

BLOCK 902 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 500 Midstream Road PERMIT NO. 13.2564



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION
1. Proposed Work Site at: 500 Midstream Rd Brick NJ 08724
2. Name of Owner in Fee: Brick Township School District
Tel. (732) 785-3060 e-mail _____
Address 101 Hendrickson Ave, Brick Township N.J. 08724
3. Ownership in Fee: Public ☒ Private _____
4. Principal Contractor: Wallace Bros. Inc. Tel. (732) 295-9340
Address 413 Railroad Sq Plaza, Point Pleasant Beach, New Jersey 08742
e-mail _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 22 2775668 FAX: (732) 295-5358
5. Architect or Engineer: Design Resources Group Contact Frank Bowhby
Address 371 Hoes Lane Suite 301 Pleasant e-mail _____
Tel. (732) 560-7900 FAX: (732) 560-7910
6. Responsible Person in Charge once Work has Begun: Steve Wallace
Tel. (732) 295-9340 FAX: (732) 295-9340

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	☒	
2. Electrical	☒	
3. Plumbing	☒	
4. Fire Protection	☒	
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review		
8. Subtotal		
9. State Permit Surcharge Fee		
10. Subtotal		
11. Cert. of Occupancy		
12. Other		
13. TOTAL		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area — Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands yes _____ no _____	

IIa. PROPOSED WORK

☐ Minor Work	☐ New Building	☐ Addition	☐ Demolition
☐ Repair	☐ Alteration	☐ Renovation	☐ Reconstruction
☐ Asbestos Abat. -Subch. 8	☐ Lead Hazard Abatement	☐ Radon Remediation	☐ Annual Permit

IIb. SUBCODES
(Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☒ Building	<u>77,345⁰⁰</u>								
☒ Electrical	<u>7,200⁰⁰</u>				<u>6-11-13</u>	<u>JT</u>			
☐ Plumbing									
☒ Fire Protection	<u>500⁰⁰</u>				<u>6/11/13</u>	<u>AGO</u>			
☐ Elevator									
TOTAL COST		<u>84,845⁰⁰</u>							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale	
Gained, Rental	
Lost, Sale	
Lost, Rental	

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. ☐ Refrigeration Systems	6. ☐ Smoke Control Systems in Open Wells	12. ☐ Fire Alarm
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks	
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs	
	7. ☐ Sprinklers/Standpipes	11. ☐ LPGas Tanks	

BLOCK 902 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 500 Midstreams Road, Brick, NJ 08724 PERMIT NO. _____



CONSTRUCTION PERMIT APPLICATION

C12-002752

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

I. IDENTIFICATION

1. Proposed Work Site at: Midstreams Elementary School

2. Name of Owner in Fee: Brick Township Board of Education

Tel. (732) 785-3000 e-mail _____

Address 101 Hendrickson Ave. Brick 08724

street municipality zip code

3. Ownership in Fee: Public ☒ Private _____

4. Principal Contractor: Design Resources Group Tel. (732) 560-7900

Address 371 Hoes Lane, Suite 301 e-mail david.g@drgaia.com

Piscataway, NJ 08854

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

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

Federal Emp. ID No. _____ FAX: (732) 560-7910

5. Architect or Engineer Design Resources Group Contact David Galati

Address 371 Hoes Lane, Suite 301 e-mail david.g@drgaia.com

Tel. (732) 560-7900 FAX: (732) 560-7910

6. Responsible Person in Charge once Work has Begun David Galati

Tel. (732) 560-7900 FAX: (732) 560-7910

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>X</u>	
2. Electrical	\$ <u>X</u>	
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$ _____	
8. Subtotal	\$ _____	
9. State Permit Surcharge Fee	\$ _____	
10. Subtotal	\$ _____	
11. Cert. of Occupancy	\$ _____	
12. Other	\$ _____	
13. TOTAL	\$ _____	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____

2. Height of Structure 15'0" ft.

3. Area — Largest Floor 43,000 sq. ft.

4. New Building Area No change sq. ft.

5. Volume of New Structure No change cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no X

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☒ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>121,000</u>				<u>7/31/12</u>	<u>AKA</u>			
<u>5,000</u>			<u>8-2-12</u>					
TOTAL COST								

