

AUG 28 1948



CONSTRUCTION PERMIT APPLICATION

DIV. OF INSPECTION

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

4. IDENTIFICATION

1. Proposed Work Site at: OSBURNVILLE SCHOOL
2. Name of Owner in Fee: BORNING Education Bldg Tel. ()
- Address 101. HENONICK DR. Bridge #7
street municipality zip code
3. Ownership in Fee: Public ☒ Private ☐
4. Principal Contractor: AGUA MASONRY Tel. (732) 775-8167
- Address 57 MAUR ST BORNING BEACH NY
- License No. OR, if new home, Builder Reg. No. Exp. Date
- Federal Employee No. 22 2369762 FAX: (732) 775-8167
5. Architect or Engineer YEZU ASSOCIATES Tel. (732) 240-3433
- Address P O BOX 1638
6. Responsible Person in Charge of Work ATHANASIOS STEFANOU
- Tel. (732) 775-8167 FAX (732) 775-6737

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

Update		Update
---------------	--	---------------

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. Construction Classification _____
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 _____

(office use only)

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

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

OPTIONAL (for office use only)[illegible]

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

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:

3. Change in Use Group, Indicate Former:

LDS BR 10207514

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

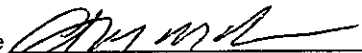
I further certify that I will perform the following work:

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 8-28-88

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

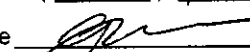
I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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 AGIA Mason Inc
Address 57 Main St
Brandy Beach NJ 07720
Telephone (732) 7258167
Signature 

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
- ☐ Temporary Certificate of Compliance
- ☐ Continued Certificate of Occupancy
- ☐ Certificate of Compliance
- ☐ Certificate of Occupancy
- ☐ Certificate of Approval
- ☐ Lead Abatement Clearance Certificate

DATE ISSUED

DATE EXPIRED

DATE REISSUED

DATE EXPIRED

No. _____	_____	_____	_____
No. _____	_____	_____	_____
No. _____	_____	_____	_____
No. _____	_____	_____	_____
No. _____	_____	_____	_____
No. _____	_____	_____	_____
No. _____	_____	_____	_____
No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 08/31/98
Control #
Permit # 98-2971

IDENTIFICATION Block 646 Lot 41 Qual
Work Site Location 216 DRUM POINT RD OSBORN SCHD
DEED OF GARAGE
Owner in Fee BOARD OF EDUCATION/OSBORNVILLE
Address 101 HENDRICKSON AVE
BRICK, NJ 08723-
Telephone ()
Contractor AGIA MASON INC
Address 57 MAIN ST
BRADLEY BEACH, NJ 07720-
Telephone (732) 775-8167
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2369762

Is hereby granted permission to perform the following work:

[X] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT
[] ELECTRICAL [] FIRE PROTECTION [X] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
DEMOLITION OF GARAGE

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 \$ 1,000

Construction Official Deborah A. [Signature] Date 08/31/98

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. 0
Cash 0
Collected By

Date Received 08/31/98
Date Issued 08/31/98
Control #
Permit # 98-2971

I hereby certify that I am the (agent of) owner of record and am authorized to make this application

Federal Exp. No. 22-2369762

Approved BY: _____

Total Land Area Disturbed 0 Sq. Ft.

I hereby certify that I am the (agent of) owner of record and am authorized to make this application

DEMOLITION OF GARAGE

Other —

U.C.C. §110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/31/98
Date Issued 08/31/98
Control #
Permit # 98-2971

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 Qual
Work Site Location 216 DEER POINT RD OSBORN SCHO

DEMO OF GARAGE

Owner in Fee BOARD OF EDUCATION/OSBORNVILLE
Address 101 HENDRICKSON AVE

BRICK, NJ 08723-

Tele. ()

Contractor AGIA NASON INC

Address 57 MAIN ST

BRADLEY BEACH, NJ 07720-

Tele. (732) 775-8157 Fax ()

Lic. No. or Bids. Reg. No.

Federal Emp. No. 22-2369762

C. CERTIFICATION IN LIND OF OAFB

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

DEMOLITION OF GARAGE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure Failure Approval Initial
☐ All			Footings	
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			BarrierFree	
Joint Plan Review Required:			Insulation	
☐ Elect ☐ Plumb ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Date:			FCO	
Approved By:			Other	
			Final	
			BarrierFree	

TYPE OF WORK	FEE (Office Use Only)
☐ 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	50

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ 0
No. of Stories	0		2. Alteration \$ 1,000
Height of Structure	0 Ft.		3. Total (1+2) \$ 1,000
Area Largest Floor	0 Sq. Ft.		
New Bldg. Area/All Floors	0 Sq. Ft.		Industrialized Building:
Volume of New Structure	0 Cu. Ft.		☐ State Approved
Total Land Area Disturbed	0 Sq. Ft.		☐ HUD

Paid ☐ Check \$	Administrative Surcharge	\$
Collected by:	Minimum Fee	\$
	TOTAL FEE	\$
	DCA Training Fee	\$



Brick Township Board of Education

101 HENDRICKSON AVENUE
BRICK, NEW JERSEY 08724-2599
TELEPHONE (732) 785-3000

Administrative Offices

August 28, 1998

Mr. Frank Mizer
Building Sub-Code Official
Brick Township Municipal Offices
401 Chambers Bridge Road
Brick, NJ 08723

Dear Mr. Mizer:

The electrical service for the warehouse that is to be abolished at Osbornville Elementary School was discontinued several years ago. There is no electrical power running to that building. The meter has been removed.

Very truly yours,

Philip W. Nicastro, Ed.D.
Business Administrator/
Board Secretary

OsbElec.ltr98

RECEIVED
AUG 31 1998
DIV. OF INSPECTION

6/31/98

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK

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

Site Location: <u>OSBORNVIEW SCHOOL</u>	Date Rec'd.: _____
Block: <u>41</u> Lot: <u>6446</u>	Date Issued: _____
Owner in Fee: <u>BOZ BRICK</u>	Control #: _____
Address: <u>101 HENDRICKSON AVE</u> <u>BR</u>	Permit #: _____
State: <u>Brick</u> Zip: <u>08816</u> Phone: () _____	
SS #: _____	Provide only if Applicant is owner

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR: _____	CONTRACTOR: <u>AGUA MASONIA</u>
ADDRESS: _____	ADDRESS: <u>57 MAIN ST</u> <u>BRADEN BEACH NJ 07720</u>
PHONE: _____	PHONE: <u>732-778-8167</u>
LIC #: _____	LIC #: _____
LIC EXPIRATION DATE: _____	LIC EXPIRATION DATE: _____
FEDERAL EMP. # (or S.S. #): _____	FEDERAL EMP. # (or S.S. #): <u>222369762</u>
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
NO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
_____ Water Closet	<u>DEMOLITION OF</u>
_____ Urinal / Bidet	<u>GARAGE</u>
_____ Bath Tub	
_____ Lavatory	
_____ 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: <u>[Signature]</u>
	Estimated Cost of Building Work: _____
	New Building (1): \$ _____
	Alteration (2): \$ _____
	TOTAL (1+2): \$ _____
	SUBCODE APPROVAL:
	PLANS: _____ Required ☐ Approved ☐
	Approved by: <u>[Signature]</u>
	Date: <u>8/31/98</u>

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			Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar		
Motors - Fract. HP			Heating Sys: ☐ New ☐ Existing		
Emergency & Exit Lights			Location of Furnace / Boiler _____		
Communications Points					
Alarm Devices/E.A.C. Panel					
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		
HP Motors 1/+ HP		HP	NUMBER		
KW Transformer/Generator		KW	Wet Sprinkler Heads		
AMP Service		AMP	Dry Sprinkler Heads		
AMP Subpanels		AMP	Total		
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		
CONTRACTOR AFFIX SEAL:			Other		
			Other		
			Estimated Cost of Fire Protection Work: \$		
			Signature:		
			Owner ☐ Contractor ☐		
			SUBCODE APPROVAL:		
			PLANS: Required ☐ Approved ☐		
			Approved by:		
			Date:		

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

Osbourne School 646 41
Work Site Address Block Lot

Brick Board of Education 101 Henderson Ave. Brick, NJ.
Owner's Name, Address, Phone

AGIA Mason Inc 57 Main St. Bannockburn Beach NJ 07710
Contractor's Name, Address, Phone

Construction Addition to Osbourne School
Describe type (Single-family home, etc.)

Demolition EXIST' MASONRY GARAGE / Brick - A-frame roof
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 240 cu yds. to 300 cu yds.

Composition (e.g., studs, drywall, etc.)

Name, address and phone of party responsible for removal of debris:
Longview Waste Inc, 1301 Rt 37 W. Ten. N. NJ. 07788

Size of dumpster: 20 - 30

Destination of discarded debris: Ocean County Landfill - Ocean Land Re.

Hauler's DEP Permit No.: 0546

**Note: Any recyclable material, including, but not limited to:
corrugated cardboard, vegetative waste, concrete, asphalt, clean wood,
etc., must be delivered to an approved recycling center, and receipts
provided to the Township of Brick along with tipping receipts for
non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution,
for the making or submission of false statements, representations or omissions,
I declare, on behalf of the generator that the contents of this document are
fully and accurately described above and have been disposed or recycled in
accordance with all applicable State and Federal laws and regulations, and
that I have been authorized, in writing, to make such declarations by the
person in charge of the generator's operation.

George Bouhassir Jr. Aug 13-98
Printed/Typed Name Signature Date

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address
of disposal center.

- DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
 2. Construction Code Office
 3. Applicant