BLOCK 902 LOT 5+8 QUALIFICATION CODE C17.92 ADDRESS (SITE) 500 Midstream Road Brick, NJ PERMIT NO. 02-2796

CONSTRUCTION PERMIT APPLICATION

C17-92-1
C17-92-2

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

I. IDENTIFICATION

1. Propsed Work Site at: Midstream Elementary School
2. Name of Owner in Fee: BRICK Board of Ed Tel. (732) 785-3000
   Address 101 Hendrickson Avenue (street) Brick (municipality) NJ 08724-2599 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Pikassos Inc Tel. (732) 919-6969
   Address 5114 Rte 33-34 Farmingdale, NJ 07727
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 223027635 FAX: (732) 919-6935
5. Architect or Engineer Vetri Associates Tel. (732) 240-3433
   Address 18 Washington Street Toms River, NJ 08754
6. Responsible Person in Charge of Work Athanassios Batalas
   Tel. (732) 919-6969 FAX (732) 9626975

Addn.

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ X		
2. Electrical			X
3. Plumbing	X	X	
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	$		

+A +B +C+D Fire F

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1 Story	
2. Height of Structure	± 12'-0" ft.	
3. Area — Largest Floor	8572 sq. ft.	
4. New Building Area	9510 sq. ft.	
5. Volume of New Structure	114120 cu. ft.	
6. Construction Classification	Type 2C Unprotected	
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	90 occupants @ New Addit.	

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☒ Addition	608,340				7-24-02	Pw			
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☒ Plumbing/HVAC	219,800				7/22/02				
7. ☒ Electrical	125,000				8/1/02				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	953,390	Engr	6/26/02	6/26/02	7/16/02				

OPTIONAL (for office use only)

COMMERCIAL

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

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 10625490

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 Pikassos Inc

Address 5114 Rte 33 34
Farmingdale, NJ 07727

Telephone ( ) _____

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.									
☐									
☐									

IMPORTANT
A.H.E.T. : EXEMPT

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ 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.				

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/15/2005
Tracking Number
Permit Number 02-2796
Permit Issue Date 07/25/2002

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 500 MIDSTREAMS RD , NJ Block: 902 Lot: 5 Qual:

Owner in Fee: BRICK BOARD OF EDUCATION

Owner Address: 101 HENDRICKSON AVE BRICK NJ 08724-2599

Telephone: 732/785-3000

Contractor PIKASSOS INC

Address 5114 ROUTE 33-34 FARMINDALE NJ 07727-

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3027635

Home Warranty Number: N/A

Type of Warranty Plan: ☑ State ☐ Private

Use Group: E Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
ADDITION

Comments:
MIDSTREAMS SCHOOL

☑ **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:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/15/2005

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/02/2003
Control #
Permit # 02-2796

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 902 Lot 5 Qual
Work Site Location 500 MIDSTREAMS RD
ADDITION
Owner in Fee/Occupant BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ 08724-2599
Telephone (732)785-3000
Contractor PIKASSOS INC
Address 5114 ROUTE 33-34
FARMINDALE, NJ 07727-
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3027635

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group E
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

CLASSROMM AND MEDIA CENTER ADDITION AT MIDSTREAMS

[ ] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[X] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than September 16, 2003 or the owner will be subject to fine or order to vacate:
PENDING BLDG, PLMG, FIRE & ENGINEERING BY 9/16/03

11/15/05 10-11 9/12/04 OK OK

[ ] 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 _____, ___.

Fee $ 0
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E

APPLICATION FOR CERTIFICATE

Permit # 022796
Date Issued
- or -
Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location Midstreams Elementary School 500 Midstreams Rd, Block ____ Lot ____ Qualification Code ____

Contractor Pirassos, Inc

Owner in Fee Brick Board of Education Address 5114 Rt. 33

Address 101 Hendrickson Brick, NJ Farmingdale, NJ 07727

License No. ____ Tel. (732) 919-6989

Tel. (~~732~~) 785-3000 x1016 Federal Employee No. ____

ACTION

- ☑ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP ____ Previous ____ Current

FINAL COST OF CONSTRUCTION: $ ____

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: ____ OWNER/AGENT

☑ OWNER ☐ AGENT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/25/200
Control #
Permit # 02-2796

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 902 Lot 5 Qual

Work Site Location 500 MIDSTREAMS RD
ADDITION
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ 08724-2599
Telephone (732)785-3000

Contractor PIKASSOS INC
Address 5114 ROUTE 33-34
FARMINDALE, NJ 07727-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3027635

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
CLASSROOM AND MEDIA CENTER ADDITION AT MIDSTREAMS 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 $ 793,390

Construction Official

07/25/2002
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	0
Check No.	
Cash	
Collected By	

U.C.C. F170 (rev. 3/98)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 08/19/2003
Control #
Permit # 02-2796+C
Permit Issued 07/25/2002

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 902 Lot 5 Qual

Work Site Location 500 MIDSTREAMS RD
FIRE/SPR HDS, SMOKES
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ 08724-2599
Telephone (732)785-3000

Contractor T E C ELECTRIC INC
Address 10 BAY AVE
FORKED RIVER, NJ 08731-
Telephone (609)971-9909
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2125062

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
WET SPRINKLER HDS AND SMOKE DETECTORS

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	0
Check No.	
Cash	
Collected By	

Estimated Cost of Work $ 20,000

O Newman Jr

Construction Official

08/19/2003
Date

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 08/19/2003
Control #
Permit # 02-2796+D
Permit Issued 07/25/2002

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 902 Lot 5 Qual

Work Site Location 500 MIDSTREAMS RD
FIRE WET SPR HDS
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ 08724-2599
Telephone (732)785-3000

Contractor ANNESE MECHANICAL INC
Address 1889 LAKEWOOD RD
TOMS RIVER, NJ 08753-
Telephone (732)240-4893
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2964462

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
2 WET SPRINKLER HEADS

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	0
Check No.	
Cash	
Collected By	

Estimated Cost of Work $ 1,000

Construction Official

08/19/2003
Date

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 07/25/200
Control #
Permit # 02-2796+A
Permit Issued 07/25/200

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 902 Lot 5 Qual

Work Site Location 500 MIDSTREAMS RD
HVAC
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ 08724-2599
Telephone (732)785-3000

Contractor FRANK C GIBSON
Address 195 THROCKMORTON ST
FREEHOLD, NJ 07728-
Telephone (732)462-0282
Lic. No. or Bldrs. Reg. No. 6266
Federal Emp. No. 21-0726280

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
HVAC FOR MIDSTREAMS SCHOOL ADDITION

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	0
Check No.	
Cash	
Collected By	

Estimated Cost of Work $ 160,000

Construction Official

07/25/2002
Date

U.C.C. F190 (rev. 3/93)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 08/14/200
Control #
Permit # 02-2796+B
Permit Issued 07/25/200

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 902 Lot 5 Qual

Work Site Location 500 MIDSTREAMS RD
ADDITION
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ 08724-2599
Telephone (732)785-3000

Contractor T E C ELECTRIC INC
Address 10 BAY AVE
FORKED RIVER, NJ 08731-
Telephone (609)971-9909
Lic. No. or Bldrs. Reg. No. 5189
Federal Emp. No. 22-2125062

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
MIDSTRAMS SCHOOL ADDITION
ELECTRICAL

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	0
Check No.	
Cash	
Collected By	

Estimated Cost of Work $ 125,000

D. Weeman 8/14/02
Construction Official

08/14/2002
Date

U.C.C. F190 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/19/2003
Date Issued 08/19/2003
Control #
Permit # 02-2796+C

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

Block 902 Lot 5 Qual
Work Site Location 500 MIDSTREAMS RD
FIRE/SPR/HDS, SMOKES
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ 08724-2599
Tele.(732)785-3000
Contractor T E C ELECTRIC INC
Address 10 BAY AVE
FORKED RIVER, NJ 08731-
Tele.(609)971-9909
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2125062

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed E
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 20,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 8/19/03
Approved By: KER
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	30	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	15	
Other Devices	0	
TOTAL	45	55
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	2	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other 1 ROOFTOP UNIT		46
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0
Administrative Surcharge		$ 0
Paid [ ] Check # Minimum Fee		$ 0
Collected by: TOTAL FEE		$ 0
DCA State Permit Fee		$ 0

U.C.C. F140 (rev. 3/96)

8/29/01 @ 3:00

SLC
- Test pull
- Test pull
- Test pull

P/S new circuit

New Tamper

SLC Tamper

OR - Water flow

- Fuse unit did not S/D
- Test Emer Lighting OK
- Address corridor

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/19/2003
Date Issued 08/19/2003
Control #
Permit # 02-2796+D

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

Block 902 Lot 5 Qual
Work Site Location 500 MIDSTREAMS RD
FIRE WET SPR NDS
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ 08724-2599
Tele.(732)785-3000
Contractor ANNESE MECHANICAL INC
Address 1889 LAKEWOOD RD
TOMS RIVER, NJ 08753-
Tele.(732)240-4893
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2964462

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed E
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 8/19/03
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-20-03
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys	~~8/20~~		8-8-03	CA
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] *Flammable Liquid* [ ] *Combust Liquid*		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	2	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by: TOTAL FEE		$ 0
	DCA State Permit Fee	$ 0

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/12/2002
Date Issued 07/25/02
Control # C17-92-1
Permit # 02-2796 HA

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

Block 902 Lot 5 Qual
Work Site Location 500 MIDSTREAMS RD
HVAC
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ 08724-2599
Tele.(732)462-0282 Fax ( )
Contractor FRANK C GIBSON
Address 195 THROCKMORTON ST
FREEHOLD, NJ 07728-
Tele.(732)462-0282
Lic. No. or Bldrs. Reg. No. 6266
Federal Emp. No. 21-0726280

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 160,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7/22/02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 07.1.02

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			8/28/03	
Gas Equip.				
Gas Piping				
Solar				
TCO			8/28/03	

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
1	Hot Water Boiler	35
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 0
DCA Training Fee $ 0

U.C.C. F130 (rev. 3/96)

9/5/02

① 4" SEWER LINE REPAIR - NEW LINE TO NEW BUILDING

12/6/02

① - BATHROOM ROUGH ONLY - (IN CLOSE)

7/24/03

① - GAS LINE OK BETWEEN - OLD SCHOOL + NEW SCHOOL (- UNDER GROUND)

8/27/03

① - URINAL NOT AT 17" ABOVE FLOOR (AT 21") ←
FLUSH CONTROLS - AT 47"

② - GAS PIPING TO NEW ADDITION NEVER HAD INSPECTION ✓ 8/28/03
(ONLY UNDER GROUND)
(7/24/03)

③ - INSPECT PROTECTION FOR ANCHORS BY GAS METER ←
ADD NEW 3" MAIN FOR ADDITION.

