



C20-001538

| V. FEE SUMMARY (for office use only) |      | Update | Update |
|--------------------------------------|------|--------|--------|
| 1. Building                          | \$ 0 |        |        |
| 2. Electrical                        |      |        |        |
| 3. Plumbing                          |      |        |        |
| 4. Fire Protection                   |      |        |        |
| 5. Elevator Devices                  |      |        |        |
| 6. Subtotal                          |      |        |        |
| 7. Less 20% for State Plan Review    | \$   |        |        |
| 8. Subtotal                          | \$   |        |        |
| 9. State Permit Surcharge Fee        | \$   |        |        |
| 10. Subtotal                         | \$   |        |        |
| 11. Cert. of Occupancy               |      |        |        |
| 12. Other                            |      |        |        |
| 13. TOTAL                            | \$ 0 |        |        |

| 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. Max. Live Load _____                                       |  |                   |
| 7. Max. Occupancy Load _____                                  |  |                   |
| 8. If Industrialized Building, State Approved _____ HUD _____ |  |                   |
| 9. Total Land Area Disturbed _____ sq. ft.                    |  |                   |
| 10. Flood Hazard Zone _____                                   |  |                   |
| 11. Base Flood Elevation _____ ft.                            |  |                   |
| 12. Wetlands    yes _____    no _____                         |  |                   |

**VII. DESCRIPTION OF BUILDING USE**

A. RESIDENTIAL (*primary use*)

1. State Specific Use:
2. Use Group, Proposed: \_\_\_\_\_
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units Income-restricted

|                |       |
|----------------|-------|
| Gained, Sale   | _____ |
| Gained, Rental | _____ |
| Lost, Sale     | _____ |
| Lost, Rental   | _____ |

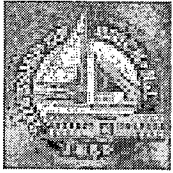
B. NON-RESIDENTIAL (*primary use*)

1. State Specific Use:
2. Use Group, Proposed: \_\_\_\_\_
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): \_\_\_\_\_

D. Construct. Classification: Present \_\_\_\_\_  
Proposed \_\_\_\_\_

|                                                                                                                  |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                                             |  |                                                                                     |                                                   |                                                                 |                                         |                                                   |                                                                   |                                                       |  |                                              |                                                               |                                                                |  |  |                                                   |                                          |  |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|--|-------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|--|----------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------|--|--|---------------------------------------------------|------------------------------------------|--|
| <b>III. PLAN REVIEW</b> (optional)                                                                               |                                                                   | <b>IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         | If Constructed Classification: Present _____ Proposed _____ |  |                                                                                     |                                                   |                                                                 |                                         |                                                   |                                                                   |                                                       |  |                                              |                                                               |                                                                |  |  |                                                   |                                          |  |
| DO YOU WANT:<br>1. <input type="checkbox"/> Partial Releases<br>2. <input type="checkbox"/> Prototype Processing |                                                                   | <table border="0"> <tr> <td>1. <input type="checkbox"/> Elevators/Escalators/Lifts/<br/>Dumbwaiters/Moving Walks</td> <td>4. <input type="checkbox"/> Refrigeration Systems</td> <td>8. <input type="checkbox"/> Smoke Control Systems in Open Wells</td> <td>12. <input type="checkbox"/> Fire Alarm</td> </tr> <tr> <td>2. <input type="checkbox"/> High Pressure Boilers</td> <td>5. <input type="checkbox"/> Cross-Connections/Backflow Preventers</td> <td>9. <input type="checkbox"/> Underground Storage Tanks</td> <td></td> </tr> <tr> <td>3. <input type="checkbox"/> Pressure Vessels</td> <td>6. <input type="checkbox"/> Hazardous Uses/Places of Assembly</td> <td>10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs</td> <td></td> </tr> <tr> <td></td> <td>7. <input type="checkbox"/> Sprinklers/Standpipes</td> <td>11. <input type="checkbox"/> LPGas Tanks</td> <td></td> </tr> </table> |                                         |                                                             |  | 1. <input type="checkbox"/> Elevators/Escalators/Lifts/<br>Dumbwaiters/Moving Walks | 4. <input type="checkbox"/> Refrigeration Systems | 8. <input type="checkbox"/> Smoke Control Systems in Open Wells | 12. <input type="checkbox"/> Fire Alarm | 2. <input type="checkbox"/> High Pressure Boilers | 5. <input type="checkbox"/> Cross-Connections/Backflow Preventers | 9. <input type="checkbox"/> Underground Storage Tanks |  | 3. <input type="checkbox"/> Pressure Vessels | 6. <input type="checkbox"/> Hazardous Uses/Places of Assembly | 10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs |  |  | 7. <input type="checkbox"/> Sprinklers/Standpipes | 11. <input type="checkbox"/> LPGas Tanks |  |
| 1. <input type="checkbox"/> Elevators/Escalators/Lifts/<br>Dumbwaiters/Moving Walks                              | 4. <input type="checkbox"/> Refrigeration Systems                 | 8. <input type="checkbox"/> Smoke Control Systems in Open Wells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12. <input type="checkbox"/> Fire Alarm |                                                             |  |                                                                                     |                                                   |                                                                 |                                         |                                                   |                                                                   |                                                       |  |                                              |                                                               |                                                                |  |  |                                                   |                                          |  |
| 2. <input type="checkbox"/> High Pressure Boilers                                                                | 5. <input type="checkbox"/> Cross-Connections/Backflow Preventers | 9. <input type="checkbox"/> Underground Storage Tanks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                                             |  |                                                                                     |                                                   |                                                                 |                                         |                                                   |                                                                   |                                                       |  |                                              |                                                               |                                                                |  |  |                                                   |                                          |  |
| 3. <input type="checkbox"/> Pressure Vessels                                                                     | 6. <input type="checkbox"/> Hazardous Uses/Places of Assembly     | 10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                                             |  |                                                                                     |                                                   |                                                                 |                                         |                                                   |                                                                   |                                                       |  |                                              |                                                               |                                                                |  |  |                                                   |                                          |  |
|                                                                                                                  | 7. <input type="checkbox"/> Sprinklers/Standpipes                 | 11. <input type="checkbox"/> LPGas Tanks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |                                                             |  |                                                                                     |                                                   |                                                                 |                                         |                                                   |                                                                   |                                                       |  |                                              |                                                               |                                                                |  |  |                                                   |                                          |  |



