907 8

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Midstreams School, Midstreams Road, Brick, N.J.,
2. Owner Name: Brick Township Bd. of Ed. Tel. (201) 477-2800
   Address 101 Hendrickson Avenue, Brick Township, NJ 08724
3. Principal Contractor: Institutional Systems Service Corp. Tel. (201) 670-0005
   Address 60 W. Prospect St., Waldwick, NJ 07463
   Lic. No. or Builder Reg. No. ISS Electrical Contracting Corp. 7848 Federal Emp. No. 22-2303384
4. Architect or Engineer: _____ Tel. ( ) _____
   Address _____
5. Responsible Person in Charge of Work _____ Tel. ( ) _____

II. PROPOSED WORK

A. TYPE OF WORK

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

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☒	Electrical	
4. ☒	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

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

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:

Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☒ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☒ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood,Coal,Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10313726

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

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

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

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

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

☒ **Check if contractor.**

AGENT NAME Institutional Systems Service Corp. TEL.(201) 670-0005

ADDRESS 60 W. Prospect Street,

Waldwick, New Jersey 07463

SIGNATURE Fred Robinson

Frederick A. Robinson

BLOCK NO. _____ LOT NO. _____ SUBDIVISION _____ PERMIT NO. 5335

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

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

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

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION			9/7/89	JE	
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
✓	FIRE PROTECTION				9-21-89 JE	
_____	OTHER _____					

III. CERTIFICATES ISSUED

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

IV. ON-GOING INSPECTIONS

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

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ _____
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION EXEMPT	845.–
OTHER _____	_____
SUBTOTAL	$ _____
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____)
D.C.A. TRAINING FEE .0006 x _____	= _____
CERTIFICATE OF OCCUPANCY	_____
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	$ _____

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

C. TOTAL CONSTRUCTION FEES COLLECTED

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9-7-89
Control #
Permit # 5335

IDENTIFICATION Block 902 Lot 8

Work Site Location Midstreams Rd.
Owner in Fee B.T. Bd. of Edc.
Address 161 Westhampton Ave
Tele. ( )

Contractor Inst. System Service Corp.
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Smoke & fire alarms

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	exempt
Check No.	
Cash	
Collected By:	

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 $ 30,000.

A.J. Caiza
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

UNIFORM CONSTRUCTION CODE NEW JERSEY

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 5335
DATE ISSUED 9-7-89
REVISION DATE
Block 902 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

Owner: Brick Township Bd. of Ed.
Address: 101 Hendrickson Ave.
Brick Township, NJ 08724
Tel. (201) 477-2800
Work Site Address: Midstreams School
Midstreams Rd., Brick, NJ

When changing contractors, notify this office

Contractor: Institutional Systems Service Corp.
Address: 60 W. Prospect St.
Waldwick, NJ 07463
Tel. (201) 670-0005
ISS Electrical Contracting Corp.
Lic. No. 7848
Federal Emp. No. 22-2303384

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

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

[signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

FEE

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

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2
☐ Halon ☐ Foam
☐ Other ______
Manual Pull: ☐ Yes ☐ No
Locations: ______

Estimated Cost of Work: $ ______ $ ______

B3. ALARM

FEE

TYPE: ☒ Manual ☒ Automatic
Supervision Type: ☐ Local ☑ Central
☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ 30,000.00 $ 20

B4. STAND PIPES

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

B5. OTHER

Fire Detection Sys. (Smoke Signal Mod. Pull Station Box Pull Sta. Thermal Detector Manual Det. Tone alarm Bell) $ 825

EXEMPT.

Subtotal 0
Minimum Fire Protection Fee (If Applicable) 25 0
Total Fire Protection Fee (*Greater of Minimum or Subtotal)* 845

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP ______ Present ______ Proposed
Heating Systems – Location: ______
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other ______
Fuel Storage Tank – Location: ______ Fuel Type: ______ Capacity: ______
Total Estimated Cost of Fire Protection Work: $ 30,000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
9-21-89	Test Completed. Complies with Fire Code.

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 9-7-89
Approved By: JC

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 9-21-89
Inspected By: JC

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☒ Fire Alarm Test				9-21-89
☐ Smoke Test				
☐ TCO				
☒ Other Final				9-21-89
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

Institutional Systems Service Corp.

60 West Prospect Street
Waldwick, New Jersey 07463

Service Report

SERVICE ORDER NO. № 43989

DATE 9/21/87

TECHNICIAN C.L. - J.S.

PHONE NO. (201) 670-0005

TYPE WORK
- ☒ SYSTEM TEST
- ☐ WARRANTY
- ☐ INSTALLATION
- ☐ BILLED SERVICE
- ☐ CALL BACK

SERVICE CONTRACT
- ☐ SCHEDULED
- ☐ EMERGENCY

SYSTEM
- ☐ CLOCK
- ☒ FIRE
- ☐ AUDIO
- ☐ HOSPITAL
- ☐ EMER. LITE
- ☐ OTHER

JOB SITE

NAME Midstream School

ADDRESS Midstream Road

CITY Brick Twp STATE N.J. ZIP

PERSON TO CONTACT

BILL TO

NAME

ADDRESS

CITY STATE ZIP

CUSTOMER ACCT. NO. CUST. P.O. NO.