126,000

III. PLAN REVIEW (optional)

- DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
- Gained, Sale _____
- Gained, Rental _____
- Lost, Sale _____
- Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: Educational
2. Use Group, Proposed: E
3. Change in Use Group, Indicate Present: _____

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

- D. Construct. Classification: Present 11B
- Proposed 11B



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/7/2013
Control Number C-12-002752
Permit Number 13-2564
Permit Issue Date 6/17/2013
Certificate Number 13-2564

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 500 MIDSTREAMS RD. Brick Township, NJ Block: 902 Lot: 8 Qual: _____
Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION
Owner Address: 101 HENDRICKSON AVE. BRICK NJ 08724
Telephone: (732) 785-3000
Contractor: WALLACE BROTHERS INC.
Address: 413 RAILROAD SQ PLAZA PT PLEASANT BEACH NJ
Telephone: (732) 295-9340 Fax: (732) 295-5358
License Number or Builders Registration Number: 58882 Federal Emp. Number: 22-2775668

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: E Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL Replace office storefront system, replace cieling and lights in vestibule area, provide a new roof and soffit to existing walkway canopy.

Certificate Comments: _____

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

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

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

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

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

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

Daniel Newman Jr

Construction Official

Fee: \$0.00
Check Number: _____
Collected By: _____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

6/17/13
C-12-002152
13.2564

IDENTIFICATION Block: 902 Lot: 8 Qualifier
Work Site Location: 500 MIDSTREAMS RD. Brick Township, NJ Contractor: WALLACE BROTHERS INC.
Address: 413 RAILROAD SQ PLAZA PT PLEASANT BEACH NJ
Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION
101 HENDRICKSON AVE. BRICK NJ 08724 Telephone: (732) 295-9340
Lic. No. or Bldrs. Reg. No. 58882
Federal Employee. No. 22-2775668
Telephone: (732) 785-3000

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL Replace office storefront system, replace ceiling and lights in vestibule area, provide a new roof and soffit to existing walkway canopy.

Midstreams Elementary

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 \$126,100

PAYMENTS (Office Use Only)

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

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

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

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

APPLICATION FOR
CERTIFICATE

Date Received 7/30/2012
Date Permit Issued 6/17/2013
Control # C-12-002752
Permit # 13-2564
Date Issued 9/16/2013

IDENTIFICATION

Block 902 Lot 8 Qualifier _____
Work Site Location 500 MIDSTREAMS RD. Brick Township NJ Contractor WALLACE BROTHERS INC.
Address 413 RAILROAD SQ PLAZA PT PLEASANT BEACH NJ
Owner in Fee BRICK TOWNSHIP BOARD OF EDUCATION Telephone (732) 295-9340
101 HENDRICKSON AVE. BRICK NJ 08724 Lic. No. or Bldrs. Reg. No. 58882
Telephone (732) 785-3000 Federal Employee No. 22-2775668

ACTION

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

USE GROUP _____ Previous _____ E _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 126100

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

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

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

DESCRIPTION OF WORK/USE:

Alteration ALTERATION --COMMERCIAL. Replace office storefront system, replace ceiling and lights in vestibule area, provide a new roof and soffit to existing walkway canopy.

Midstreams Elementary

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____

(Signature)
Owner/Agent

- ☐ OWNER
☒ AGENT



APPLICATION FOR CERTIFICATE

Date Received 7/30/2012
Date Permit Issued 6/17/2013
Control # C-12-002752
Permit # 13-2564
Date Issued 9/16/2013

IDENTIFICATION

Block 902 Lot 8 Qualifier _____
Work Site Location 500 MIDSTREAMS RD. Brick Township, NJ Contractor WALLACE BROTHERS INC.
Address 413 RAILROAD SQ PLAZA PT PLEASANT BEACH NJ
Owner in Fee BRICK TOWNSHIP BOARD OF EDUCATION
101 HENDRICKSON AVE. BRICK NJ 08724 Telephone (732) 295-9340
Lic. No. or Bldrs. Reg. No. 58882
Telephone (732) 785-3000 Federal Employee No. 22-2775668

ACTION

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

USE GROUP _____ Previous _____ E _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 126100

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

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

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

DESCRIPTION OF WORK/USE:

Alteration ALTERATION - -COMMERCIAL Replace office storefront system, replace cieling and lights in vestibule area, provide a new roof and soffit to existing walkway canopy.

