



# CONSTRUCTION PERMIT APPLICATION

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

1. IDENTIFICATION

1. Proposed Work Site at: Herbertsville Elementary School

2. Name of Owner in Fee: Board of Education Tel. (732) 785-3080

Address Lakes Mill Rd Brick 08724  
street municipality zip code

3. Ownership in Fee: Public                      Private                     

4. Principal Contractor: Sign Depot Tel. (732) 920-1818  
Address 214 Brick Blvd, X

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

Federal Employee No. 22-2935285 FAX: (            )                     

5. Architect or Engineer                      Tel. (            )                     

Address                     

6. Responsible Person in Charge of Work Frank Tvaroha  
Tel. (732) 920-1818 FAX (            )                     

**V. FEE SUMMARY (for office use only)**

|                                   |    | Update | Update |
|-----------------------------------|----|--------|--------|
| 1. Building                       | \$ | X      |        |
| 2. Electrical                     | \$ | X      |        |
| 3. Plumbing                       |    |        |        |
| 4. Fire Protection                |    |        |        |
| 5. Elevator Devices               |    |        |        |
| 6. Subtotal                       | \$ |        |        |
| 7. Less 20% for State Plan Review |    |        |        |
| 8. Subtotal                       | \$ |        |        |
| 9. DCA Training Fee               |    |        |        |
| 10. Subtotal                      |    |        |        |
| 11. Cert. of Occupancy            |    |        |        |
| 12. Other                         |    |        |        |
| 13. TOTAL                         | \$ |        |        |

## VI. BUILDING/SITE CHARACTERISTICS

|     |                             |     |         |
|-----|-----------------------------|-----|---------|
| 1.  | Number of Stories           |     |         |
| 2.  | Height of Structure         |     | ft.     |
| 3.  | Area — Largest Floor        |     | sq. ft. |
| 4.  | New Building Area           |     | sq. ft. |
| 5.  | Volume of New Structure     |     | cu. ft. |
| 6.  | Construction Classification |     |         |
| 7.  | Total Land Area Disturbed   |     | sq. ft. |
| 8.  | Flood Hazard Zone           |     |         |
| 9.  | Base Flood Elevation        |     | ft.     |
| 10. | Wetlands                    | yes |         |
|     |                             | no  |         |
| 11. | Max. Live Load              |     |         |
| 12. | Max. Occupancy Load         |     |         |

|                    |                                                  | OPTIONAL (for office use only) |                                                              |            |                |               |          |                                               |           |
|--------------------|--------------------------------------------------|--------------------------------|--------------------------------------------------------------|------------|----------------|---------------|----------|-----------------------------------------------|-----------|
| II. PROPOSED WORK  |                                                  | Est. Cost                      | Plans Rec'd by                                               | Date Rec'd | Rejection Date | Approval Date | Reviewer | Resubmission Dates<br>Approval      Rejection | Re-viewer |
| 1.                 | <input type="checkbox"/> Minor Work              | 4000.00                        | JRT                                                          | 5/1/00     |                | 5-8-00        | FJ       |                                               |           |
| 2.                 | <input type="checkbox"/> New Building            |                                |                                                              |            |                |               |          |                                               |           |
| 3.                 | <input type="checkbox"/> Addition                |                                |                                                              |            |                |               |          |                                               |           |
| 4.                 | <input type="checkbox"/> Alteration              |                                |                                                              |            |                |               |          |                                               |           |
| 5.                 | <input type="checkbox"/> Fire Protection         |                                |                                                              |            |                |               |          |                                               |           |
| 6.                 | <input type="checkbox"/> Plumbing                |                                |                                                              |            |                |               |          |                                               |           |
| 7.                 | <input checked="" type="checkbox"/> Electrical   |                                |                                                              |            |                | 5/10/00       | TO       |                                               |           |
| 8.                 | <input type="checkbox"/> Elevator Devices        |                                |                                                              |            |                |               |          |                                               |           |
| 9.                 | <input type="checkbox"/> Asbestos Abat. Subch. B |                                |                                                              |            |                |               |          |                                               |           |
| 10.                | <input type="checkbox"/> Lead Hazard Abatement   |                                |                                                              |            |                |               |          |                                               |           |
| 11.                | <input type="checkbox"/> Demolition              |                                | MMS                                                          | 5/8/00     |                | 5/8/00        |          |                                               | NOR       |
| <b>TOTAL COSTS</b> |                                                  | 4000.00                        | IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? |            |                |               |          |                                               |           |