SERVICE CONTRACT NO.

TIME IN TIME OUT ☐ JOB COMPLETED ☐ JOB INCOMPLETE

CUSTOMER COMPLAINT [illegible]

SERVICE PERFORMED
Inspection of New fire Alarm system with officials (Install out Side Bell alarm & one Strobe light in each Room Classes one & two Test ok not to be Accepted till Bell & 2 Strobes are installed [illegible] to be turned on. Joseph Evans [illegible] Bells out Side not needed Fire Sub Code

OUT-OF-POCKET EXPENSE

TRAVEL	
VEHICLE	
LOCAL PURCH.	
TOTAL	

MATERIAL REQUIREMENTS

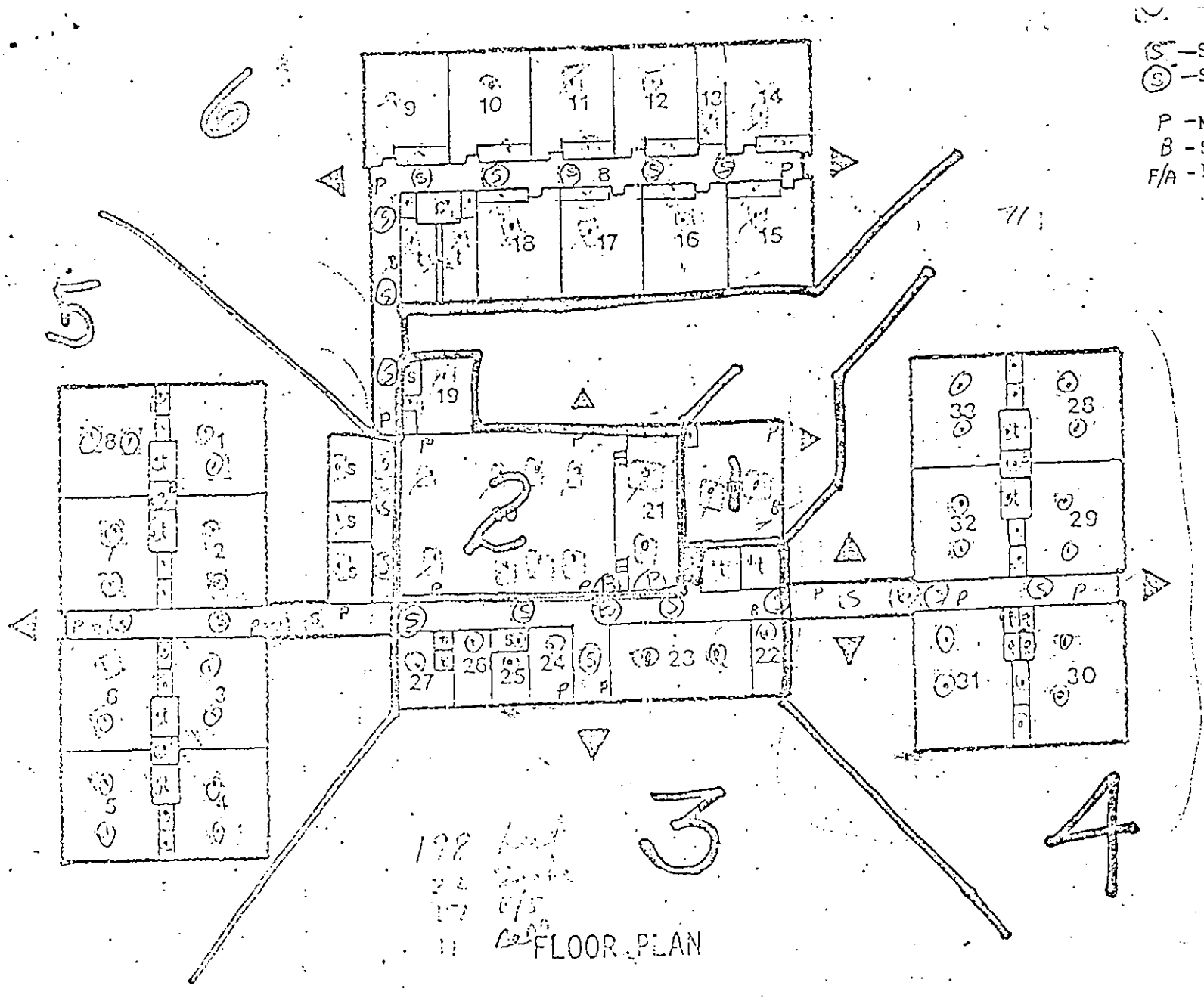
QTY	PART NO.	DESCRIPTION	EXT. PRICE
		MATERIAL TOTAL	

STR. TIME	HRS @	/HR	
OVERTIME	HRS @	/HR	
TRAVEL TIME	HRS @	/HR	
MILEAGE	MILES @	/MILE	
EXPENSES			
FREIGHT			
TAX			
TOTAL JOB AMOUNT			

CUSTOMER APPROVAL AND TITLE

X

THE ABOVE SERVICE HAS BEEN PERFORMED TO MY COMPLETE SATISFACTION



MIDSTREAMS SCHOOL 9/21/89

#7 = SPRINKLER