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723

Date Issued 10/6/2020  
Control Number C-20-001538  
Permit Number 20-1096  
Permit Issue Date 6/1/2020  
Certificate Number 20-1096

# Certificate

Construction Code Division  
(Certificate of Approval)

## Identification

Work Site Location: 216 DRUM POINT RD. Brick Township, NJ Block: 646 Lot: 41 Qual: \_\_\_\_\_  
Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION  
Owner Address: CHAMBERS BRIDGE RD BRICK NJ 08723  
Telephone: \_\_\_\_\_  
Contractor: CYPRECO INDUSTRIES INC  
Address: PO BOX 822 1420 9TH AVE NEPTUNE NJ 07753  
Telephone: (732) 775-3700 Fax: (732) 775-3660 Federal Emp. Number: \_\_\_\_\_  
License Number or Builders Registration Number: \_\_\_\_\_

Home Warranty Number: \_\_\_\_\_ Type of Warranty Plan: ☐ State ☐ Private

Use Group: E Construction Classification: \_\_\_\_\_

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ROOFING - - OSBORNVILLE ELEMENTARY SCHOOL ...ROOFING REPAIRS

Certificate Comments:

### ☐ Certificate of Occupancy

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

### ☒ Certificate of Approval

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

### ☐ 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 Compliance

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

**Conditions to be met:**

### ☐ Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period ( \_\_\_\_\_ years); see file

### ☐ Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period ( \_\_\_\_\_ years); see file

### ☐ Certificate of Compliance

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

### ☐ Temporary Certificate of Occupancy

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

**Conditions to be met:**

*David Newman Jr*  
\_\_\_\_\_  
Construction Official

Date Printed: 10/6/2020

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: \_\_\_\_\_

Collected By: \_\_\_\_\_

## 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(f)1.ix:

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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. 5:23-2.15(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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

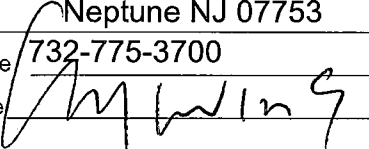
I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name Cypreco Industries Inc.

Address PO BOX 822 1420 9th Avenue  
Neptune NJ 07753

Telephone 732-775-3700

Signature 

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

- IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



# BUILDING SUBCODE TECHNICAL SECTION



Date Received  
Control #

Date Issued  
Permit #

6/1/20  
20-1096

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

Block 646 Lot 41 Qualification Code \_\_\_\_\_

Work Site Location Osbornville Elementary School -218 Drum Point Road  
Brick, NJ 08724

Owner in Fee: Brick Board of Education

Tel. (732) 785-3000 x 1016 e-mail jedwrds@brickschools.org

Address 101 Hendrickson Ave Brick, NJ 08724

Contractor: Cypreco Industries Inc. Tel. (732) 775-3700

Address PO BOX 822 1420 9th Ave e-mail office@cyprecoindustriesinc.com  
Neptune NJ 07753