Midstreams Elementary

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
Owner/Agent

☐ OWNER

☐ AGENT



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/16/2013
Control Number C-12-002752
Permit Number 13-2564
Permit Issue Date 6/17/2013
Certificate Number 13-2564

Certificate

Construction Code Division
(Temporary Certificate of Occupancy)

Identification

Work Site Location: 500 MIDSTREAMS RD. Brick Township, NJ Block: 902 Lot: 8 Qual: _____
Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION
Owner Address: 101 HENDRICKSON AVE. BRICK NJ 08724
Telephone: (732) 785-3000
Contractor: WALLACE BROTHERS INC.
Address: 413 RAILROAD SQ PLAZA PT PLEASANT BEACH NJ
Telephone: (732) 295-9340 Fax: (732) 295-5358
License Number or Builders Registration Number: 58882 Federal Emp. Number: 22-2775668

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: E Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL Replace office storefront system, replace cieling and lights in vestibule area, provide a new roof and soffit to existing walkway canopy.

Certificate Comments: _____

☐ **Certificate of Occupancy**

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

☐ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____

Conditions to be met:

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

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

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

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

☐ **Certificate of Clearance - Asbestos Abatement**

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

☐ Total removal of asbestos hazards in scope of work

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

☐ **Certificate of Compliance**

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

☒ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: 9/26/2013 or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of: 9/26/2013

Conditions to be met:

Must pass final fire inspections.



Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

Date Printed: 9/16/2013

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

Page 1



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 9062 Lot 500 Qualification Code 8724

Work Site Location Midstreams E.S. 500 Midstreams Road

Owner In Fee: Brick Township School District

Tel 732 285 3000 e-mail manipal@aleur.com

Address 101 Henderson Avenue Tel 732 5283959

Contractor: State-Wide Electric, Inc. e-mail manipal@aleur.com

Address 81 Broad Street e-mail manipal@aleur.com

Manassquan, NJ 08736

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____ Exp. Date 3/31/2015

Fire Alarm Contractor No. 9390 Exp. Date 3/31/2015

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 22-3027441 FAX: 732 528-3080

Federal Emp. ID No. 22-3027441 FAX: 732 528-3080

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present Proposed _____ Fuel Type: [] Flammable or [] Combustible

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing

OR [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____

[] Other Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ _____

JCS SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underslab Utilities Approved

Date _____ Approved by: _____

[] Fire Protection Plans Approved

Date _____ Approved by: _____

Joint Plan Review Required: _____

[] Bldg. [] Elec. [] Plumb. [] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 6-11-15

Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO

Date: 6-11-15

Approved by: _____

U.C.C. F-40 (rev. 02/11)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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.

Applicant/Contractor sign here: _____

Print name here: Dennis DiPalma

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Relocate 1 pull station

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110v interconnected

[] CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, waterflow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances [] Gas [] Oil [] Solid

Fireplace Venting/Metal Chimney

Other _____

13-2564 RECEIVED
JUN 5 2013
6/17/13

Date Received
Control #
Date Issued
Permit #
WALLACE BROS., INC.

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO Box 802
TRENTON, NJ 08625-0802

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

RICHARD E. CONSTABLE, III
Acting Commissioner

January 12, 2012

Mr. Daniel F. Newman, Jr.
Construction Official
Brick Township, Municipal Building
401 Chambers Bridge Road
Brick Township, New Jersey 08723

Re: Project: New Vestibule & Window
School: Midstreams ES
School District: Brick Township
County: Ocean
DOE Project #: 0530-060-10-1066

Dear Mr. Newman:

The New Jersey Department of Education (NJDOE) has forwarded the above-referenced school district's request for permission to allow your agency to perform plan review in accordance with the requirements of the New Jersey Uniform Construction Code (NJUCC). The New Jersey Department of Community Affairs hereby grants the requested permission.