**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:

**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.

X Agent Name Sign Depot  
Address 214 Brick Blvd  
Brick, NJ 08723  
Telephone (732) 920-1818  
Signature [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<br>(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 |          |
| <input type="checkbox"/> Zoning Officer                              |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Planning Board                              |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                                |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Community Affairs        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Environmental Protection |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |          |

IMPORTANT  
A.H.B.T. - EXEMPT

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

| Name of Code & Edition | Name of Code & Edition         | Other |
|------------------------|--------------------------------|-------|
| Building _____         | Energy _____                   | _____ |
| 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 |
|---------------------------------------------------------------|-------------|--------------|---------------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy   | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Temporary Certificate of Compliance  | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Continued Certificate of Occupancy   | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Compliance            | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Occupancy             | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Approval              | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Lead Abatement Clearance Certificate | No. _____   | _____        | _____         | _____        |

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
CONSTRUCTION  
PERMIT

Date Issued 05/11/2000  
Control #  
Permit # 00-1631

IDENTIFICATION Block 1421 Lot 14 Qual  
Work Site Location 2282 LANES HILL RD  
Owner in Fee BRICK RD OF EDUCATION  
Address LANES HILL RD  
BRICK, NJ 08724-  
Telephone (732)785-3080

Contractor SIGN DEPOT  
Address 214 BRICK BLVD  
BRICK, NJ 08723-  
Telephone (732)920-1818  
Lic. No. or Bldrs. Reg. No.  
Federal Emp. No. 22-2935285

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

PEDESTAL SIGN  
54"X96" 7' OFF GROUND FOR HERBERTSVILLE ELEMENTARY SCHOOL

NOTE: If construction does not commence within one (1) year of date of issuance,  
or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 4,200

05/11/2000  
Construction official Date

U.C.C. F170 (rev. 3/83)

PAYMENTS (Office Use Only)

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

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
BUILDING  
SUBCODE  
TECHNICAL SECTION

Date Received 05/01/2000  
Date Issued 5/11/00  
Control # CI-49  
Permit # 00-1631

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

Block 1421 Lot 14 Qual  
Work Site Location 2282 LANES MILL RD

SIGN

Owner in Fee BRICK RD OF EDUCATION

Address LANES MILL RD

BRICK, NJ 08724-

Tele. (732) 785-3080

Contractor SIGN DEPOT

Address 214 BRICK BLVD

BRICK, NJ 08723-

Tele. (732) 920-1818

Fax ( )

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-2935285

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

PEDESTAL SIGN

54"x36" 7' OFF GROUND FOR HERBERTSVILLE ELEMENTARY SCHOOL

① CORROSION PROTECTION ON TUBING  
② UL LABEL ON SIGN

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. 5-800 FMM

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

FCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence

☒ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

Other

☐ Demolition

FEES (Office Use Only)

\$

\$

\$

\$

\$

\$

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\$

B. BUILDING CHARACTERISTICS

Use Group Present E Proposed E

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 4,000

3. Total (1+2) \$ 4,000

Industrialized Building:

☐ State Approved

☐ HUD

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

**TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS**

**UCC NEW JERSEY  
BUILDING  
SUBCODE  
TECHNICAL SECTION**

Date Received 05/01/2000  
Date Issued 5/11/00  
Control # CI-49  
Permit # 00-1631

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

Block 1421 Lot 14 Quad   
Work Site Location 2282 LARNS HILL RD

**SIGN**

Owner in Fee BRICK RD OF EDUCATION

Address LARNS HILL RD

BRICK, NJ 08724-

Tele. (732) 785-1080

Contractor SIGN DEPOT

Address 214 BRICK BLVD

BRICK, NJ 08723-

Tele. (732) 920-1818 Fax ( )

Lic. No. of Bldgs. Reg. No.