8/28/03

① GAS PIPE PASSED ON ROOF AREA
TCO OK ②

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY PLUMBING SUBCODE TECHNICAL SECTION

Date Received 06/12/2002
Date Issued 07/22/02
Control # C17-92
Permit # 02-2796

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

Block 902 Lot 5 Qual
Work Site Location 500 MIDSTREAMS RD
ADDITION
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ 08724-2599
Tele.(__) Fax (__)
Contractor ANNESE MECHANICAL INC
Address 1889 LAKEWOOD RD
TOMS RIVER, NJ 08753-
Tele.(__) 732-674-8491
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2964462

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed E
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 59,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7/22/02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 10-11-05

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			9/9/03	
Rough			10/6/03	
Water				
Sewer				
Fixtures	8/27/03	10/10/03	9/28/03	
Gas Equip.				
Gas Piping			7/24/03	
Solar				
TCO			10/7/05	

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
1	Urinal / Bidet	10
0	Bath Tub	0
4	Lavatory	40
0	Shower	0
3	Floor Drain	30
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
1	Hose Bib	10
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
1	Backflow Preventer	35
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other 2 HEADS	40
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 0
DCA Training Fee $ 0

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. F130 (rev. 3/96)

10/10/03

(1) - INPUT PROTECTION FOR EXISTING GAS METERS AND NEW GAS LINE FOR ADDITION

(2) - PROTECTION AGAINST CORROSION - GAS LINE

(3) URINAL - CHANGE TO 17" OFF FLOOR OK

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/12/2002
Date Issued 07/25/02
Control # C17-92
Permit # 02-2796

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

Block 902 Lot 5 Qual
Work Site Location 500 MIDSTREAMS RD
ADDITION
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ 08724-2599
Tele.(732)785-3000
Contractor PIKASSOS INC
Address 5114 ROUTE 33-34
FARMINDALE, NJ 07727-
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3027635

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

CLASSROMM AND MEDIA CENTER ADDITION AT MIDSTREAMS SCHOOL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-24-02	FW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[X] CO [ ] CCO [ ] CA
Date: Temp-OK
Approved By: Still Problems
6-29-03 FW

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing	only		9-5-2002	KK
Foundation			9-17 other	
Slab			10/10	
Frame			11/18/02	DKS
BarrierFree	(4 ALLS Parked		10/29/02	FW
Insulation				
Finishes	8/25/03 Comp.			
Energy	Above ceiling		4/29/03	JCC
Mechanical				
TCO				
Other				
Final	10/18 over		11/15/05	DK
BarrierFree				

Removed Footing 9-23-02

Partial 9-17-02 FW

11/15/05 DK

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	2,853
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed E
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 12 Ft.
Area Largest Floor 8,572 Sq. Ft.
New Bldg. Area/All Floors 951 Sq. Ft.
Volume of New Structure 114,120 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 608,590
2. Alteration $ 0
3. Total (1+2)$ 608,590

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 0
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

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

9/5/2002 as per plan on site JKD
Partial

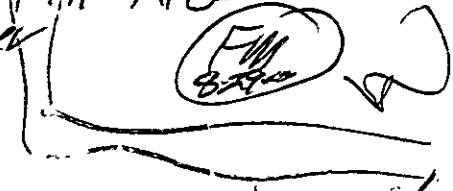
9-17-02 FM Partial - interior foundation walls -- No Good on Site. That spoke English well.

9/26 Remainder of foundation walls & kitchen footing JK

10/10 SLAB need Comp. Certificates otherwise OK JKD

8/25/03 HARDWARE missing on Three Sets of Double Doors & GLASS Missing in one Set, Bottom Risers on Two Sets of Steps No Good. JKD

8/29/03 Bottom Risers still NG
Also Boys Room Divider at urinal?



10-18-05 - NO PAD/LANDING at bottom of 1 set of stairs (for court) and OK

11-15 - Above OKJK

AMERICAN TESTING & TECHNICAL SERVICES INC.

VISUAL INSPECTION REPORT

902
S+8

Client: Mastercraft Iron, Inc.
Project: Midstream Elementary School
Location: Brick Township, NJ

Report No: MES-VT-01
Date: November 12, 2002
Day: Tuesday

Our representative was present at Midstream Elementary School. located in Brick Township, NJ to perform visual inspections of structural steel framing.

ROOF DECKING & JOIST

Joist connections and cross bridging were all erected as per drawings, AISC Code and the Steel Joist Institute's recommendations and were all found acceptable. Also, the steel roof decking was spot welded and the overlapped areas were secured with metal deck screws as called for in the deck drawings and the Steel Deck Institute's recommendations.

BOLTED CONNECTIONS

All the bolted connections at the entrance way to the existing building were installed and tightened as per drawings and AISC code recommendations using ASTM A-325 high strength fasteners. Also, the anchor bolts at the column base plates were tightened and found acceptable.

Respectfully,

American Testing & Technical Services, Inc.

Robert Morgan
Technician

Authorized Signature

P.O. BOX 1610 PERTH AMBOY, NEW JERSEY 08862
TEL. 305 477-5131 FAX 305 471 5182

OFFICES IN NEW JERSEY AND FLORIDA

FAX

Eleven Tindall Road, Middletown, NJ 07748
Tel: 732-671-6400 • Fax: 732-671-7365
www.tamace.com
T&M ASSOCIATES

		DATE:	August 2, 2002
TO:	**Renson, Marcel**	**FROM:**	**ALampa PE**
	Brick twp.		
	401 chambers bridge rd.	**PROJECT:**	Yezz-00310, 7b, 5000
	Brick, NJ		
	08723		
PHONE:	(732) 262-4628	**No. PAGES:**	4
FAX:	(732) 262-8954		
RE:	**Midstream School**		

Comments:

As per your request, please find attached documents.

500 Midstreams Rd

902 5

62-2796

C17-92-2

YEZZI ASSOCIATES

ARCHITECTS & PLANNERS
P.O. Box 1638, 18 WASHINGTON ST.
TOMS RIVER, NJ 08754
PHONE: 732-240-3433 / FAX: 732-240-3463
EMAIL: mfyezzi@bellatlantic.net or mfyezzi@aol.com

LETTER OF TRANSMITTAL

To:	Date: 01/17/03	Job No. YC01117
TOWNSHIP OF BRICK BUILDING DEPARTMENT	Re: MIDSTREAMS ELEMENTARY SCHOOL 902 5	

WE ARE SENDING YOU: X Attached ____ Under separate cover via ____ the following items

____ Shop Drawings ____ Prints ____ Specificatons ____ Samples

____ Copy of Letter ____ Change Order ____ Other

02-27-96

Copies	Date	Number	Description
2			COPIES OF SITE POWER PLAN: SP-1.

THESE ARE TRANSMITTED as checked below:

____ For approval ____ Approved as submitted ____ Resubmit ____ Copies for approval

X For your use ____ Approved as noted ____ Submit ____ Copies for distribution

____ As requested ____ Returned for corrections ____ Returned ____ Corrected Prints

____ For review & comment ____ Other

____ FOR BIDS DUE/DATE: ____ PRINTS RETURNED AFTER LOAN TO US

REMARKS

COPY TO FILE

SIGNED MASSIMO F. YEZZI, JR.

If enclosures are not as noted, please notify us at once

T&M ASSOCIATES

ELEVEN TINDALL ROAD MIDDLETOWN, NEW JERSEY 07748-2792
(732) 671-6400 • Fax (732) 671-7365 • www.tamace.com • info@tamace.com

YEZZ-00310

August 2, 2002

JCP&L
417 New Jersey Avenue
Point Pleasant, NJ 08742

Attn: Mr. Robert Langwothy

Re: Midstream School

Dear Sir:

Subsequent to our telephone conversation and site visit meetings, regarding the above captioned project, please find attached drawings SPE-1, E1, E2 & E3 and connected loads.

The total connected loads in the new addition are as follows:

Lighting	16.08 KVA
Receptacles	7.38 KVA
Computer Equipment	14.04 KVA
HVAC Equipment	19.60 KVA
Others (i.e. pumps, water heater, etc.)	7.00 KVA
Total	64.10 KVA

The maximum demand registered in your meter for the existing load was 56 kw in August of 2001. This is equivalent to 70 KVA at .8 power factor. The total demand load would be 70.0 KVA x 1.25 + 64.1 KVA = 151.6 KVA. The existing service is 400A. 120/2083 phase, 4 wire. The owner is applying for new 800A, 120/208V, 3 phase, 4 wire.

Should you have any questions, please feel free to call me.

Very truly yours,

T & M ASSOCIATES

ABEL S.LAMPA, P.E.

ASL:eab
Enclosure

ELEVEN TINDALL ROAD, MIDDLETOWN, NJ 07748-2792
(732) 671-6400 * fax (732) 671-7365 * www.tandmassociates.com

July 3, 2002

YEZZ-00310.7A_3000

Brick Township
401 Chambers Bridge Road
Brick, NJ 08723-2898

Attention: Mr. Marcel Renzo, Chief Electrical Inspector

Re: Midstream School

Dear Mr. Renzo:

Answers to your Comments of May 1, 2002

1. Comment: AIC from JCP&L to match your new MDP-1.

   Answer: The available AIC of the transformer feeding the MDP-1 is 21,800 amps. MDP-1 AIC is 42,000 amps. (see attached)

2. Comment: Conduit sizes and wire sizes to each panel.

   Answer: The conduit and wire sizes to the panels are indicated on Dwg. E-1 and Dwg. E-3.

3. Comment: System ground ((ground rods).

   Answer: See attached letter to the Contractor.

Please call if you have any other questions.

Very truly yours,

T&M ASSOCIATES

ABEL S. LAMPA, P.E.
SUPERVISING ENGINEER

ASL:dk
Enclosure
cc: Givoannie Peragine, Yezzi Associates
\\eng1\projects\YEZZ\00310\Correspondence\Renzo_ASL_Comments.doc

ELEVEN TINDALL ROAD, MIDDLETOWN, NJ 07748-2792
(732) 671-6400 * fax (732) 671-7365 * www.tandmassociates.com

T&M ASSOCIATES

July 3, 2002

YEZZ-00310.7A.3000

Pikassos Inc.
5114 Highway 33/34
Farmingdale, NJ 07727

Attention: Steve Delopoulous

Re: Midstream School

Dear Mr. Delopoulous:

Please provide two (2) ground rod electrodes for the electrical main distribution panel as indicated and required by National Electrical Code.

Please call if you have any questions.

Very truly yours,

T&M ASSOCIATES

ABEL S. LAMPA, P.E.
SUPERVISING ENGINEER

ASL:dk

cc: Giovanni Peragine, Yezzi Associates

H:\YEZZ\00310\Correspondence\Pikassos_ASL_groundrod.doc

GPU Energy
417 New Jersey Ave
Point Pleasant Beach NJ 08742
Fax 732-892-5828

Date: 7/2/02

To: ABEL LAMPA, P.E.

