
FD Connection Location: _____	
Hose Station: ☐ Yes ☐ No	
Estimated Cost of Work: \$ _____	

B5. OTHER

TYPE: ☐ Dry Chemical ☐ CO ₂	
☐ Halon ☐ Foam	
☐ Other _____	
Manual Pull: ☐ Yes ☐ No	
Locations: _____	
Estimated Cost of Work: \$ _____	

Subtotal

Minimum Fire Protection Fee (If Applicable)
Total Fire Protection Fee (Greater of Minimum or Subtotal)

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____	Present _____	Proposed _____
Heating Systems - Location: _____		
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____		
Fuel Storage Tank - Location: _____	Fuel Type: _____	Capacity: _____
Total Estimated Cost of Fire Protection Work: \$ _____		

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing



State of New Jersey

DEPARTMENT OF EDUCATION

225 WEST STATE STREET

CN 500

TRENTON, NEW JERSEY 08625

DATE: June 18, 1986

Chief School Adm.
Dr. Louis Aragonona, Supt.
Brick Twp. Public Schools

Re: Plan No. 86054

FINAL RELEASE: Memorial H.S.-Weight Training
Area Auxiliary Gym
Brick Twp., Ocean County

Attention: Construction Official

Construction plans for the subject structure proposed to be built within the boundaries of your municipality have been reviewed and released in conformance with the provisions of the Regulations for the New Jersey Uniform Construction Code. Any changes to these plans are subject to review and approval of the Department of Education, Bureau of Facility Planning Services.

The applicant has paid the Department of Education a fee as per the Department fee schedule.

Prior to issuance of a construction permit, the Construction Official shall calculate the construction permit fee in accordance with the municipal fee schedule, and collect payment in the amount of eighty (80) percent of that fee. In addition, the Construction Official shall calculate and collect the State of New Jersey training fee and all applicable special permit fees.

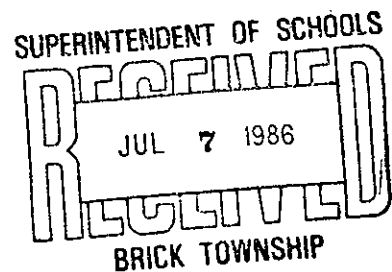
Enclosed herewith are three (3) copies of the plans released; one copy has been retained by the Department.

Very truly yours,

Richard Gates
Architectural Supervisor
Facility Planning Services

RG:jmc

c: Secretary Board of Education
Superintendent of Schools
County Superintendent of Schools
Architect





State of New Jersey
DEPARTMENT OF EDUCATION
225 WEST STATE STREET
CN 500
TRENTON, NEW JERSEY 08625

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Superintendent of Schools
County Superintendent of Schools
Architect