Federal Exp. No. 22-2935285

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW Date Initial

☒ No Plans Req. 5-800 FIRM

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CC ☐ CCO ☐ CA

Date:

Approved By:

**INSPECTIONS**

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

PCO

Other

Final

BarrierFree

**Dates (Month/Day)**

Failure Approval Initial

**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**

PERMITS SIG  
54"x96" 7' OFF GROUND FOR HERRERSVILLE ELEMENTARY SCHOOL

(1) CORROSION PROTECTION ON TUBING  
(2) UL LABR ON SIGN

**FEE (Office Use Only)**

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence

☒ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Demolition

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
BUILDING  
SUBCODE  
TECHNICAL SECTION

Date Received 05/01/2000  
Date Issued 5/11/00  
Control # CT-49  
Permit # 00-1631

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

Block 1421 Lot 14 Qual  
Work Site Location 2282 LANS MILL RD

SIGN

Owner in Fee BRICK BD OF EDUCATION

Address LANS MILL RD

BRICK, NJ 08724-

Tele. (732) 785-3080

Contractor SIGN DEPT

Address 214 BRICK BLVD

BRICK, NJ 08723-

Tele. (732) 920-1818 Fax ( )

Lic. No. of Bldrs. Reg. No.

Federal Emp. No. 22-2935285

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req 5-800 FM

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS

Dates (Month/Day)

Failure Failure Approval Initial

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Signature

D. TECHNICAL SITE DATA  
DESCRIPTION OF WORK

PEDESTAL SIGN

54"x96" 7' OFF GROUND FOR HERBERTSVILLE ELEMENTARY SCHOOL

① CORROSION PROTECTION ON TUBING  
② UL Label on Sign

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.

FEE (Office Use Only)

\$

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
ELECTRICAL  
SUBCODE  
TECHNICAL SECTION

Date Received 05/01/2000  
Date Issued 5/11/00  
Control # C149  
Permit # 06-1631

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

Block 1421 Lot 14 Qual  
Work Site Location 2282 LANES MILL RD

SIGN

Owner in Fee BRICK BD OF EDUCATION

Address LANES MILL RD

BRICK, NJ 08724-

Tele. (732) 262-2626 Fax ( )

Contractor MAINTENANCE DEPT

Address 346 CHAMBERSBRIDGE RD

BRICK, NJ 08723-

Tele. (732) 262-2626

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present ☒ Proposed ☒

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☒ Joint Plan Review Required:

☐ Bldg ☐ Plumb

☐ Fire ☐ Elevator

☐ Elect Plans Approved

Date: 5/10/00

Approved By: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

D. TECHNICAL SITE DATA

NO. SIZE

Lighting Pictures

Receptacles

Switches

Detectors

Light Poles

Motors-Fract HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with GW Lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elect Sign/Outline Light

Other

Other

FEE (Office Use Only)

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.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Electrical Contractor ☐ Exempt Applicant

Paid ☐ Check #

Collected by:

Administrative Surcharge \$

Minimum Fee \$

TOTAL FEE \$

DCA Training Fee \$

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
ELECTRICAL  
SUBCODE  
TECHNICAL SECTION

Date Received 05/01/2000  
Date Issued 5/11/00  
Control # C149  
Permit # 00-1631

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

D. TECHNICAL SITE DATA

FEE (Office Use Only)

Block 1421 Lot 14 Qual

Work Site Location 2282 LANES HILL RD

Owner in Fee BRICK BD OF EDUCATION  
Address LANES HILL RD

BRICK, NJ 08724-

Tele. (732) 262-2626 Fax ( )

Contractor MAINTENANCE DEPT

Address 346 CHAMBERSBRIDGE RD

BRICK, NJ 08723-

Tele. (732) 262-2626

Lic. No. or Bldgs. Reg. No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present ☒ Proposed ☒  
☐ Pole/Pad ☐ Temporary ☐ Other  
Building Occupied as Utility Co.  
Estimated Cost of Electrical Work \$ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☒ Joint Plan Review Required:

☐ Bidg ☐ Plumb

☐ Fire ☐ Elevator

☐ Elect Plans Approved

Date: 5/10/00

Approved By: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS  
Type Failure Dates (Month/Day)  
Rough Failure Approval Initial