Inquire location:

MIDSTREAM SCHOOL BRICK

The interrupting duty or fault current for the above location will be:

~~➢ under 10,000 Amps~~

➢ over 10,000 Amps

➢ If over 10,000 Amps - your interrupting duty for the specific transformer in question will be 21,800 Amps
(transformer size 150) 120/208Y

Should you have a question, please contact me at:
732-714-2835

In advance, thanks you for your inquire.

Respectfully:

Robert C. Langworthy

Robert C. Langworthy
Distribution Designer, Sr.

FAXED
JUL 3 REC'D
By

National Electrical Code
Plan Review Record
Township of Brick

Date: 7/24/02

Site Address: [illegible]

Reviewed By: [illegible]

CORRECTION LIST

No.	Description
1	Fault Current
2	~~Re~~ total load
3	Conduits Size & type
4	permits all work

Resubmit 8/08/02

732 671 6400

Party Called and Phone #: 732 671 6400

Resubmitted on: _____ By: UR Sweetwood

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK
Debris Form

Work Site Address 500 Midstream Road, Brick, NJ

Block 902 Lock 5 & 8

Contractor Pikassos Inc.

Contractor's Address 5114 Route 33-34 Farmingdale, NJ 07727

Type of Construction (minor, new home) Addition

Type of Debris (shingles, siding, wood, etc.) Metal, Concrete, Brick, Wood etc.

Party Responsible for removal Pikassos Inc.

Dumpster Size _____

Destination of Debris Discard _____

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

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 of in accordance with all applicable State and federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature Joyce S. Delopoulos 6/12/02
Date

Joyce S. Delopoulos
Print Name

REQUIRED INSPECTIONS FOR NEW CONSTRUCTION

NJAC 5:23-2.18 (C)1: NOTICE SHALL BE GIVEN *24 HOURS* PRIOR TO THE TIME THE INSPECTION IS DESIRED. INSPECTIONS SHALL BE PERFORMED WITHIN *3 BUSINESS DAYS* OF THE TIME FOR WHICH IT WAS REQUESTED.

THE PLUMBER AND ELECTRICIAN ARE THE ONLY PEOPLE TO CALL IN AND SCHEDULE THEIR INSPECTIONS.

ORDER OF INSPECTIONS:

1. **Footing:** The footing inspection will take place once the rods are in place (if they are needed) and the compaction data is supplied (if needed). The hole shall not be filled in with concrete.

2. **Foundation:** If it is a new building, you need to supply an as-built foundation survey first and have it approved. Then we will call you to schedule a date.
Any other type of foundation (such as additions) can be called in and requested.

3. **Open Deck:** The building department requests that you schedule an open deck inspection if you are building on top of a crawlspace.

4. **Sheathing:** As soon as it is up

5. **Roughs (Plumbing and Electric):** Your Plumbing rough and gas (if there is gas piping in your house) and Electrical rough are done at this point. Both need to pass in order to move on to your next inspection. (An Electrical service inspection can be done at this time)

6. **Framing:** Your framing is scheduled after your rough plumbing and/or electric pass. Your windows, doors, roofing and siding must be in place to receive this inspection.

7. **Insulation:** The insulation needs to be set

8. **Finals:** Finals consist of an inspection by the building, plumbing, electrical, and fire inspectors. The paperwork that you receive when you pay for your permit tells you the inspections needed to final your job.

ALL JOBS MUST PASS THEIR FINALS IN ORDER TO RECEIVE YOUR CERTIFICATE.

IN ORDER TO PICK UP A CERTIFICATE OF OCCUPANCY FOR A NEW HOUSE/BUILDING YOU MUST ALSO SUPPLY US WITH:

A. MUST HAVE RECEIVED FINAL ENGINEERING
B. CERTIFICATE OF COMPLIANCE FROM THE BTMUA
C. REPORT OF SOIL COMPLIANCE (COMMERCIAL, SUBDIVISIONS AND ANY DISTURBANCE OF SOIL OVER 5,000 SQ. FT)
D. HOMEOWNERS WARRANTY
E. TOWNSHIP GARBAGE CAN RECEIPT
F. CO REQUEST FORM

ALL OTHER JOBS WILL RECEIVE A CERTIFICATE OF ACCEPTANCE FOR THE WORK THAT WAS PERFORMED AND PASSED. UPON REQUEST A CERTIFICATE OF ACCEPTANCE CAN BE PICKED UP.

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Resubmit 6/21/12

OK 6/24/12 SC

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

Pitaros, Inc.
500 Midstreams Rd.
Brick, NJ
08723

Date: 6-17-2

Block: 902

Lot: 5 & 8

500 Midstreams Road

X Your application for a zoning permit is incomplete. In order to review your application we need the following:

___ Two (2) accurate plot plans, drawn either by a surveyor or an engineer, as per Section 190-31 of the Township Code. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways. No reduced, enlarged, taped or facsimile copies can be accepted.

X A zoning permit application form completely filled out by the applicant. No facsimile copies can be accepted.

___ Your application for a zoning permit is denied for the following reasons:

cc: Mayor Joseph Scarpelli
Scott MacFadden, Business Administrator
Michael Fowler, Municipal Planner
Kate MacDonald, Assistant Zoning Officer
Daniel Newman, Jr., Construction Official

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: June 24, 2002 No. 2.1057

Block: 902 Lot: 5 & 8 Zone: R-10

Property Address: 500 Midstreams Road

Applicant: Joyce Delopoulos; Pikassos, Inc.

Property Owner: Brick Township Board of Education

Existing Use: Midstreams Elementary School

Proposed Use: Same.

Proposed Construction: Classrooms and media center additions.

Conditions: Capital project approved by the Planning Board.
Resolution No. R-67-01 adopted on July 11, 2001.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect.
This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
JUN 17 2002
ZONING

RECEIVED
JUN 24 2002
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

Block 902 Lot 5 & 8 Qualifier

PROPERTY ADDRESS 500 Midstream Road, Brick, NJ

PERSONAL NAME OF APPLICANT Joyce Delopoulos

BUSINESS NAME OF APPLICANT Pikassos Inc.

PROPERTY OWNER Brick Board of Education

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) School

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) School

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe)
☑ Addition
☐ Alteration
☐ Porch or deck (state heights)
☐ Shed (state height)
☐ Fence (state type & height)
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe)

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of applicant Date 6/12/02

Reviewed by Zoning Office SC Date 6/17/2 (X) Aoproved (X) ~~Denied~~
SC 6/24/2

ELEVEN TINDALL ROAD, MIDDLETOWN, NJ 07748-2792
(732) 671-6400 * fax (732) 671-7365 * www.tandmassociates.com

T&M ASSOCIATES

July 10, 2002

1966 35 YEARS 2001

YEZZ-00310.7A.3000

Brick Township
401 Chambers Bridge Road
Brick, NJ 08723-2898

Attention: Kevin Batzel, Fire Marshall

Re: Midstream School

Dear Mr. Batzel:

Answers to your comments of May 3, 2002.

1. Comment: Access to building?

   Answer: By Architect.

2. Comment: Kitchen information – Stove Hood?

   Answer: Owner/contractor are providing for kitchen equipment to be installed under allowance. Owner to provide required information.

3. Comment: Fire Alarm Tech. – Sheet E-1.

   Answer: Firelite 9200 Fire Alarm Panel (addressable).

4. Comment: Sprinkler Tech. – Sheet P-2.

   Answer: See attached spec sheets for sprinkler system.

If you have any questions, please feel free to contact this office.

Very truly yours,

T&M ASSOCIATES

DENNIS J. PALAZZOLA, P.E.
GROUP MANAGER

DJP:ASL:dk
Enclosure
H:\YEZZ\00310\Correspondence\Batzel_ASL_Comments.doc

Model A

2.8, 4.2, 5.6 & 8.0 K-factor Standard Response Standard Coverage

Upright & Pendent Pendent Fusible Solder Type Automatic Sprinkler

Tyco Fire Products --- www.centralsprinkler.com
451 North Cannon Avenue, Lansdale, Pennsylvania 19446 --- USA
Customer Service/Sales: Tel: (215) 362-0700 / Fax: (215) 362-5385
Technical Services: Tel: (800) 381-9312 / Fax: (800) 791-5500

General Description

The Central Model A Upright & Pendent Automatic Sprinklers are standard response - standard coverage, fusible solder type spray sprinklers designed for use in light, ordinary, or extra hazard, commercial occupancies such as banks, hotels, shopping malls, factories, refineries, chemical plants, etc.

These sprinklers are available with wax and lead coatings that may be utilized to extend the life of copper alloy sprinklers beyond that which would otherwise be obtained when exposed to corrosive atmospheres.

Although wax and lead coated sprinklers have passed the standard corrosion tests of the applicable approval agencies, the testing is not representative of all possible corrosive atmospheres. Consequently, it is recommended that the end user be consulted with respect to the suitability of these corrosion resistant coatings for any given corrosive environment. The effects of ambient temperature, concentration of chemicals, and gas/chemical velocity, should be considered, as a minimum, along with the corrosive nature of the chemical to which the sprinklers will be exposed.

Operation: A fusible alloy is sealed into a bronze actuating rod (center strut) by a stainless steel ball. When the alloy melts at its rated temperature, the ball is forced upward into the center strut, releasing the two ejectors and operating the sprinkler.

WARNING

The Model A Upright & Pendent Sprinklers described herein must be installed and maintained in compliance with this document, as well as with the applicable standards of the National Fire Protection Association, in addition to the standards of any other authorities having jurisdiction. Failure to do so may impair the integrity of these devices.

The owner is responsible for maintaining their fire protection system and devices in proper operating condition. The installing contractor or sprinkler manufacturer should be contacted relative to any questions.