Please be aware that it is your agency's responsibility to ensure the NJDOE has issued final educational adequacy approval or has determined no such approval is required. Furthermore, your agency must obtain the plans that have been approved by the NJDOE from the school district or its design professional.

In addition to plan review for compliance with all of the subcodes of the NJUCC, as they may be applicable, it is also your responsibility to ensure compliance with N.J.A.C. 5:23-3.11A(c) and the NJDOE's public school facility requirements enumerated in Bulletin #00-3, as appropriate.

If you have any questions, please feel free to contact this office at (609) 984-7609.

Sincerely,

John N. Terry
Division of Codes and Standards

- c: Mr. Walter Hrycenko, Superintendent, Brick Township School District
Enclosure to Construction Official: DOE Stamped Plans



V.2.4.3 (08.13.09)

FORM: DOE-124
 STATE OF NEW JERSEY
 DEPARTMENT OF EDUCATION - CHIEF OF STAFF
 OFFICE OF SCHOOL FACILITIES

STATE PROJECT#:	
Parent	0536-050-10-1066
Land	
Temporary	
Feasibility	
Emergency	

REQUEST FOR LOCAL RELEASE OF SCHOOL CONSTRUCTION PLANS

Project and District Information

County:	OCEAN	District Contact:	Mr. James Edwards
District Name:	BRICK TWP	Contact Title:	Business Administrator
District Number:	0530	District Telephone #:	732-765-3000
School Name:	Midstreams Elementary School	District Fax #:	732-840-9039
School Code:	080	District E-Mail:	ledwards@brickschools.org
Project Title:	Vestibule at Midstreams Elem. School	A/E Firm:	Spizle Architectural Group
Project Address:	500 Midstreams Road	A/E Contact:	Steven Siegel, Associate
Municipality:	Brick Township	A/E Phone #:	609-995-7400
Zip Code:	08724	A/E Fax #:	609-394-2274
		A/E E-Mail:	Siegel@spizle.com

Brief Description of Project:

New vestibule and window at Main Office.

It is the request of the above-named school district to have this project reviewed for State Uniform Construction Code compliance (including N.J.A.C. 5:22-3.11A(c) and Department of Community Affairs, Division of Codes and Standards Bulletin 00-3) and other applicable State Codes by a municipal code enforcing agency, pursuant to P.L. 1990 c. 23.

Chief School Administrator (Signature):

Chief School Administrator:

Mr. Walter Hrycenko

Mr. Walter Hrycenko

Date:

4/14/11

This project will be reviewed for compliance by the below named appropriately licensed municipal code enforcing agency

Municipality Name: Brick Township

Other Municipality (only if project located in > 1 jurisdiction):

Municipal Code Enforcing Agency Construction Official (Name): Daniel F. Newman, Jr.

Municipal Code Enforcing Agency Construction Official (Signature): *[Signature]*

Date: 4-14-11

Municipal Code Enforcing Agency Classification is class:

Class 1

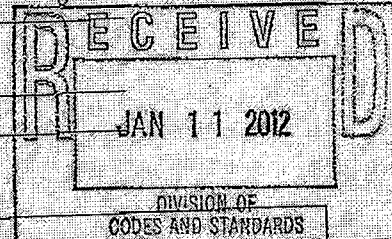
Municipal Code Enforcing Agency Address:

Street: Municipal Building
 201 Chambers Bridge Road
 City: Brick Township
 State: New Jersey
 Zip Code: 08723

Phone: 732-262-1027

Fax: 732-262-8954

Comments/Notes for use of UCC Review:



FOR DCA* USE ONLY

*Note: For all capital projects for NJ Private Schools for the Disabled, DOS will Approve this Form in place of DCA.