Temp Serv

Const Serv

TCO

Other

Service

Final

Temp. Cut-In-Card Date Issued

Final Cut-In-Card Date Issued

| NO. | SIZE | ITEM                           | FEE |
|-----|------|--------------------------------|-----|
| 0   |      | Lighting Fixtures              |     |
| 0   |      | Receptacles                    |     |
| 0   |      | Switches                       |     |
| 0   |      | Detectors                      |     |
| 0   |      | Light Poles                    |     |
| 0   |      | Motors-Trans HP                |     |
| 0   |      | Emergency & Exit Lights        |     |
| 0   |      | Communications Points          |     |
| 0   |      | Alarm Devices/P.A.C. Panel     |     |
| 1   |      | TOTAL NUMBERS                  | 35  |
| 0   |      | Pool Permit/with UV Lights     |     |
| 0   |      | Storable Pool/Spa/Hot Tub      |     |
| 0   |      | KW Elect Range/Receptacle      |     |
| 0   |      | KW Oven/Surface Unit           |     |
| 0   |      | KW Elect Water Heater          |     |
| 0   |      | KW Elect Dryer/Receptacle      |     |
| 0   |      | KW Dishwasher                  |     |
| 0   |      | HP Garbage Disposal            |     |
| 0   |      | KW Central A/C Unit            |     |
| 0   |      | HP/KW Space Heater/Air Handler |     |
| 0   |      | Baseboard Heat                 |     |
| 0   |      | HP Motors 1/+ HP               |     |
| 0   |      | KW Transformer/Generator       |     |
| 0   |      | AHP Service                    |     |
| 0   |      | AHP Subpanels                  |     |
| 0   |      | AHP Motor Control Center       |     |
| 0   |      | KW Elect Sign/Outline Light    |     |
| 0   |      | Other                          |     |
| 0   |      | 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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature  
☐ Licensed Electrical Contractor ☐ Exempt Applicant

Paid ☐ Check #  
Collected by:

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

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
ELECTRICAL  
SUBCODE

TECHNICAL SECTION

Date Received 05/01/2000  
Date Issued 5/11/00  
Control # C1-49  
Permit # CC-1631

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

Block 1471 Lot 14 Qual  
Work Site Location 2282 LAHES HILL RD

SIGN

Owner in Fee BRICK BD OF EDUCATION

Address LAHES HILL RD

BRICK, NJ 08724-

Tele (732)262-2626 Fax ( )

Contractor MAINTENANCE DEPT

Address 346 CHAMBERSBRIDGE RD

BRICK, NJ 08723-

Tele (732)262-2626

lic. No. or Bldgs. Reg. No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present E Proposed E

[ ] Pole/Pad [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Joint Plan Review Required:

[ ] Bldg [ ] Plumb

[ ] Fire [ ] Elevator

[ ] Elect Plans Approved

Date: 5/10/00

Approved By: [Signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: Temp. Cut-in-Card Date Issued

Approved By: Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO. SITE

0

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FEE (Office Use Only)

Lighting Pictures

Receptacles

Switches

Detectors

Light Poles

Motors-Tract HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permits/with OW Lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/2 HP