Technical Data

Sprinkler Identification Number
SIN C1211 - A Pend (K=2.8)
SIN C1111 - A UP (K=2.8)
SIN C2211 - A Pend (K=4.2)
SIN C2111 - A UP (K=4.2)
SIN C3211 - A Pend (K=5.6)*
SIN C3111 - A UP (K=5.6)*
SIN C4211 - A Pend (K=8.0)*
SIN C4111 - A UP (K=8.0)*
SIN C4911 - A Pend (K=8.0, 1/2" NPT)*
SIN C4811 - A UP (K=8.0, 1/2" NPT)*

Approvals
UL & ULC Listed. FM, LPC, VDS, NYC Approved
(Refer to Table 1 - 4. The approvals apply only to the service conditions indicated in the Design Criteria Section)

Maximum Working Pressure
175 psi (12,1 bar)
250 psi (17,3 bar) UL & ULC (K=5.6)

Pipe Thread Connection
1/2 inch NPT -(K=2.7, 4.2, 5.6 & 8.0)
3/4 inch NPT - (K=8.0)

Discharge Coefficient
K = 2.8 GPM/psi$^{1/2}$ (40,3 LPM/bar$^{1/2}$)
K = 4.2 GPM/psi$^{1/2}$ (60,5 LPM/bar$^{1/2}$)
K = 5.6 GPM/psi$^{1/2}$ (80,6 LPM/bar$^{1/2}$)
K = 8.0 GPM/psi$^{1/2}$ (116,8 LPM/bar$^{1/2}$)

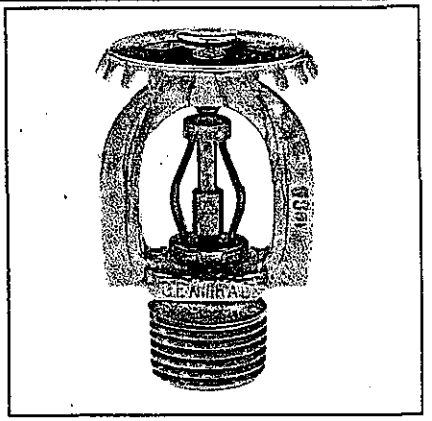
Temperature Ratings
165°F/74°C, 212°F/100°C, 286°F/141°C

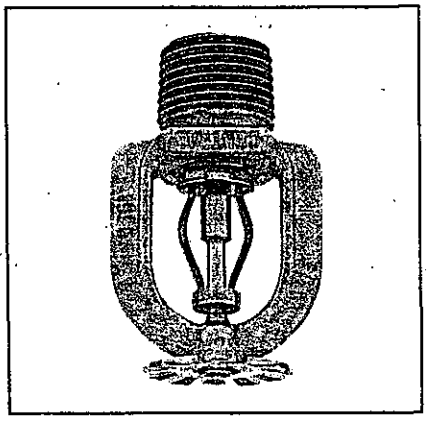
Finishes
Sprinkler: White Polyester, Chrome Plated, or Natural Brass

Corrosion Resistant Coatings
Sprinkler: Wax, Lead & Wax-over-Lead

*** Head Guard & Water Shield:**
G-2 (Guard) - (K=5.6 & K=8.0) Up & Pend.
WSG-2 (Guard & Shield) - (K=8.0) Up
WS-2 (Shield) - (K=5.6) Pendent
Factory Assembled Model A Pendent and Model A M/L Shield - (K=5.6 & K=8.0)

(See Data Sheet 3-12.0 for details)





Standard Spray Upright & Pendent Sprinklers

Physical Characteristics
The Model A Upright & Pendent Sprinklers utilize a dezincification resistant (DZR) bronze frame and a brass deflector. The waterway is sealed with copper seal disk, and the fusible assembly is constructed of bronze and stainless steel components.

Series 007QT
DOUBLE CHECK VALVE ASSEMBLY

Sizes:
½", ¾"M1, 1"M1, 1½"M1 and 2"M1 bolted cover

A double Check valve assembly shall be installed at referenced cross-connections to prevent the backflow of polluted water into the potable water supply. Only those cross-connections identified by local inspection authorities as non-health hazard shall be allowed the use of an approved double check valve assembly.

Check with local authority having jurisdiction regarding vertical orientation, frequency of testing or other installation requirements.

The valve shall meet the requirements of ASSE Std. 1015 and AWWA Std. C510. Approved by the Foundation for Cross-Connection Control and Hydraulic Research at the University of Southern California.

FEATURES

- **One piece bronze body - unibody**
- **Lightweight**
- **Shorter end to end dimensions**
- **Male by male connections - no adapters**
- **Working temperature rating up to 180°F**
- **Replaceable seats and seat discs**
- **Captured stainless steel springs**
- **No special tools required for servicing**

OPTIONS

(Options can be combined)

Prefix:

U- Union connections.

Suffix:

S- with bronze strainer.

QT- with quarter turn, full port, resilient seated, bronze ball valve shutoffs. Size ½", ¾"M1 and 1"M1 have tee handles.

LF- without shutoff valves.

MATERIALS

Bronze body construction. Durable tight seating rubber discs, bronze ball type test cocks. Model 007M1 acetal check seats. Series 007M1QT furnished with quarter turn, full port, resilient seated, bronze ball valve shutoffs.

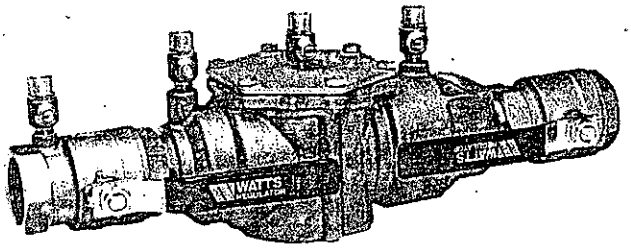
SPECIFICATIONS

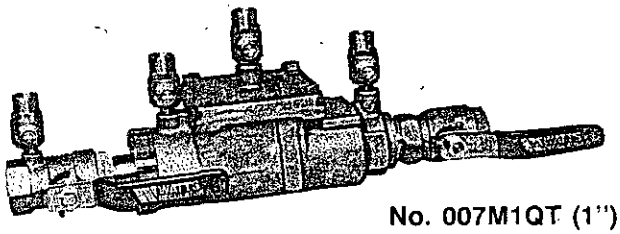
For Double Check Valve Backflow Preventers

A double check valve assembly shall be installed at referenced cross-connections to prevent the backflow of polluted water into the potable water supply. The bronze bodied assembly shall consist of two independently operating center stem guided check modules. Each check module shall include a captured spring, replaceable seat and replaceable seat disc. The check modules shall be accessed through a single top entry cover. The assembly shall also include four top mounted ball type test cocks and two resilient seated isolation valves.

The assembly shall be listed or approved under the requirements of ASSE Std. 1015; AWWA Std. C510 and CSA B64.5. Approved by the Foundation for Cross-Connection Control and Hydraulic Research at the University of Southern California. Watts Regulator Company Series 007M1QT.

No. 007M1QT (1½", 2")

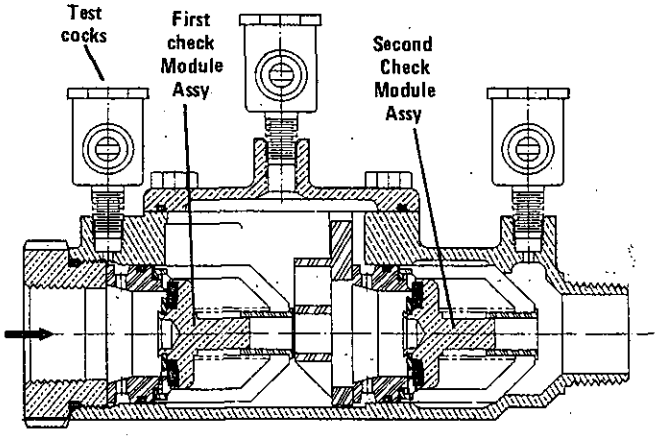




No. 007M1QT (1")

CHECK MODULE ASSEMBLY

The 007M1QT Series features a modular design concept which facilitates complete maintenance and assembly by retaining the spring load.



IMPORTANT: INQUIRE WITH GOVERNING AUTHORITIES FOR LOCAL INSTALLATION REQUIREMENTS.

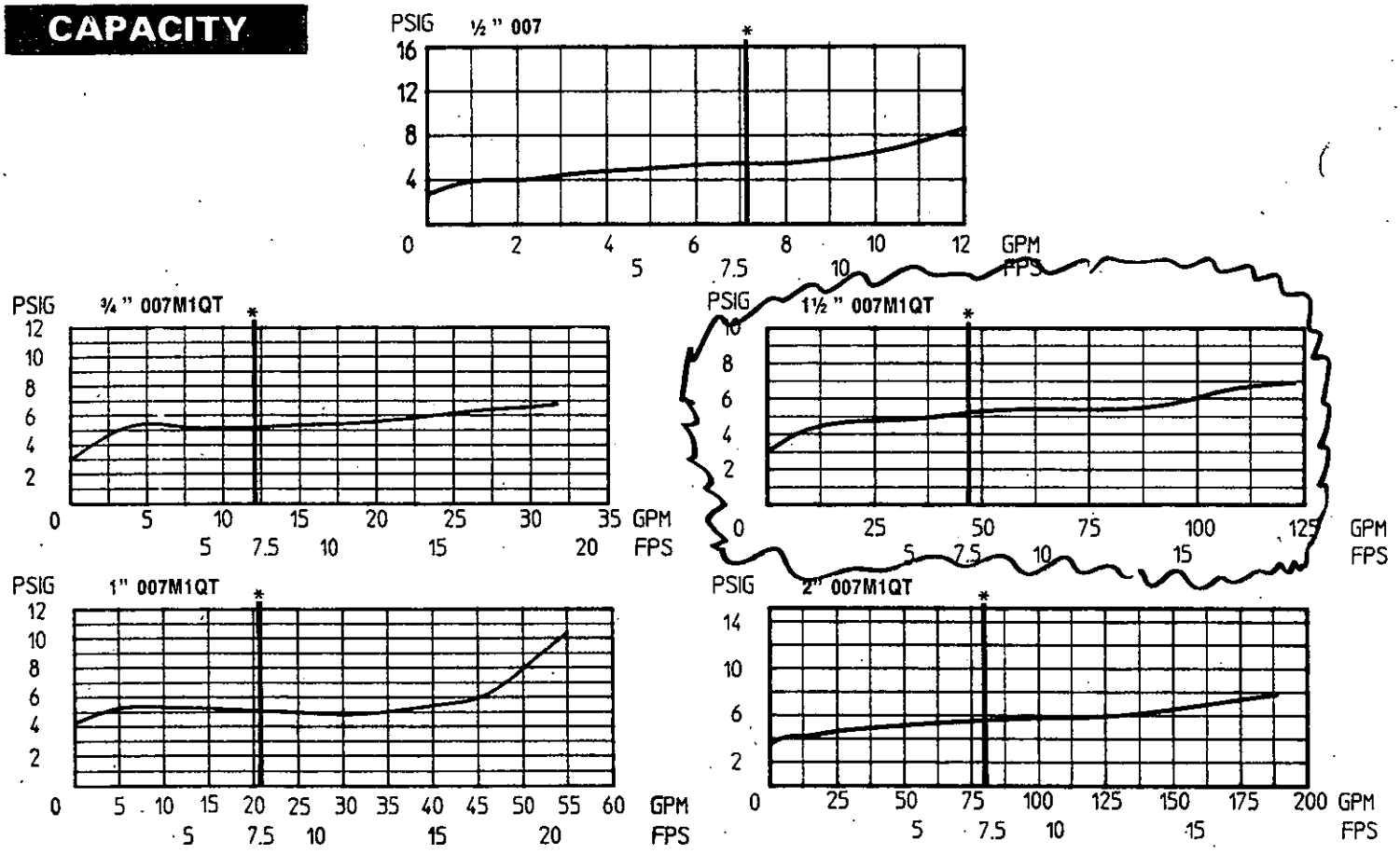
World Class Valves

WATTS® REGULATOR
BACKFLOW PREVENTION DIVISION
Since 1874

815 Chestnut Street, North Andover, MA 01845-6098 USA
Tel. (508) 688-1811 Fax: (508) 794-1848
Watts Industries (Canada) Inc.
Tel. (416) 851-8591 Fax: (416) 851-8788
Watts Industries (Europe) BV Fax: +31-8338-54192
Watts Ocean BV Fax: +31-8338-52073

*Typical maximum system flow rate (7.5 feet/sec.)