Request Reviewed By: John N. Terry

Signature:

Date Acted Upon:

Action:

☐ APPROVED

☐ DENIED (identify reason below)

☐ RETURNED NO ACTION (identify reason below)

Comments:

FORM: DOE-124 - REQUEST FOR LOCAL RELEASE OF SCHOOL CONSTRUCTION PLANS: Page 1 of 1

Lisa Rose Tavalaccio

To: davidg@drgaia.com
Subject: Midstreams School

Good Morning David,

I am in receipt of 3 applications. Out of the three, I only have state approvals/releases for two of them. I am missing the state approval/release for Midstreams Elementary School vestibule upgrade, DRG#1036, State plan #530-060-10-1066.

Please provide the approvals/release so we may continue plan review.

*Thank you
Have a great Day!*

***Lisa Rose Tavalaccio
Township of Brick
Senior Permit Clerk
732-262-1030 Phone
732-262-2941 Fax***

July 9, 2012

Township of Brick - Building Department
Municipal Building
401 Chambers Bridge Road
Brick Township, NJ 08723

PRINCIPALS:
Hany Y. Salib, AIA, NCARB
NJ Lic # 21A101733800
PA Lic # RA404803
NY Lic # 032590-1

Patrick S. Seiwel, AIA, NCARB
LEED AP
NJ Lic # 21A101611000
PA Lic # RA403783
NY Lic # 031550-1

Phillip J. Cacossa, PE
LEED AP
NJ Lic # 24GE03704900
PA Lic # PE056000E
NY Lic # 079633-1

ASSOCIATE:
Alan N. Trovato

Attn: Daniel Newman
Construction Official ✓
Re: Exterior Door Replacement & Vestibule Upgrades at the:
• Midstreams Elementary School - Door Replacement ✓
DRG# 1035
State Plan# 0530-060-10-1082
• Midstreams Elementary School - Vestibule Upgrade
DRG# 1036
State Plan# 0530-060-10-1066
• Emma Havens Young Elementary School - Vestibule Upgrade ✓
DRG# 1036a
State Plan# 0530-035-10-1052
For the: Brick Township Board of Education

Need don't have
Enail 7/16/12
David

Dear Mr. Newman,

Please find the enclosed items in reference to the above mentioned projects:

1. (2) Complete set of plans for each school, signed and sealed by the architect.
2. (2) copy of the specifications shared for all (3) schools, signed and sealed by the architect for each school.
3. Project review permit jacket for each project.

With this application we would like to begin the review process to gain final release for this project.

Please note that the project is being partially funded by a SDA Grant. The checklist requires a technical code review. Upon your review and approval we will require a letter from your office stating the following:

"The plans and specifications for the above named project have been reviewed for code compliance and are hereby released for contractor procurement."

"Contractor shall appropriately apply for all permits once the project that has been awarded by the Brick Township Board of Education"

Please feel free to call should you have any questions or require any additional information. I can be reached at 732-560-7900 or by e-mail at davidg@drgaia.com.

Sincerely,



David Galati
Design Resources Group Architects AIA, Inc.
Designer

Cc: Patrick Seiwell, DRG
James Edwards BBOE Business Administrator

(P:1025/02/1025/permit-review letter-070912.doc)

EBW INC.
Wardell Security Services
PO Box 44
Howell, NJ 07731
NJ Permit P00716
(732) 363-0550 Fax (732) 901-1614

September 4, 2013
Brick Bureau of Fire Prevention
Attn: Kevin
Re: Emma Havens School Vestibule

Sir,

As we discussed on the phone, there was an existing smoke detector prior to the Vestibule being installed. The smoke detector was removed for construction and at the conclusion of the work; we installed a new smoke detector back in the new drop ceiling. It has been tested and works.

THANK YOU



RICHARD EISENSTEIN
CELL (908) 278-8419
reisenstein@ebwinc.net

EBW INC.