KW Transformer/Generator

AHP Service

AHP Subpanels

AHP Motor Control Center

KW Elect Sign/Outline Light

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

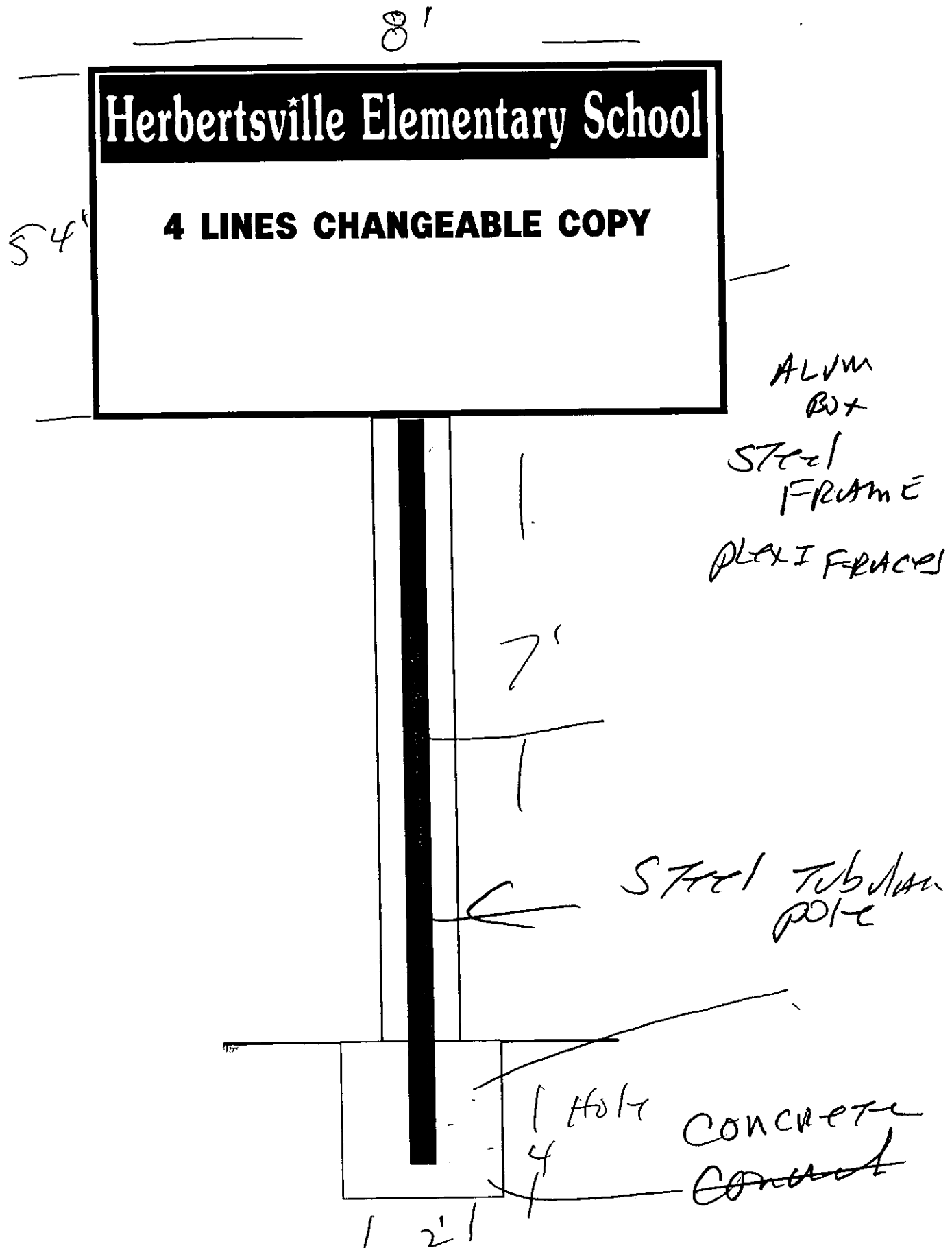
Administrative Surcharge \$ 0

Minimum Fee \$ 0

TOTAL FEE \$ 0

DCA Training Fee \$ 0

# Herbertsville Elementary School



Date 9/28/99Invoice **№** 11009

214 BRICK BOULEVARD • BRICK, NJ 08723 • TELEPHONE (732) 920-1818 • FAX (732) 920-1555

|                               |       |           |         |
|-------------------------------|-------|-----------|---------|
| Company <u>To Gayle Blain</u> |       | Telephone | PO.#    |
| Address                       |       | FAX       | Payment |
| City                          | State | Zip       | Contact |

Called ☐

2 sided light box 52x56

7' off ground

Vandal proof cones  
110 volt type

4000—

quote good for 30 days

School will obtain all nec permits  
+ run power.

Frank

Job Save No. \_\_\_\_\_ Disk \_\_\_\_\_

EIN 22-2935285

Authorized by \_\_\_\_\_

Received by \_\_\_\_\_

**TERMS AND CONDITIONS OF SALE**

All sales are cash payable upon delivery. There are NO discounts.

Invoices which are not paid promptly are subject to a 1 1/2% interest charge per month on the unpaid balance. The cost of collecting unpaid balance will be at the expense of the customer.

Signs which are not picked up within one week of completion will be invoiced and subject to conditions as if they had been delivered.