CAPACITY



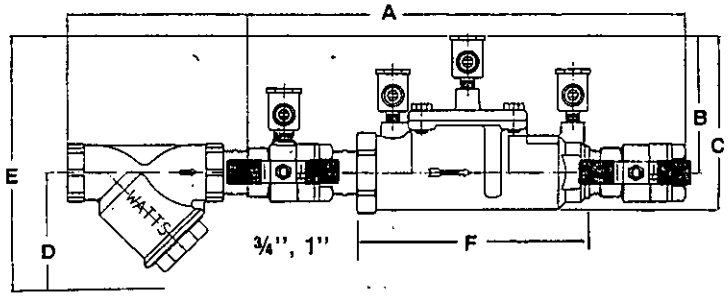
PRESSURE - TEMPERATURE

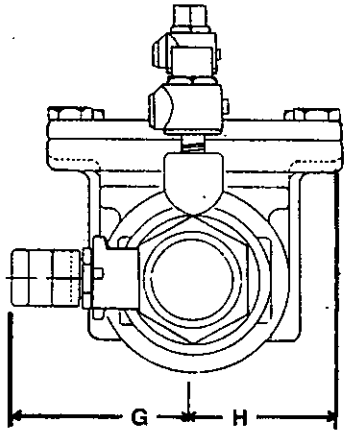
Models 007M1 are suitable for supply pressure up to 175 PSI and water temperature of up to 140°F constant and 180°F intermittent.

STANDARDS

Tested and certified under the following standards for double check valve assemblies: ASSE No. 1015, AWWA Standard C510 and IAPMO PS31.

DIMENSIONS - WEIGHTS





Dimensions in inches (Wgt. in lbs.)

Size	Type	A	B	C	D	E	F	Wgt.
½ "	007QT	10	2 7/16	4 5/8	—	—	5	4½
	007QT-S	13	2 7/16	4 5/8	3	6	5	5½
¾ "	007M1QT*	12¼	4 1/32	5 1/8				7
	007M1QT-S	15 5/8	4 1/32	5 1/8	3	6¾	7½	9
1"	007M1QT*	13¼	4 1/32	5 1/8				8
	007M1QT-S	17 15/16	4 1/32	5 1/8	3¾	7¾	7½	11
1½ "	007M1QT*	18 3/8	4	6¼			13 3/8	21
	007M1QT-S	25	4	6¼	3½	8¼	13 3/8	27¾
2"	007M1QT*	19½	4	6¼			13 3/8	25¾
	007M1QT-S	27¼	4	6¼	4	8¾	13 3/8	33½

Size	Type	G	H
½ "	007QT	2 5/16"	2 1/16"
¾ "	007M1QT	1 11/16"	1 11/16"
1"	007M1QT	1 11/16"	1 11/16"
1½ "	007M1QT	3 1/8"	2 11/16"
2	007M1QT	3 7/16"	2 11/16"

*Approved by the Foundation for Cross-Connection Control and Hydraulic Research at the University of Southern California.

Printed in U.S.A.

SPECIFICATIONS FOR SLOW CLOSE

SLOW CLOSE BUTTERBALL VALVE ASSEMBLIES
PATENTED

1. Provides slow opening and closing properties in a quarter-turn valve. The purpose is to eliminate hydraulic shock and water hammer in fire protection and other liquid systems.
2. Economically replaces cumbersome O.S. & Y. gate valves.
3. Compact, lightweight manual operator has scotch yoke design & visual position indicator. Close coupled for positive direct drive.
4. Available with or without an internal, pre-wired supervisory tamper switch.
5. UL/FM rated at 175 psi. Also available at 350 psi with N.Y.C. B.S.A. approval.

Factory Mutual System Approved — Listed

For use with fire protection sprinkler systems 175 psi.

Approved by the New York City Board of Stds. & Appeals under Calendar No. 996-81-SM, for both 175 and 350 psi.

6. For indoor use only.

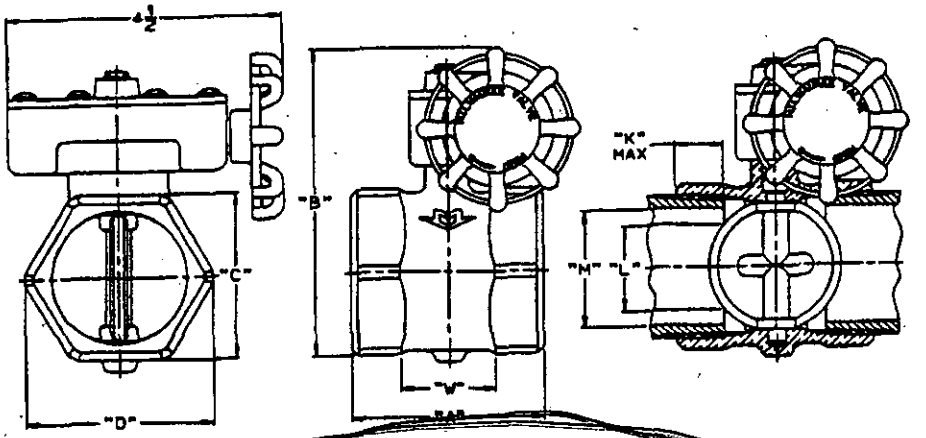
VALVE MONITOR SUPERVISORY SWITCH
PATENTED

1. Available from factory as a completed assembly.
2. When mounted on any BB-SC100 Slow Close valve and wired up, the switch signals any movement of the valve disc from the full open position.
3. Valve position can be monitored at either one or two locations because it houses two prewired S.P.D.T. micro switches.
4. Switch Rating:
   10 Amps/115 VAC-60 H_2
   0.5 Amps/28 VDC
5. Wire leads are 24" long. Consult factory for special lengths.
6. See pages 4 & 5 of this spec sheet for installation instructions.

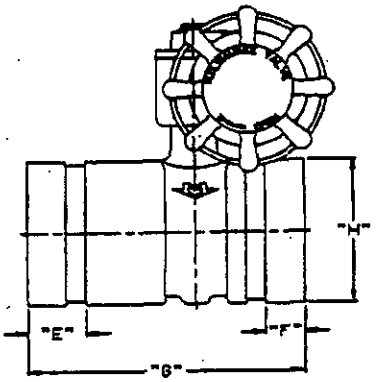
MODEL	DESCRIPTION			SIZES
BB-SC100 BB-SCS02	Valve Less Switch Valve With Switch	175 psi - Threaded Ends	UL/FM NYC BSA Approved	1", 1¼", 1½" 2", 2½"
BBVSC100 BBVSCS02	Valve Less Switch Valve With Switch	175 psi - Grooved Ends	UL/FM NYC BSA Approved	2½"
BBHSC100 BBHSCS02	Valve Less Switch Valve With Switch	350 psi - Threaded Ends	NYC BSA Approved	1", 1¼", 1½" 2", 2½"
BVHSC100 BVHSCS02	Valve Less Switch Valve With Switch	350 psi - Grooved Ends	NYC BSA Approved	2", 2½"

utterball BUTTERFLY VALVES

VALVES LESS SUPERVISORY TAMPER SWITCH

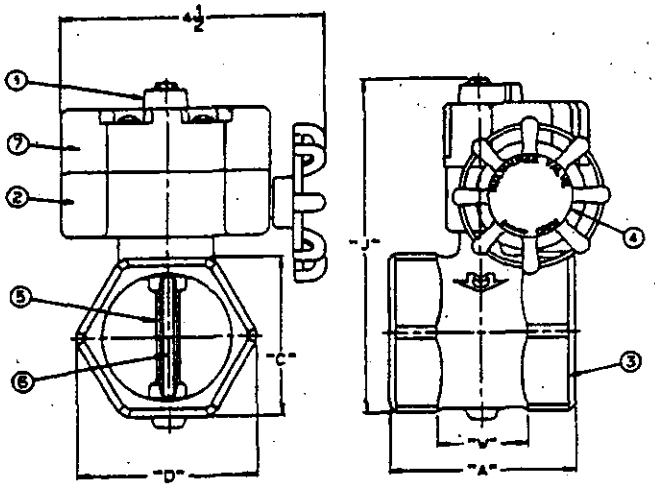


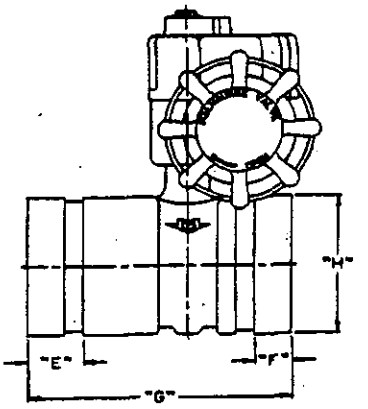
BB-SC100 (Threaded Ends)
Sizes 1", 1¼", 1½", 2", 2½"



BBVSC100 (Grooved Ends)
Sizes 2", 2½"

VALVES WITH BUILT-IN SUPERVISORY TAMPER SWITCH





THREADED ENDS
BB-SCS02

DIMENSIONS–INCHES					
SIZE	1	1 1/4	1 1/2	2	2 1/2
A	2 1/8	2 5/8	2 7/8	3 1/4	4 1/8
B	5 1/16	5 13/32	5 21/32	6 1/8	6 3/8
C	6 13/16	6 5/32	6 13/32	6 7/8	7 1/8
D	1 9/16	1 15/16	2 3/16	2 3/4	3 5/16
E	1 23/32	2 1/8	2 3/8	3 1/16	3 1/2
F	–	–	–	15/16	15/16
G	–	–	–	5/8	5/8
H	–	–	–	4 1/2	4 1/2
J	–	–	–	2 3/8	2 7/8
K	.66	.73	.73	.79	1.18
L	.83	.90	.99	1.43	1.32
M–40	1.05	1.38	1.61	2.07	2.47
M–80	.96	1.28	1.50	1.94	2.32
N–40	2.25	2.5	3.25	4.5	10.0
W	13/16	1 1/4	1 1/2	1 7/8	2 1/4

M–40 ARE DIMENSIONS USING SCHEDULE 40 PIPE
M–80 ARE DIMENSIONS USING SCHEDULE 80 PIPE
N–40 IS FLOW RESISTANCE EXPRESSED IN EQUIVALENT LENGTH OF SCHEDULE 40 PIPE

GROOVED ENDS
BBVSCS02

MATERIAL LIST			
NO.	PART	MATERIAL	SPECIFICATION
1	Indicator	Sintered Iron	F0008P
2	Housing	Bronze	ASTM 584
3	Body	Bronze	ASTM 584
4	Handle	Brass	
5	Disc	Stain. Stl.	Type 304
6	Disc Seal	EPDM Elastomer	
7	Switch Housing	Die Cast Aluminum	

VALVE AND SUPERVISORY TAMPER SWITCH INSTALLATION

INSTALLATION - USA

A. The BBSC can be installed in any orientation in a piping system using standard National Pipe Threads. Wrench should be used to hex on the end of valve being threaded to pipe. Pipe sealants should be used sparingly.