Wardell Security Services

PO Box 44

Howell, NJ 07731

NJ Permit P00716

(732) 363-0550 Fax (732) 901-1614

September 4, 2013

Brick Bureau of Fire Prevention

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September 4, 2013

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Attn: Kevin

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THANK YOU



RICHARD EISENSTEIN
CELL (908) 278-8419
reisenstein@ebwinc.net

SCHOTT PYRAN® Platinum F Fire- and Safety-Rated Glass-Ceramic

Description

PYRAN® Platinum F is a fire-protection rated and impact safety-rated glazing material made from a transparent glass-ceramic with a thickness of 3/16" (5 mm). It has a surface applied safety film and is intended for use in safety-rated locations such as door lites, transoms or sidelites, and windows with fire-rating requirements up to 90 minutes (up to 180 minutes in doors).

Features

- Fire-rated up to 90 minutes (up to 180 minutes in doors) with required hose stream test
- Specially-floated glass-ceramic with surface applied safety film
- Transparent and wireless
- Withstands thermal shock
- Approved for use with any standard fire-rated frame with the same rating
- Conforms to positive pressure test standards
- Environmentally-friendly glass-ceramic; produced without hazardous heavy metals arsenic and antimony
- Can be used to construct insulated glazing units
- Can be lightly sandblasted or delivered with surface-applied opacity film
- Available locally throughout North America

General Characteristics

- Thickness: 3/16" (5mm)
- Weight: 2.5 lbs/ft²
- Clear; No amber tint
- Surface: Float glass quality
- Maximum sheet sizes: Approximately 43" x 77"
- Impact rating: ANSI Z97.1 (Class A) and CPSC 16CFR1201 (Cat. I and II)



Gundersen Glass
18 HollyWood Dr.
Brick NJ, 08723

Rating (minutes)	Location	Min. glass thickness (inches)	Min. glass thickness (mm)	Min. glass thickness (inches)	Min. thickness (inches)	Min. thickness (mm)	Rating (minutes)
Up to 90 min	Door Lites and Non-Temp Rise	2.5/36 (19.15)	36	76	5/8	7/16, 3/8	D-H-NT-90
Up to 180 min	Door Lites and Non-Temp Rise	100 (0.69 ft)	12	33	1/2	7/16, 3/8	D-H-NT-180
Up to 90 min	Transom Lites Sidelites, Windows	3.422 (23.7 ft)	76	76	5/8	7/16, 3/8	OH-90

Classified and labeled by Underwriters Laboratories, Inc. for the United States and Canada under File #R22036. All fire tests performed in accordance with UL 9, UL 10B, UL10C, UBC 7-2 (1997), UBC 7-4 (1997), NFPA 252, NFPA 257, NFPA 80, ULC CAN4-5104, and ULC Can4-5106.

Note: This product is not considered a barrier to radiant heat and has not met the ASTM E-119 or UL 263 test standards.

All listing information is subject to change. The current listing can be accessed in the UL directory under File R22036 or upon request from SCHOTT. For additional information, contact SCHOTT North America, Inc., 5530 Shepherdville Road, Louisville, KY 40228 or phone (502) 637-4417.



4/11

SCHOTT
glass made of ideas



SCHOTT PYRAN® Platinum F Fire- and Safety-Rated Glass-Ceramic

Labeling

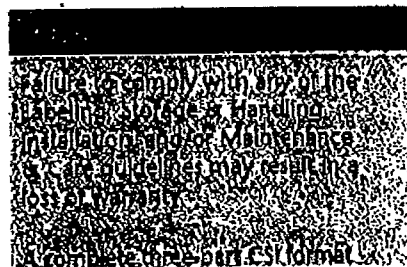
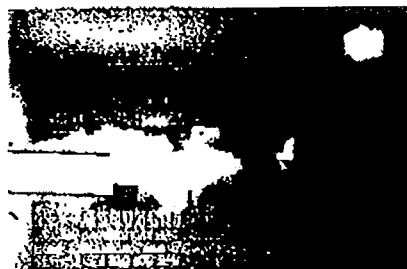
After cutting, each lite of PYRAN® Platinum F fire- and safety-rated glass-ceramic shall be permanently labeled according to local building code requirements with product and manufacturer's name, UL certification mark, fire rating, etc.