SUBTOTAL

STATE TAX

SHIPPING

TOTAL

LESS DEPOSIT

PAY THIS

4000—

4xpl

4000—

4000—

# TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY  
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723



Joseph C. Scarpelli, Mayor

Township Council

Helen Fayad, President  
Stephen C. Acropolis  
Martin J. Anton  
Victor Cantillo  
Lee Hartman  
Mary Lou Powner  
Michael A. Thulen

Department of Engineering

Office of the Municipal Engineer

(908) 262-1038

Fax (908) 262-8954

<http://gbshost.com/brick>

Date: 10/15/99

Township Engineer  
401 Chambers Bridge Road  
Brick, NJ 08723

RE: Block: 1421 Lot: 14

Property Address: \_\_\_\_\_

I, Mary Falkiewicz of 807 Bristol Ln Brick 08724  
(name) (address)

Request to be exempted from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in Chapter 190.31 of the Codified Ordinances of the Township of Brick.

Mary Falkiewicz  
Applicant's Signature

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: 5/11/00

Signed: [Signature]

Rejected: \_\_\_\_\_

Signed: \_\_\_\_\_

Comments: \_\_\_\_\_

COUNTER FORM  
PLEASE PRINT

| ELECTRICAL SUBCODE                                                         |     |      | FIRE PROTECTION SUBCODE                                                                                                                  |  |  |
|----------------------------------------------------------------------------|-----|------|------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| CONTRACTOR: <u>BRICK BOARD &amp; E</u>                                     |     |      | CONTRACTOR:                                                                                                                              |  |  |
| ADDRESS: <u>101 Kendrickson Ave</u>                                        |     |      | ADDRESS:                                                                                                                                 |  |  |
| PHONE: <u>732-262-2626</u>                                                 |     |      | PHONE:                                                                                                                                   |  |  |
| LIC. #: EXP. DATE:                                                         |     |      | LIC. #: EXP. DATE:                                                                                                                       |  |  |
| FEDERAL EMPL. # (or S.S. #):                                               |     |      | FEDERAL EMPL. # (or S.S. #):                                                                                                             |  |  |
| TECHNICAL DATA (LIST ALL FIXTURES)                                         |     |      | TECHNICAL DATA (DESCRIPTION OF WORK)                                                                                                     |  |  |
| DESCRIPTION                                                                | QTY | SIZE |                                                                                                                                          |  |  |
| ITEMS                                                                      |     |      |                                                                                                                                          |  |  |
| Lighting Fixtures                                                          |     |      |                                                                                                                                          |  |  |
| Receptacles                                                                |     |      |                                                                                                                                          |  |  |
| Switches                                                                   |     |      |                                                                                                                                          |  |  |
| Detectors                                                                  |     |      |                                                                                                                                          |  |  |
| Light Poles                                                                |     |      |                                                                                                                                          |  |  |
| Motors - Fract. HP                                                         |     |      | Heating Type: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Solar |  |  |
| Emergency & Exit Lights                                                    |     |      | Heating Sys: <input type="checkbox"/> New <input type="checkbox"/> Existing                                                              |  |  |
| Communications Points                                                      |     |      | Location of Furnace / Boiler                                                                                                             |  |  |
| Alarm Devices/E.A.C. Panel                                                 |     |      |                                                                                                                                          |  |  |
| TOTAL NUMBERS                                                              |     |      |                                                                                                                                          |  |  |
| Pool Permit w/UW Lights                                                    |     |      | Water Supply Source                                                                                                                      |  |  |
| Storable Pool/Spa/Hot Tub                                                  |     |      | Method of Valve Supervision                                                                                                              |  |  |
| KW Elec. Range / Receptacle KW                                             |     |      | Local Alarm Supervision                                                                                                                  |  |  |
| KW Oven / Surface Unit KW                                                  |     |      | Central Supervision                                                                                                                      |  |  |
| KW Elec. Water Heater KW                                                   |     |      | Proprietary Supervision                                                                                                                  |  |  |
| KW Elec. Dryer / Receptacle KW                                             |     |      |                                                                                                                                          |  |  |
| KW Dishwasher KW                                                           |     |      | Flammable Liquid Storage Tanks Capacity: Fuel:                                                                                           |  |  |