Contractor License No. or Builder Registration No. 622247 Exp. Date 2/19/2022

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH2791600

Federal Emp. ID No. 22-3783604 FAX: (732) 775-3660

## 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.

Sign here: \_\_\_\_\_

Print name here: Savas C. Tsivicos, CEO

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

ROOF PAINTING, SINCE  
REPLACEMENT AND  
INTERIOR PAINTING—  
REMOVE + REPLACE GUTTERS  
AND LEADERS

### TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence \_\_\_\_\_ Height (exceeds 6')
- ☐ Sign \_\_\_\_\_ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall \_\_\_\_\_ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other \_\_\_\_\_
- ☐ Demolition

### FEE (Office Use Only)

COMMERCIAL

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy

### JOB SUMMARY (Office Use Only)

| PLAN REVIEW                         |                            | Date     | Initial | INSPECTIONS           |         | Dates (Month/Day) |          |
|-------------------------------------|----------------------------|----------|---------|-----------------------|---------|-------------------|----------|
|                                     |                            |          |         | Type                  | Failure | Failure           | Approval |
| <input type="checkbox"/>            | No Plans Required          |          |         |                       |         |                   |          |
| <input checked="" type="checkbox"/> | All                        | 05/29/20 | KEA     | Footings              |         |                   |          |
| <input type="checkbox"/>            | Footings/Foundations       |          |         | Footings Bonding      |         |                   |          |
| <input type="checkbox"/>            | Structural Framework       |          |         | Foundation            |         |                   |          |
| <input type="checkbox"/>            | Exterior                   |          |         | Slab                  |         |                   |          |
| <input type="checkbox"/>            | Interior                   |          |         | Frame                 |         |                   |          |
| <input type="checkbox"/>            | Joint Plan Review Required |          |         | Truss Sys./Bracing    |         |                   |          |
| <input type="checkbox"/>            | Joint Plan Review Required |          |         | Barrier-Free          |         |                   |          |
| <input type="checkbox"/>            | Elect.                     |          |         | Insulation            |         |                   |          |
| <input type="checkbox"/>            | Plumb.                     |          |         | Finishes - Base Layer |         |                   |          |
| <input type="checkbox"/>            | Fire                       |          |         | Finishes - Final      |         |                   |          |
| <input type="checkbox"/>            | Elevator                   |          |         | Energy                |         |                   |          |
| SUBCODE APPROVAL for PERMIT         |                            |          |         | Mechanical            |         |                   |          |
| Date: 05/29/20                      |                            |          |         | TCO                   |         |                   |          |
| Approved by: KEA                    |                            |          |         | Other                 |         |                   |          |
| SUBCODE APPROVAL for CERTIFICATE    |                            |          |         | Final                 |         |                   |          |
| Date: 08/13/20                      |                            |          |         | Barrier-Free          |         |                   |          |
| Approved by: KEA                    |                            |          |         |                       |         |                   |          |

## B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load \_\_\_\_\_

Max. Occupancy Load \_\_\_\_\_

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

If Industrialized Building:

State Approved \_\_\_\_\_ HUD \_\_\_\_\_

### Est. Cost of Bldg. Work:

1. New Bldg. \$ \_\_\_\_\_
2. Rehabilitation \$ 90,000
3. Total (1+ 2) \$ 90,000

U.C.C. F110  
(rev. 11/09)



# CONSTRUCTION PERMIT

Date Issued 6/1/2020  
Control # C-20-001538  
Permit # 20-1096

IDENTIFICATION Block: 646 Lot: 41 Qualifier \_\_\_\_\_  
Work Site Location: 216 DRUM POINT RD. Brick Township, NJ Contractor CYPRECO INDUSTRIES INC  
Address PO BOX 822 1420 9TH AVE NEPTUNE NJ 07753  
Owner in Fee BRICK TOWNSHIP BOARD OF EDUCATION Telephone: (732) 775-3700  
CHAMBERS BRIDGE RD. BRICK NJ 08723 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Telephone: \_\_\_\_\_ Federal Employee. No. \_\_\_\_\_

## Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT  
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION  
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