Storage & Handling

PYRAN® Platinum F fire- and safety-rated glass-ceramic should be handled with care during transportation, storage, inspection, and installation. It should be stored in dry conditions only and needs to be stacked upright or at a slight angle. In addition, the panels must be separated by an appropriate material, such as acid-free tissue paper, and the bottom edge must be supported along its entire length.

Installation

PYRAN® Platinum F shall only be installed into fire-rated frame and win-



From the three-part CS format

Installation

PYRAN® Platinum F shall only be installed into fire-rated frame and window assemblies carrying the same rating. Each panel should be inspected carefully before installation, and any pieces with visible edge or surface damage should be sorted out. All glazing components and the stop height must be chosen according to the PYRAN® Platinum F UL classification. The panel must be placed on calcium silicate or hardwood setting blocks and glazed using PYRAN® Platinum F classified glazing tape, such as closed cell PVC, Fiberfrax tape or Pemko FG3000S90. The installation of the framed unit must comply with the frame supplier's instructions.

PYRAN® Platinum F is a specially developed glass-ceramic that fulfills the fire and safety protection rating requirements. The production process may create certain optical imperfections, such as bubbles or knots. Since these do not generally impair the transparency or the technical performance of the glass-ceramic, they do not represent cause for rejection or replacement.

Maintenance and Care

To maintain the aesthetics, it is important to keep the panel clean. A soft, clean, non-abrasive cloth and a mild soap, detergent, or non-abrasive window cleaning solution is suitable for cleaning. After cleaning rinse immediately with clean water and remove any excess water from the panel surface. Also, do not allow any metal or hard parts of the cleaning equipment to come in contact with the panel surface.

For more information please contact:

SCHOTT North America, Inc.
5530 Shepherdsville Road
Louisville, KY 40228

Phone: (502) 657-4417
Fax: (502) 966-4976
pyran@us.schott.com
www.us.schott.com/pyran

Gundersen Glass
18 HollyWood Dr.
Brick NJ, 08723

SCHOTT
glass made of ideas

Change of Contractor

13-2564

RECEIVED



ELECTRICAL SUBCODE



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

Block 982 Lot 8 Qualification Code 500

Work Site Location Brick Township School District

Owner in Fee: Brick Township School District

Tel. 732 e-mail Denise.Dipalma@brickschools.org

Address 101 Hendrickson Ave Brick NJ 08724

Contractor State-Wide Electric Inc. Tel. 732 528-6959

Address 81 Broad Street e-mail Manasquan, NJ 08736

Contractor License No. 9390 Exp. Date 3/31/2015

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): FAX: 732 528-3080

Federal Emp. ID No. 22-3027441

B. ELECTRICAL CHARACTERISTICS

Use Group Present 2157 Proposed 1 Other 1

[] Pole/Pad # 1 [] Temporary [] Other 1

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 7,000.00

JOE SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Partial - Under/Slab Utilities Approved

Date: 9/3/13 Approved by: JS

☐ Electric Plans Approved

Date: 9/3/13 Approved by: JS

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 9/3/13 Approved by: JS

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO [] CA

Date: 9/3/13 Approved by: JS

Temp. Cut-In-Card Date Issued

Final Cut-In-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

I, the undersigned, being the owner of record and am authorized to make this application.

Permit #

WALLACE BROS. INC.

JUN 5 2013

Print name here: Dennis DiPalma

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY. SIZE ITEMS

1 Lighting Fixtures

1 Receptacles

1 Switches

1 Detectors

1 Light Poles

1 Motors—Fract. HP

1 Emergency & Exit Lights

1 Communications Points

1 Alarm Devices/F.A.C. Panel

14 TOTAL NUMBERS

Pool Permit/with UV Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dyer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



BUILDING SUBCODE TECHNICAL SECTION



Change of Contractor

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

Block 902 Lot 8 Qualification Code _____

Work Site Location 500 Midstream Road

Owner in Fee: Brick New Jersey School District

Tel. 202-285-3000 e-mail _____

Address 101 Hendrickson Ave. Brick N.J. 08724

Contractor: Wallace Bros Inc. Municipality _____ Tel. 202-285-9340

Address 413 Railroad St. Newark N.J. e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. 22 23 5668 FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date _____ Initial _____