| HP Garbage Disposal HP                                                     |     |      | Combustible Liquid Storage Tanks Capacity: Fuel:                                                                                         |  |  |
| KW Central A/C Unit KW                                                     |     |      | L.G.P. Storage Tanks Capacity: Fuel:                                                                                                     |  |  |
| HP/KW Space Heater/Air Handler HP/KW                                       |     |      |                                                                                                                                          |  |  |
| KW Baseboard Heat KW                                                       |     |      | DESCRIPTION                                                                                                                              |  |  |
| HP Motors 1/+ HP HP                                                        |     |      | NUMBER                                                                                                                                   |  |  |
| KW Transformer/Generator KW                                                |     |      | Wet Sprinkler Heads                                                                                                                      |  |  |
| AMP Service AMP                                                            |     |      | Dry Sprinkler Heads                                                                                                                      |  |  |
| AMP Subpanels AMP                                                          |     |      | Total                                                                                                                                    |  |  |
| AMP Motor Control Center AMP                                               |     |      | Smoke Detectors                                                                                                                          |  |  |
| AMP Elec. Sign/Outline Light KW                                            |     |      | Heat Detectors                                                                                                                           |  |  |
| Other <u>Sign</u> <u>5 KW</u>                                              |     |      | Total                                                                                                                                    |  |  |
| Other                                                                      |     |      |                                                                                                                                          |  |  |
| Other                                                                      |     |      | Stand Pipes                                                                                                                              |  |  |
| Other                                                                      |     |      | Kitchen Hood Exhaust Systems                                                                                                             |  |  |
| Estimated Cost of Electrical Work: <u>200.00</u>                           |     |      |                                                                                                                                          |  |  |
| Signature (print name): <u>REN ESTEY</u>                                   |     |      | Pre-Engineered Systems                                                                                                                   |  |  |
| Estimated Cost of Electrical Work: <u>2000</u>                             |     |      | Co2 Suppression                                                                                                                          |  |  |
| Signature (print name): <u>René W. Estey</u>                               |     |      | Halon Suppression                                                                                                                        |  |  |
| Owner <input type="checkbox"/> Contractor <input type="checkbox"/>         |     |      | Foam Suppression                                                                                                                         |  |  |
| SUBCODE APPROVAL:                                                          |     |      | Dry Chemical                                                                                                                             |  |  |
| PLANS: Required <input type="checkbox"/> Approved <input type="checkbox"/> |     |      | Wet Chemical                                                                                                                             |  |  |
| Approved by:                                                               |     |      |                                                                                                                                          |  |  |
| Date:                                                                      |     |      | Gas or Oil Fired Appliance                                                                                                               |  |  |
| CONTRACTOR AFFIX SEAL:                                                     |     |      | Other                                                                                                                                    |  |  |
|                                                                            |     |      | Other                                                                                                                                    |  |  |
|                                                                            |     |      | Estimated Cost of Fire Protection Work: \$                                                                                               |  |  |
|                                                                            |     |      | Signature:                                                                                                                               |  |  |
|                                                                            |     |      | Owner <input type="checkbox"/> Contractor <input type="checkbox"/>                                                                       |  |  |
|                                                                            |     |      | SUBCODE APPROVAL:                                                                                                                        |  |  |
|                                                                            |     |      | PLANS: Required <input type="checkbox"/> Approved <input type="checkbox"/>                                                               |  |  |

Rec'd  
4/5/00 JST

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

Hartsdale  
School

|                                                |                                    |
|------------------------------------------------|------------------------------------|
| Site Location: 2282 Lanes Mill Rd              | Date Rec'd:                        |
| Block: 1421 Lot: 14                            | Date Issued:                       |
| Owner in Fee: Brick BOE                        | Control #:                         |
| Address: 14 Hendrickson Rd.<br>Brick, NJ 08724 | Permit #:                          |
| State: NJ Zip: 08724 Phone: ( )                |                                    |
| SS #:                                          | Provide only if Applicant is owner |

| PLUMBING SUBCODE                                                           | BUILDING SUBCODE                                                                      |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| CONTRACTOR:                                                                | CONTRACTOR: Sign Depot                                                                |
| ADDRESS:                                                                   | ADDRESS: 214 Brick Blvd<br>Brick, NJ 08723                                            |
| PHONE:                                                                     | PHONE: (732) 920-1818                                                                 |
| LIC #:                                                                     | LIC #:                                                                                |
| LIC EXPIRATION DATE:                                                       | LIC EXPIRATION DATE:                                                                  |
| FEDERAL EMP # (or S.S. #):                                                 | FEDERAL EMP # (or S.S. #): EIN 22-2935285                                             |
| TECHNICAL SITE DATA (LIST ALL FIXTURES)                                    | TECHNICAL SITE DATA:                                                                  |
| NO. FIXTURE/EQUIPMENT                                                      | DESCRIPTION OF WORK:                                                                  |
| Water Closet                                                               | * Pedestal Sign                                                                       |
| Urinal / Bidet                                                             | 54" x 96"                                                                             |
| Bath Tub                                                                   | 7ft off ground.                                                                       |
| Lavatory                                                                   |                                                                                       |
| Shower                                                                     |                                                                                       |
| Floor Drain                                                                |                                                                                       |
| Sink                                                                       |                                                                                       |
| Dishwasher                                                                 |                                                                                       |
| Drinking Fountain                                                          |                                                                                       |
| Washing Machine                                                            |                                                                                       |
| Hose Bibb                                                                  |                                                                                       |
| Gas Piping                                                                 |                                                                                       |
| Fuel Oil Piping                                                            |                                                                                       |
| Water Heater                                                               |                                                                                       |
| Steam Boiler                                                               |                                                                                       |
| Hot Water Boiler                                                           |                                                                                       |
| Sewer Pump                                                                 |                                                                                       |
| Interceptor / Separator                                                    |                                                                                       |
| Backflow Preventer                                                         |                                                                                       |
| Greasetrap                                                                 |                                                                                       |
| Water Cooled AC or Refrig. Unit                                            |                                                                                       |
| Sewer Connection                                                           |                                                                                       |
| Septic (Disposal System) Closure                                           |                                                                                       |
| Water Service Connection                                                   |                                                                                       |
| Gas Service Connection                                                     |                                                                                       |
| Active Solar System                                                        |                                                                                       |
| Vent Through Roof                                                          |                                                                                       |
| Other                                                                      |                                                                                       |
| Estimated Cost of Plumbing Work: \$                                        | TYPE OF WORK                                                                          |
| Signature:                                                                 | <input type="checkbox"/> New Building                                                 |
| Owner <input type="checkbox"/> Contractor <input type="checkbox"/>         | <input type="checkbox"/> Addition <input type="checkbox"/> Fence: Height (6' or More) |
| SUBCODE APPROVAL:                                                          | <input type="checkbox"/> Alteration <input checked="" type="checkbox"/> Sign: Sq. Ft. |
| PLANS: Required <input type="checkbox"/> Approved <input type="checkbox"/> | <input type="checkbox"/> Roofing <input type="checkbox"/> Pool (In Ground)            |
| Approved by:                                                               | <input type="checkbox"/> Siding <input type="checkbox"/> Pool (Above Ground)          |
| Date:                                                                      | <input type="checkbox"/> Other: <input type="checkbox"/> Asbestos Abatement           |
| CONTRACTOR AFFIX SEAL:                                                     | <input type="checkbox"/> Other: <input type="checkbox"/> Demolition                   |
|                                                                            | BUILDING CHARACTERISTICS                                                              |
|                                                                            | USE GROUP Present: Proposed:                                                          |
|                                                                            | CONSTR. CLASS Present: Proposed:                                                      |
|                                                                            | No. of Stories:                                                                       |
|                                                                            | Height of Structure:                                                                  |
|                                                                            | Area - Largest Floor:                                                                 |
|                                                                            | New Building Area / All Floors:                                                       |
|                                                                            | Volume of Structure: Total Land Disturbed:                                            |
|                                                                            | Signature: Mary Talkien                                                               |
|                                                                            | Estimated Cost of Building Work: \$4000.00                                            |
|                                                                            | New Building (1): \$                                                                  |
|                                                                            | Alteration (2): \$                                                                    |
|                                                                            | TOTAL (1+2): \$                                                                       |
|                                                                            | SUBCODE APPROVAL:                                                                     |
|                                                                            | PLANS: Required <input type="checkbox"/> Approved <input type="checkbox"/>            |
|                                                                            | Approved by:                                                                          |
|                                                                            | Date:                                                                                 |

262  
Hex - 262-2626