B. The valves with internal switches can be easily wired in the field. They will have two switches, switch-1 will have dual leads on two terminals. This switch is to be connected to the **supervisory** circuit of a Listed alarm control panel. Switch-2 will have single leads and may be connected to **auxiliary** equipment per direction of the local authority having jurisdiction. If only one switch is required, cap the two auxiliary wire leads with wire nuts and tuck into junction box. All connections shall be reviewed and approved by the local authority having jurisdiction.

C. A 14 gage green wire has been fastened to the interior of the housing and is to be used as a housing ground.

D. Recommended type of wire to be used is No. 16 Dual Rated UL 300V 80 C and 300V 105 C.

E. Installation must be in compliance with NFPA 72 and 13.

F. The BB-SC, BBHSC (threaded-end) and BBVSC, BBHSC (grooved-end) valves are intended for use with schedule 40 and/or 80 pipe, sizes 1", 1¼", 1½", 2" and 2½" per ANSI B36.10.

INSTALLATION - (For Underwriters Laboratories of Canada)

A. Installation must provide upright orientation of valve.

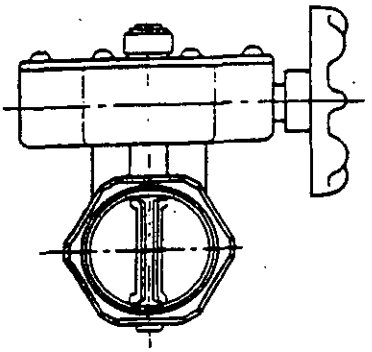
B. Electrical connections as follows: Bonding and grounding to be in compliance with the requirements of the Canadian Electrical Code Part 1.

C. Conduit: The insertion depth of the threaded conduit must not exceed 1/8" into the switch housing, and the threaded conduit must fit tightly onto the switch.

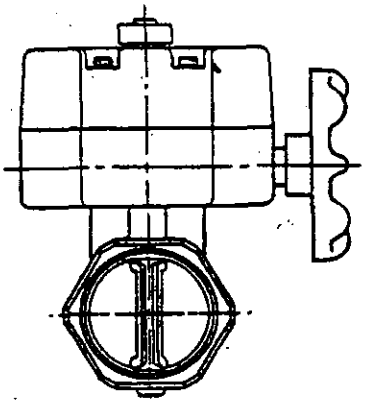
INSTALLATION FOR NEW YORK CITY VALVES

N.Y.C. special valves have a large flow indicator which points in the direction of the valve disc, indicating open or closed. The valve should be installed in a position where the indicator is readily visible.

BB-SC WITHOUT A SUPERVISORY TAMPER SWITCH

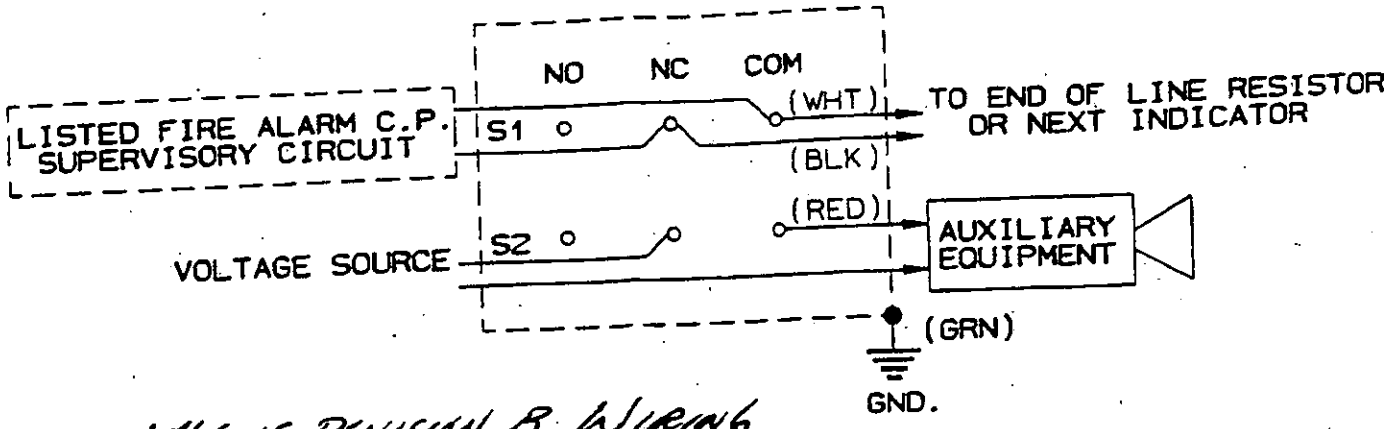


BB-SCS WITH SUPERVISORY TAMPER SWITCH



NOTE: DETAILED INSTALLATION INSTRUCTION SHEETS ARE PROVIDED WITH EACH VALVE.

WIRING DIAGRAM

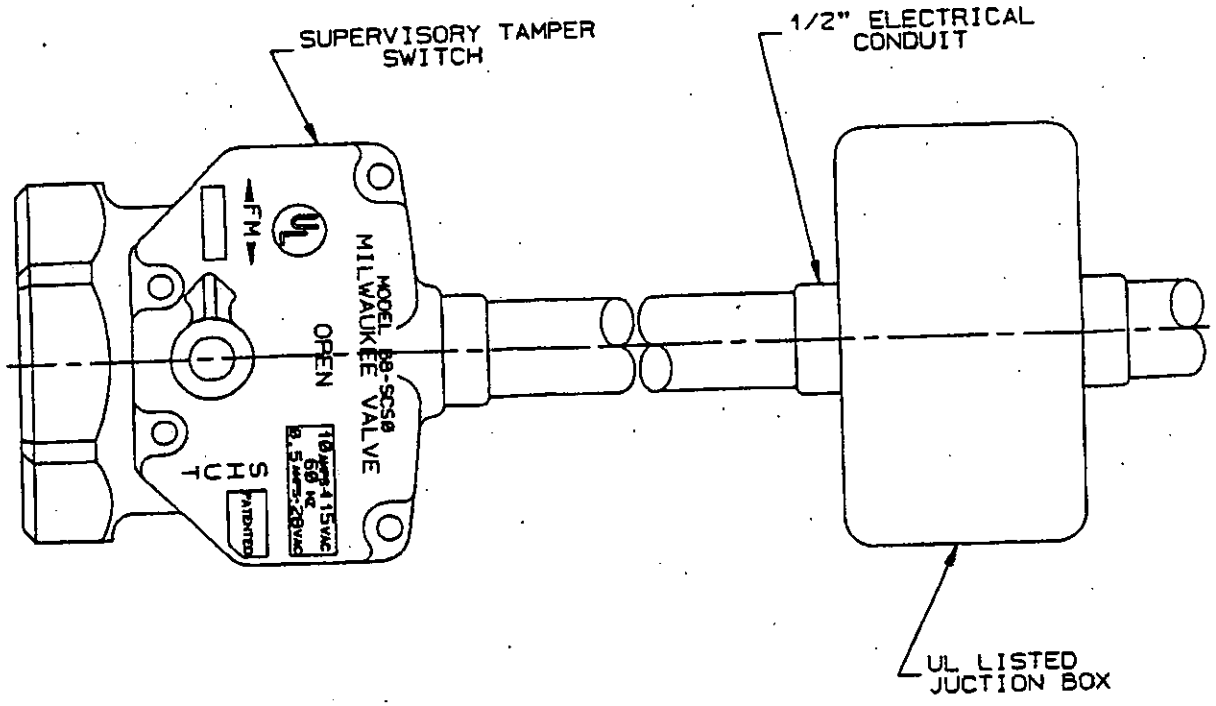


THIS IS REVISION B WIRING
LIMIT SWITCHES ARE ACTIVATED WHEN VALVE IS FULL OPEN

Switch position with valve in the full open:

Switch Rating: 10 AMP/115 VAC - 60 Hz
.5 AMP/28 VDC

NOTE: Valves incorporating supervisory tamper switches are for **indoor use only**.



Milwaukee Valve Company
2375 South Burrell Street
Milwaukee, Wisconsin 53207-1592
Telephone 414/744-5240
FAX 414/744-5840

MILWAUKEE VALVE

ELEVEN TINDALL ROAD, MIDDLETOWN, NJ 07748-2792
(732) 671-6400 * fax (732) 671-7365 * www.tandmassociates.com

T&M ASSOCIATES

1966 - 35 YEARS - 2001

July 3, 2002

YEZZ-00310.7A.3000

Brick Township
401 Chambers Bridge Road
Brick, NJ 08723-2898

Attention: Mr. Marcel Renzo, Chief Electrical Inspector

Re: Midstream School

Dear Mr. Renzo:

Answers to your Comments of May 1, 2002

1. Comment: AIC from JCP&L to match your new MDP-1.

   Answer: The available AIC of the transformer feeding the MDP-1 is 21,800 amps. MDP-1 AIC is 42,000 amps. (see attached)

2. Comment: Conduit sizes and wire sizes to each panel.

   Answer: The conduit and wire sizes to the panels are indicated on Dwg. E-1 and Dwg. E-3.

3. Comment: System ground ((ground rods).

   Answer: See attached letter to the Contractor.

Please call if you have any other questions.