☐ No Plans Required _____ Type: _____

☐ All _____ Footing _____

☐ Footings/Foundations _____ Footing Bonding _____

☐ Structural/Framework _____ Foundation _____

☐ Exterior _____ Slab _____

☐ Interior _____ Frame _____

Joint Plan Review Required: _____ Truss Sys./Bracing _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____ Barrier-Free _____

SUBCODE APPROVAL FOR PERMIT _____ Insulation _____

Date: _____ Finishes - Base Layer _____

Approved by: _____ Finishes - Final _____

SUBCODE APPROVAL FOR CERTIFICATE _____ Mechanical _____

☐ CO ☐ CCO ☐ CA _____ TCO _____

Date: 09/03/13 Other _____

Approved by: WGA Final _____

Barrier-Free _____

B. BUILDING CHARACTERISTICS

Use Current Present _____ Proposed 1

No. of Stories _____

Consist. Class Present _____ Proposed _____

If Industrialized Building: _____

Est. Cost of Bldg. Work: _____

Max. Occupancy Load _____

Date Received _____
Control # _____
Date Issued _____
Permit # _____

13.254-1
6/17/13

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the agent of owner of record and am authorized to make this application.
Sign here: Steve Wallace

Print name here: Steve Wallace

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

① Replace office storefront,
② Replace ceiling & lights in
vestibule area
③ Abandon new roof & S&H to
existing walkway canopy & concrete

See Plans

TYPE OF WORK:

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6') _____

☐ Sign _____ Sq. Ft. _____

☐ Pool _____

☐ Retaining Wall _____ Sq. Ft. _____

☐ Asbestos Abatement Subchapter 8 _____

☐ Lead Haz. Abatement NJAC 5:17 _____

☐ Radon Remediation _____

☐ Other _____

☐ Demolition _____

FEE (Office Use Only)
\$ _____

Administrative Section
Minimum _____
Maximum _____
Fees _____
Taxes _____



BUILDING SUBCODE TECHNICAL SECTION



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

Block 902 Lot 8 Qualification Code
Work Site Location 500 Midstreams Road
Brick, NJ 08724

Owner in Fee: Brick Township Board of Education

Tel. (732) 785-3000 e-mail

Address 101 Hendrickson Avenue Brick 08724

Contractor: Design Resources Group Tel. (732) 560-7900

Address 371 Hoes Lane, Suite 301 e-mail davidg@drgaia.com

Piscataway, NJ 08854

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): FAX: (732) 560-7910

Federal Emp. ID No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type	Failure	Failure	Approval	Initial
☐ No Plans Required			Footings				
☐ All			Footings Bonding				
☐ Footings/Foundations			Foundation				
☐ Structural/Framework			Slab				
☐ Exterior			Frame				
☐ Interior			Truss Sys./Bracing				
Joint Plan Review Required:			Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation				
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer				
Date:			Finishes -Final				
Approved by:			Energy <i>acclim</i>				
SUBCODE APPROVAL for CERTIFICATE			Mechanical				
☐ CO ☐ CCO			TCO				
Date:			Other				
Approved by:			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	E	Proposed	E	1	Constr. Class Present	IIB	Proposed	IIB
No. of Stories					15				
Height of Structure					43,000				
Area — Largest Floor					sq. ft.				
New Bldg. Area/All Floors					sq. ft.				
Volume of New Structure					cu. ft.				
Max. Live Load									
Max. Occupancy Load									

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: *David Galati*

Print name here: David Galati

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace office storefront system, replace ceiling and lights in the vestibule area, provide a new roof and soffit to the existing walkway canopy.

amined

FEE (Office Use Only)

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

COMMERCIAL

TYPE OF WORK:	Height (exceeds 6')	Sq. Ft.
☐ New Building		
☐ Addition		
☒ Rehabilitation		
☐ Sliding		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Retaining Wall		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz. Abatement NJAC 5:17		
☐ Radon Remediation		
☐ Other		
☐ Demolition		

13.2544
6/17/13