## DESCRIPTION OF WORK:

ROOFING - OSBORNVILLE ELEMENTARY SCHOOL

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 \$90,000

D. Neuman Jr.  
Construction Official

Date 6/1/20

U.C.C. F170  
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

Building \_\_\_\_\_ \$0  
Electrical \_\_\_\_\_ \$0  
Plumbing \_\_\_\_\_ \$0  
Fire Protection \_\_\_\_\_ \$0  
Elevator Devices \_\_\_\_\_ \$0  
Other \_\_\_\_\_ \$0.00  
DCA Training Fee \_\_\_\_\_ \$0  
CO Fee \_\_\_\_\_  
Other \_\_\_\_\_ \$0  
Total \_\_\_\_\_ \$0  
Check No. \_\_\_\_\_  
Cash \_\_\_\_\_ \$0  
Credit \_\_\_\_\_ \$0  
Collected By \_\_\_\_\_

## 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 the work installed conforms with 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 granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

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





PHILIP D. MURPHY  
*Governor*

SHEILA Y. OLIVER  
*Lt. Governor*

State of New Jersey  
DEPARTMENT OF EDUCATION  
PO Box 500  
TRENTON, NJ 08625-0500

LAMONT O. REPOLLET, Ed.D.  
*Commissioner*

June 26, 2019

Mr. Gerard Dalton, Superintendent  
OCEAN COUNTY  
Brick School District No. 0530  
101 Hendrickson Avenue  
Brick, NJ 08724

**Title: OTHER CAPITAL PROJECT DETERMINATION**

**THIS PROJECT DOES NOT IMPACT EDUCATIONAL ADEQUACY  
AND IS NOT SUBJECT TO DOE FINAL EDUCATIONAL ADEQUACY  
REVIEW.**

**Brick School District No. 0530  
Osbornville Elementary School  
State Project No. 0530-070-19-1000  
Ocean County**

**Description:** Interior CMU Moisture Repair

**LRFP:** November 13, 2014

Dear Mr. Dalton:

Your district has requested that the project referenced above be reviewed as an "other capital project" pursuant to the Education Facilities Construction and Financing Act, P.L. 2000, c. 72 ("EFCFA" or "Act") and the New Jersey Department of Education ("Department") implementing regulations at N.J.A.C. 6A:26-1 et seq. N.J.A.C. 6A:26-3.12 provides that other capital projects are not eligible for State support pursuant to EFCFA and the district has stated it is not requesting State funding for the project. The same section of the regulations also sets forth certain requirements for Department review of other capital projects, and approval, if the facility is to house students and is therefore subject to the educational adequacy requirements set forth in N.J.A.C. 6A:26-5.

#### **I. Department determinations.**

The Department now makes the following determinations regarding the above-referenced project.

1. This other capital project is consistent with the District's long-range facilities plan ("LRFP").
2. This other capital project is consistent with the District's applicable approved programmatic model contained in the District's approved LRFP, if applicable. N.A.
3. The District has stated the total amount of funds (cost estimate) the District intends to expend to complete the other capital project. YES
4. The District has stated the type of facility to be constructed (school facility, other facility, etc.), which is rehabilitation of a school facility. YES
5. This other capital project does not have educational adequacy requirements of N.J.A.C. 6A:26-5.
6. This other capital project, which is not subject to educational adequacy requirements, meets the schematic plans requirements, if applicable. YES

## **II. Description of the reviewed other capital project**

The reviewed other capital project consists of the following components: Scope of the project includes field investigation of problem areas, address and repair problems areas to prevent moisture infiltration.

## **III. TOTAL PROJECT COST \$123,750**

## **IV. Actions to be taken**

If the Department has reviewed the other capital project, the District may advance the project as follows:

**A. Educational adequacy and Uniform Construction Code review.** If the other capital project **does not require** final educational adequacy review, the district is not required to make a final educational adequacy submission to the Department or pay the Department final educational adequacy review fees. The district may advance the project, including review for Uniform Construction Code ("UCC") compliance as required.

**B. Local support and compliance with procurement laws.** If the Department has reviewed the other capital project, the District may proceed to obtain local funding of the project, consistent with the local funding requirements of N.J.A.C. 6A:26-3.12. The District is reminded that if it issues school bonds for an "other capital project", the

State Project No. 0530-070-19-1000  
Brick School District  
School Name: Osbornville Elementary School

resolution or question to the voters must specifically state that the other capital project is not eligible for State support. The District is further reminded that other capital projects, while not subject to the State funding eligibility criteria of school facilities projects, are required to conform to all other applicable statutes and regulations, including, but not limited to, the procurement laws, N.J.S.A. 18A:18A-1.1 et seq. and rules thereunder.

Should you have any questions regarding this matter, contact H. Lyle Jones, Manager, Office of School Facilities at (609) 376-3683 or email at [lyle.jones@doe.nj.gov](mailto:lyle.jones@doe.nj.gov).

Sincerely,



Bernard E. Piaia, Jr., Director  
Office of School Facilities

BEP:hj

c.

Kevin Dehmer, Assistant Commissioner, Division of Finance  
Kevin Ahearn, Executive County Superintendent  
H. Lyle Jones, Manager, Office of School Facilities  
James Edwards, District Business Administrator  
Raymond Concepcion, Netta Architects







PHILIP D. MURPHY  
Governor

SHERILA Y. OLIVER  
Lt. Governor

State of New Jersey  
DEPARTMENT OF EDUCATION  
PO BOX 500  
TRENTON, NJ 08625-0500

LAMONT O. REPOLLET, Ed.D.  
Commissioner

June 26, 2019

Mr. Gerard Dalton, Superintendent  
OCEAN COUNTY  
Brick School District No. 0530  
101 Hendrickson Avenue  
Brick, NJ 08724

**Title: OTHER CAPITAL PROJECT DETERMINATION**

**THIS PROJECT DOES NOT IMPACT EDUCATIONAL ADEQUACY  
AND IS NOT SUBJECT TO DOE FINAL EDUCATIONAL ADEQUACY  
REVIEW.**

**Brick School District No. 0530  
Osbornville Elementary School  
State Project No. 0530-070-19-1000  
Ocean County**

**Description:** Interior CMU Moisture Repair

**LRFP:** November 13, 2014

Dear Mr. Dalton:

Your district has requested that the project referenced above be reviewed as an "other capital project" pursuant to the Education Facilities Construction and Financing Act, P.L. 2000, c. 72 ("EFCFA" or "Act") and the New Jersey Department of Education ("Department") implementing regulations at N.J.A.C. 6A:26-1 et seq. N.J.A.C. 6A:26-3.12 provides that other capital projects are not eligible for State support pursuant to EFCFA and the district has stated it is not requesting State funding for the project. The same section of the regulations also sets forth certain requirements for Department review of other capital projects, and approval, if the facility is to house students and is therefore subject to the educational adequacy requirements set forth in N.J.A.C. 6A:26-5.

**I. Department determinations.**

The Department now makes the following determinations regarding the above-referenced project.

1. This other capital project is consistent with the District's long-range facilities plan ("LRFP").
2. This other capital project is consistent with the District's applicable approved programmatic model contained in the District's approved LRFP, if applicable. N.A.
3. The District has stated the total amount of funds (cost estimate) the District intends to expend to complete the other capital project. YES
4. The District has stated the type of facility to be constructed (school facility, other facility, etc.), which is rehabilitation of a school facility. YES
5. This other capital project does not have educational adequacy requirements of N.J.A.C. 6A:26-5.
6. This other capital project, which is not subject to educational adequacy requirements, meets the schematic plans requirements, if applicable. YES

## II. Description of the reviewed other capital project

The reviewed other capital project consists of the following components: Scope of the project includes field investigation of problem areas, address and repair problems areas to prevent moisture infiltration.

## III. TOTAL PROJECT COST \$123,750

## IV. Actions to be taken

If the Department has reviewed the other capital project, the District may advance the project as follows:

**A. Educational adequacy and Uniform Construction Code review.** If the other capital project **does not require** final educational adequacy review, the district is not required to make a final educational adequacy submission to the Department or pay the Department final educational adequacy review fees. The district may advance the project, including review for Uniform Construction Code ("UCC") compliance as required.

**B. Local support and compliance with procurement laws.** If the Department has reviewed the other capital project, the District may proceed to obtain local funding of the project, consistent with the local funding requirements of N.J.A.C. 6A:26-3.12. The District is reminded that if it issues school bonds for an "other capital project", the

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Sincerely,



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James Edwards, District Business Administrator  
Raymond Concepcion, Netta Architects



APPROVED & RELEASED  
FOR UCC REVIEW

NI DEPT OF EDUCATION  
SCHOOL FACILITIES FINANCING

  
H. Lyko Jones

☐ O w l e r  
☒ A r c h i t e c t  
☐ D . C . A .  
☐ D . O . E .



5/22/19

RE

DATE

DIRECTOR, BOARD OF EDUCATION  
TOWNSHIP BOARD OF EDUCATION



5/15/19

RE

DATE

INTENDENT OF SCHOOLS  
TOWNSHIP BOARD OF EDUCATION

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**RTIAL ROOF REPLACEMENT & EIFS REPLACEMENT  
OSBORNVILLE ELEMENTARY SCHOOL**

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**NJDOE JOB # 29-0530-070-19-1000**

**NA JOB # 2191423**

**ISSUED FOR BID, MAY 01, 2019**

**BRICK TOWNSHIP BOARD OF EDUCATION**

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**SCHOOL BUSINESS ADMINISTRATOR/**