Very truly yours,

T&M ASSOCIATES

ABEL S. LAMPA, P.E.
SUPERVISING ENGINEER

ASL:dk
Enclosure
cc: Givoannie Peragine, Yezzi Associates
\\eng1\projects\YEZZ\00310\Correspondence\Renzo_ASL_Comments.doc

ELEVEN TINDALL ROAD, MIDDLETOWN, NJ 07748-2792
(732) 671-6400 * fax (732) 671-7365 * www.tandmassociates.com

T&M ASSOCIATES

1966 35 YEARS 2001

July 3, 2002

YEZZ-00310.7A.3000

Pikassos Inc.
5114 Highway 33/34
Farmingdale, NJ 07727

Attention: Steve Delopoulous

Re: Midstream School

Dear Mr. Delopoulous:

Please provide two (2) ground rod electrodes for the electrical main distribution panel as indicated and required by National Electrical Code.

Please call if you have any questions.

Very truly yours,

T&M ASSOCIATES

ABEL S. LAMPA, P.E.
SUPERVISING ENGINEER

ASL:dk

cc: Giovanni Peragine, Yezzi Associates

H:\YEZZ\00310\Correspondence\Pikassos_ASL_groundrod.doc

GPU Energy
417 New Jersey Ave
Point Pleasant Beach NJ 08742
Fax 732-892-5828

Date: 7/2/02

To: ABEL LAMPA, P.E.

Inquire location:

MIDSTREAM SCHOOL BRICK

The interrupting duty or fault current for the above location will be:

- ~~under 10,000 Amps~~
- over 10,000 Amps
- If over 10,000 Amps - your interrupting duty for the specific transformer in question will be 21,800 Amps (transformer size 150) 120/208Y

Should you have a question, please contact me at:
732-714-2835

In advance, thanks you for your inquire.

Respectfully;

Robert C. Langworthy

Robert C. Langworthy
Distribution Designer, Sr.

FAXED
JUL 3 REC'D
By

YEZZI ASSOCIATES

ARCHITECTS & PLANNERS
P.O. Box 1638, 18 WASHINGTON ST.
TOMS RIVER, NJ 08754
PHONE: 732-240-3433 / FAX: 732-240-3463
EMAIL: mfyezzi@bellatlantic.net or mfyezzi@aol.com

LETTER OF TRANSMITTAL

To:	Date:	Job No.:
Frank Mizzer Bldg Code Ufficial Brick Township, N.J.	Re: Midstreams Elem. School C17-92-1	

WE ARE SENDING YOU: x Attached ____ Under separate cover via ____ the following items

____ Shop Drawings ____ Prints ____ Specificatons ____ Samples

____ Copy of Letter ____ Change Order x Other

Copies	Date	Number	Description
1	7/12/2002		Plumbing Fixture Count

THESE ARE TRANSMITTED as checked below:

____ For approval ____ Approved as submitted ____ Resubmit ____ Copies for approval

____ For your use ____ Approved as noted ____ Submit ____ Copies for distribution

x As requested ____ Returned for corrections ____ Returned ____ Corrected Prints

____ For review & comment ____ Other

____ FOR BIDS DUE/DATE: ____ PRINTS RETURNED AFTER LOAN TO US

REMARKS

Please sign both copies, return one to us for record.
Thank you

COPY TO Ernie Cutts SIGNED _____

If enclosures are not as noted, please notify us at once

MIDSTREAMS ELEMENTARY SCHOOL
PLUMBING FIXTURE COUNT

EXISTING SCHOOL HAS 28 CAPACITY GENERATING CLASSROOMS INCLUDING NEW ADDITION. EACH CLASSROOM HOUSES 24 CHILDREN.

672 STUDENTS + 56 STAFF = 728 OCCUPANCY.

728 x 60% = 437 MALE / 437 FEMALE

EXISTING # OF FIXTURES:

MALE 15 TOILETS /10 LAVS / 14 URINALS.

FEMALE 18 TOILETS / 17 LAVS

REQUIRED # OF FIXTURES:

MALE 9 TOILETS / 9 LAVS

FEMALE 9 TOILETS / 13 LAVS

EXISTING PLUMBING COUNT IS SUFFICIENT .

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

DEPARTMENT OF ADMINISTRATION & FINANCE

DIVISION OF INSPECTIONS
Joseph Curiazza
Construction Official
(732) 262-1030
Fax: (732) 262-8954
http://www.twp.brick.nj.us

FAX CORRESPONDENCE

DATE: 07.24.02

TO FAX NUMBER: 609.268-1727 PAGES TO FOLLOW 1

ATTENTION Ernest Cutts JR

FROM: Allison. Building dept

MESSAGE Midstreams School
Electrical Rejection

Gregory S. Kavanagh
Tony R. Shupin
Frederick J. Underwood, Sr.

http://www.twp.brick.nj.us

FAX CORRESPONDENCE

DATE: 07.24.02

TO FAX NUMBER: 609.268-1727 PAGES TO FOLLOW 1

ATTENTION Ernest Cutts JR

FROM: Allison. Building dept

MESSAGE Midstreams School
Electrical Rejection

Telephone Number	Mode	Start	Time	Page	Result	Note
16092681727	NORMAL	24,15:15	0'35"	2	* O K	

P.1 Jul 24 2002 15:16

** Transmit Conf. Report **

Land Use/ Bldg Dept Fax:732-262-8954

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Contruction Official
(732) 262-1030
Fax: (732) 262-8954.
http://www.twp.brick.nj.us

Date: 6-12-02

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 902 Lot: 5&8

Property Address: 500 Midstream Road, Brick, NJ

I, Joyce S. Delopoulos (name) of Pikassos Inc. 5114 Route 33-34 Farmingdale,NJ 07727 (address)

Request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, part B.

Applicant's Signature
Joyce S. Delopoulos

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

OFFICE USE

Approved: 7/6/02 Signed:

Rejected: 6/26/02 Signed:

Comments: Need ex MH changed to Type "2" Rev Grading Plan

INSPECTOR: K Shafer

DATE: 9-2-03

JOB: Midstreams School

SECTION: II

TYPE OF WORK: Temp

WEATHER: Rainy

LOCATION: Midstreams Rd

TEMPERATURE: 70°'s

BLOCK:

LOT:

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures		✓
7. Note on going construction in immediate area		✓
8. Safety		✓

COMMENTS REFERENCING ITEM NUMBER: 6-8

(A) Remove Constr. Trailer

(B) Fencing @ W. side playground area, perpendicular to parking lot to be removed

(C) Woodsline to be cleaned up of debris

RECOMMENDATIONS: (D) Kevin Batzel approvals on Fire/Laws

(E) Asbuilts required

☒ TEMP. C.O. 9-16-03 expires

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

EC Commun MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

INSPECTOR: ~~Kenneth~~ Shafer

JOB: Midstreams Orchard SECTION: Phase I

WEATHER: Sunny

TEMPERATURE: 80°'s

DATE: 8/15/03

TYPE OF WORK: Final (4th)

LOCATION: off Midstreams Rd

BLOCK: LOT:

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading		✓
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	— Temp Fix	✓
6. Clean-up Procedures		✓
7. Note on going construction in immediate area	TCO 8/29/3	✓
8. Safety	TCC 8/28/03	✓

COMMENTS REFERENCING ITEM NUMBER: 2, 5-8

(A) Need Final Ocean County Soil TCO 9/2 Temp fix 9/16

(D) Grade/stabilize area @ East side of addition and along new sidewalk (Phase II Improvement) Hazardous

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☒ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy..

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
(609) 971-7002 Fax (609) 971-3391

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK

PROJECT: MIDSTREAMS GLEN SCHOOL SCD NO.: 7868

BLOCK NO.(s) 402 LOT NO.(s) 5, 8

Final Compliance ☐ Conditional Compliance ☒

Block No.	Lot No.	Conditions
		THIS TEMPORARY COMPLIANCE EXPIRES 9/30/03 ALL REQUIRED WORK TO BE COMPLETE BY ABOVE DATE.

TOTAL FEES DUE: $ 135

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: _____

DATE: 8/26/03

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

8/28

02-2796

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 500 Midstreams Block 902 Lot 548

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

	FINALS		FINALS		FINALS
BUILDING	8/25 failed	APPROVED	TCO 8/29/3		
PLUMBING	8/27 failed	APPROVED	TCO 8/28/03		
FIRE	not scheduled	APPROVED	TCO 9/2		
ELECTRIC		APPROVED	+ BOK 1/30/3		
ENGINEERING		APPROVED	~~ABC~~ Temp fil 9/16		
O.C.SOIL		APPROVED	~~OK~~ 8/26/03 temp fil 9/30		
COMMERCIAL OCCUPANCY CARD					

C.C. FROM B.T.M.U.A.

CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING exempt

ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
(609) 971-7002 Fax (609) 971-3391

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK

PROJECT: MIDSTREAMS GEOMETRY SCD NO.: 7868

BLOCK NO.(s) 902 LOT NO.(s) 5, 8

Final Compliance ☑ Conditional Compliance ☐

Block No.	Lot No.	Conditions

Ck #010829

TOTAL FEES DUE: $ 135—

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: _____

DATE: 7/20/04

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

results 3/18/04

02-2796
Addition

~~Certificate of Occupancy Single Family Dwelling~~

Address Midstreams Elementary Block 902 Lot 5 and 8

Final Inspections:

expired
temp 9/16/03

1. Final Building
2. Final Electric
3. Final Plumbing
4. Final Fire
5. Certificate of Compliance
6. Final Engineering
7. Final Ocean County Soil
8. Home Owners Warranty/Affidavit

Report of compliance from Ocean County Soils is needed when more than 5000 sq. ft. are disturbed, always when more than 1 house is constructed (Major/Minor Subdivisions).

Building _____ Approval Date temp 8.29.03

Plumbing _____ Approval Date temp. 8.28.03

Fire _____ Approval Date temp 9.2.03

Electrical 02-2796 4B Approval Date OK 1.30.3

Cert. Of Compliance _____ Approval Date √?

~~HOW/ Affidavit~~ _____ Approval Date _____

Engineering _____ Approval Date temp til 9/16/03

Soil _____ Approval Date temp til 9/30

Affordable Housing _____ Approval Date exempt

Occupancy Load _____ Approval Date _____

Garbage Can Receipt _____ Approval Date _____

CO Application _____ Approval Date _____

INSPECTOR: K Shafer

DATE: 8-10-04

JOB: Midstreams School

SECTION: II

TYPE OF WORK: Final

WEATHER: Cloudy

LOCATION: off Midstreams Rd

TEMPERATURE: 80°'s

BLOCK:

LOT:

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

(A) As-built to attached
(D) No Parking Lot (Exist) was done w/ regards to expansion/re striping

RECOMMENDATIONS:

☐ TEMP. C.O.

☑ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[E.C.C.] MUNICIPAL ENGINEER

I _____, Authorized representative of

_____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

BRICK TOWNSHIP PLANNING BOARD

CAPITAL PROJECT APPROVAL RESOLUTION

RESOLUTION R-67-01 **Page 1**

July 11, 2001

WHEREAS, the Township of Brick intends to take certain actions necessitating the expenditure of public funds for various school additions to the Brick School District; and

WHEREAS, pursuant to N.J.S.A. 40:55D-31, this proposed action as described hereinabove was referred to the Planning Board for its recommendation; and

WHEREAS, Dr. Phillip Nicastro, Superintendent of Schools, presented to the Planning Board certain information and materials relating to the development and necessity of these facilities.

NOW, THEREFORE, the Board does, based upon the foregoing information, make the following findings:

1. The proposal is consistent with the Master Plan and in particular those aspects of the Master Plan relating to the development of public facilities and the location thereof.

NOW, THEREFORE, be it resolved by the Brick Township Planning Board on this 11th day of July, 2001 that it favorably recommends the undertaking and completion of this project by the Township of Brick.

MOVED BY: Councilman Underwood

SECONDED BY: Mr. Petoia

VOTING IN THE AFFIRMATIVE: Councilman Underwood, Mr. Kelly, Mr. Nerlick, Mr. Dockery, Mr. Petoia, Mr. Reilly, Mr. Vespi, Mr. Fredo

VOTING IN THE NEGATIVE:

ABSTAINING:

ABSENT: Mrs. LaDuke, Mr. Higgins, Mr. Scherer

CERTIFICATION

I, **JUDITH FOX NELSON**, Clerk of the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that the foregoing resolution was duly adopted by the said Planning Board of the Township of Brick at a Regular Meeting held on the 11th day of July, 2001.

IN WITNESS WHEREOF, I have set my hand this 16th day of July, 2001.

Judith Fox Nelson

JUDITH FOX NELSON, Clerk
Planning Board of the Township of Brick

BRICK TOWNSHIP PLANNING BOARD

CAPITAL PROJECT APPROVAL RESOLUTION

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MOVED BY: Councilman Underwood

SECONDED BY: Mr. Petoia

VOTING IN THE AFFIRMATIVE: Councilman Underwood, Mr. Kelly, Mr. Nerlick, Mr. Dockery, Mr. Petoia, Mr. Reilly, Mr. Vespi, Mr. Fredo

VOTING IN THE NEGATIVE:

ABSTAINING:

ABSENT: Mrs. LaDuke, Mr. Higgins, Mr. Scherer

CERTIFICATION

I, JUDITH FOX NELSON, Clerk of the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that the foregoing resolution was duly adopted by the said Planning Board of the Township of Brick at a Regular Meeting held on the 11th day of July, 2001.

IN WITNESS WHEREOF, I have set my hand this 16th day of July 2001.

Judith Fox Nelson

JUDITH FOX NELSON, Clerk
Planning Board of the Township of Brick

Township of Brick
Counter Form
(PLEASE PRINT)

01792

Site Location: Midstream Elementary School
Block: 902 Lot: 5&8
Owner's Name: Township of Brick Board of Education
Owner's Mailing Address: 1011 Hendrickson Avenue
Brick, NJ 08724-2599
Phone: (732)

BUILDING

Contractor: Pikassos Inc.
Address: 5114 Route 33-34
Farmingdale, NJ 07727
Phone#:
Lis #
Federal Emp # or SSN 22-3027635

Technical Data

Description of Work:

Classroom & Media Center Addition

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $ 608,590.00

Total Cost of New Building Work: $

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Joyce DeLopoulos
Please Print Name Joyce S. DeLopoulos

ELECTRICAL

Contractor:
Address:
Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item Quantity

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors w/ Fract. HP
Emergency & Exit Lights
Communication Points
Alarm Devices/FAC Panel
Total

Pool (Receptacles, Switches, Lights, Motor 1HP)
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit –Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Light Stander AMP
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Print Name:_____

Counter Form
PLEASE PRINT

01-7-98

PLUMBING

Contractor: Annese mechanical INC.
Address: 1889 Lakewood Rd Unit 28
Toms River NJ 08755
Phone #: 732-240-4893
Lis #: B107079
Federal Emp # or SSN 22-2964462

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	3
Urinals/Bidets	1
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	4
Shower	
Floor Drain	3
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	1
Gas Piping	on roof 2 roof top
Fuel Oil Piping	
Water Heater	1 electric
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	1
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	existing 4"
Water Service Connection	existing 3"
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	2
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work 59,800.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: [signature]

Please Print Name: Frank Annese

CONTRACTOR'S SEAL

FIRE

Contractor:
Address:

Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Print Name:

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: midstream Elementary School
Block:_____ Lot:_____
Owner's Name:_____
Owner's Mailing Address:_____
_____
Phone: (_____)_____

BUILDING

Contractor:_____
Address:_____
_____
Phone#:_____
Lis #_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Structure:_____
Volume of New Structure:_____
Total Land Disturbed:_____

Cost of Alteration: $_____

Cost of New Building: $_____

Total Cost of New Building Work: $_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name_____

ELECTRICAL

Contractor:_____
Address:_____
_____
Phone#:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name_____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Frank C. Gibson Inc.
Address: 195 Throckmorton Street
Freehold, NJ 07728
Phone #: (732) 462-0282
Lis #: 6266
Federal Emp # or SSN 21 0726280

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	1
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	

Other:

Estimated Cost of ~~Plumbing~~ HVAC Work 160,000.00 (see Fire Section)

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: Frank C. Gibson Inc.
Address: 195 Throckmroton Street
Freehold, NJ 07728
Phone #: 732 462-0282
Lis #: 6266
Federal Emp # or SSN 21 0726280

Technical Data

Description of Work:

Heating Type: x Gas ___ Oil ___ Electric ___ Solar
Heating System is x New ___ Existing
Location of Furnace/Boiler: roof
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) gas
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other:

Estimated Cost of ~~Fire~~ HVAC Work 160,000.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: Frank C. Gibson Jr.

C/7-92-1

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: Midstreams Elem. School, 500 Midstream Road, Brick, NJ
Block: 902 Lot: 5&8
Owner's Name: Brick Township Board of Education
Owner's Mailing Address: 101 Hendrickson Ave., Brick, NJ 08724

Phone: (_____)_____

BUILDING

Contractor:_____
Address:_____

Phone#:_____
Lis #_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Structure:_____
Volume of New Structure:_____
Total Land Disturbed:_____

Cost of Alteration: $_____

Cost of New Building: $_____

Total Cost of New Building Work: $_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name_____

ELECTRICAL

Contractor:_____
Address:_____

Phone#:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name_____

CONTRACTOR'S SEAL

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: MIDSTREAM SCHOOL 500 MIDSTREAM ROAD
Block: 902 Lot: 508
Owner's Name: BRICK TOWN BOARD OF ED
Owner's Mailing Address:

Phone: (___)

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building ___Siding
___Addition ___Fence
___Alteration ___Pool
___Roofing ___Demolition
___Asbestos Abatement ___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Total Cost of New Building Work: $

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

ELECTRICAL

Contractor: T&C ELECTRIC INC
Address: 10 BAY AVE
FORKED RIVER NJ 08731
Phone#: 609-971-9909
Lis #: 5189
Federal Emp # or SSN 22-212-5062

Technical Data

Item	Quantity
Lighting Fixtures 1	130
Receptacles	80
Switches	50
Detectors	
Light Poles	
Motors w/ Fract. HP	6
Emergency & Exit Lights	7
Communication Points	40
Alarm Devices/FAC Panel	1-FACP T50 DEVICES
Total	36A

Pool (Receptacles, Switches, Lights, Motor 1HP)
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit –Central Air 6-15 KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP 4
Transformer/Generator KW
Light Stander AMP
Service - 600 AMP
Subpanel 6-125A 2-225A AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work: 125,000

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: R H Janson
Please Print Name Richard H Janson

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

C17-92

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Print Name:_____

02-2796.

Counter Form
PLEASE PRINT

PLUMBING

Contractor: ANDERSEN MECHANICAL
Address: 1880 LAKE WOOD RD, TOMS RIVER NJ 08755
Phone #: 732 240 4893
Lis #: B7107079
Federal Emp # or SSN 22-2964462

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	2
Dry Sprinkler Heads	
Total	2
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other:

Estimated Cost of Fire Work $1,000.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: MAZ OHUCHTAI

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: MIDSTREAM School
Block: 902 Lot: 5 & 8
Owner's Name: BRICK TOWNSHIP BOARD OF ED.
Owner's Mailing Address: 103 HENDRICKSON AVE
BRICK N.J.
Phone: (____)_____

BUILDING

Contractor:_____
Address:_____
_____
Phone#:_____
Lis #_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Structure:_____
Volume of New Structure:_____
Total Land Disturbed:_____

Cost of Alteration: $_____

Cost of New Building: $_____

Cost of Site Work $_____

Total Cost of New Building Work: $_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name_____

ELECTRICAL

Contractor:_____
Address:_____
_____
Phone#:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name_____

CONTRACTOR'S SEAL

02-2796FC

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor: TEC ELECTRIC INC.
Address: 10 BAY AVE
Forked River N.J. 08731
Phone #: 609 971-9909
Lis #: 5189
Federal Emp # or SSN 22-212-5062

Technical Data

Description of Work:

Heating Type: X Gas ___Oil ___Electric ___Solar
Heating System is X New ___Existing
Location of Furnace/Boiler: Roof
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads 2
Dry Sprinkler Heads_____
Total 2

Smoke Detectors 9
Heat Detectors 21
Total 30

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil) GAS ~~(1 Boiler, 1 Roof Top)~~
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other: 3-Pull stations, 3 horn/strobs, 8-strobs
1 Duct Detectors,

Estimated Cost of Fire Work 20,000.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Print Name: MIKE CARLITANO

(FIRE)

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: Midstream School 500 Midstream Road
Block: 902 Lot: 598
Owner's Name: BRICK Township Board of Ed.
Owner's Mailing Address: _____

Phone: (_____) _____

BUILDING

Contractor: _____
Address: _____

Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: $_____

Cost of New Building: $_____

Total Cost of New Building Work: $_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: _____
Address: _____

Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item Quantity

Lighting Fixtures _____
Receptacles _____
Switches _____
Detectors _____
Light Poles _____
Motors w/ Fract. HP _____
Emergency & Exit Lights _____
Communication Points _____
Alarm Devices/FAC Panel 1- FACP & 50 Devices
Total _____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____KW
Oven/Surface Unit _____KW
Electric Water Heater _____KW
Electric Dryer _____KW
Dishwasher _____KW
Garbage Disposal _____HP
A/C Unit –Central Air _____KW
Space Heater/Air Handler _____KW
Baseboard Heating _____KW
Motors 1+ HP _____
Transformer/Generator _____KW
Light Stander _____AMP
Service _____AMP
Subpanel _____AMP
Motor Control Center _____AMP
Sign/Outline Light _____KW
Furnace _____
Steam Boiler _____
Other:

Estimated Cost of Electrical Work: _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL