

CONSTRUCTION PERMIT APPLICATION

C30-42.3

V. FEE SUMMARY (for office use only)

1.	Building	\$	X		
2.	Electrical		X	✓	
3.	Plumbing		X	✓	
4.	Fire Protection				X
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 ONE

2. Height of Structure 13-4" ft.

3. Area — Largest Floor 24,000 sq. ft.

4. New Building Area 3,770 sq. ft.

5. Volume of New Structure 3,770 cu. ft.

6. Construction Classification 3 B

7. Total Land Area Disturbed 3,500 sq. ft.

8. Flood Hazard Zone _____

9. Base Flood Elevation _____ ft.

10. Wetlands yes _____
no ✓

11. Max. Live Load 100

12. Max. Occupancy Load 75 (New)

(office use only)

Phase I: footing + found. only

Phase II: complete permit for addition

II. PROPOSED WORK		OPTIONAL (for office use only)							
	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		N/A	5/28						
3. ☒ Addition	548,345				6/18/02	FMM	F&F ONLY		
4. ☒ Alteration	20,000								
5. ☐ Fire Protection									
6. ☐ Plumbing					6-20-02	BHS	1/27/03		OK
7. ☒ Electrical					6/19/02	JM	1/27/03		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	568,345	GAC	6/4/02		6/4/02				

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

III. DO YOU WANT: (optional)

1. ☒ Partial Releases

2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	5. ☐ Cross-Connections/Backflow Preventers
2. ☐ High Pressure Boilers	6. ☐ Hazardous Uses/Places of Assembly
3. ☐ Pressure Vessels	7. ☐ Sprinklers
4. ☐ Refrigeration Systems	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

8. 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.

Agent Name Gingerelli Bros. INC
Address 2606 RT 37 E
Toms River
Telephone (732) 929 9779
Signature Jack M. Gingerelli

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.H.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
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

IDENTIFICATION

UCC NEW JERSEY
CERT II F II CATE

Date Issued 09/02/2003
Control # 02-2251
Permit #

Block 1421 Lot 14 Subd
Work Site Location 2282 LANES HILL RD
FOOTINGS/FOUNDATION
Owner in Fee/Occupant BRICK BD OF ED-HERBERTSVILLE
Address 101 HENDRICKSDON AVE
BRICK, NJ 08723-
Telephone (732) 785-3000
Contractor GINSARELLI BROTHERS INC
Address 2606 RT 37E
TOMS RIVER, NJ
Telephone () Fax ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 22-2999098

[] 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 other work, this certificate was based upon what was visible at the time of inspection.

[X] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than September 16, 2003 or the owner will be subject to fine or order to vacate:
PENDING FINAL ENGINEERING BY 9/16/03

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

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (years); see file

[] CERTIFICATE OF 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
Temp 4/19/14.

[] 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 , .

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96) NJ DECARS 5.24E

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CERTIFICATE

Date Issued 08/19/2004
Control #
Permit # 02-2251

IDENTIFICATION

Block 1421 Lot 14 Equal
Work Site Location 2282 LANES HILL RD
ADDITION
Owner in Fee/Occupant BRICK RD OF ED-HERBERTSVILLE
Address 101 HENDRICKSON AVE
BRICK, NJ 08723-
Telephone (732)785-3000
Contractor GINSABELLI BROTHERS INC
Address 2606 RT 37E
TOWNS RIVER, NJ
Telephone () Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. 22-2999098

[X] 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.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, or the owner will be subject to fine or order to vacate:

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

ADDITION (HERBERTSVILLE ELEMENTARY)

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

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

[] CERTIFICATE OF 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.

[] CERTIFICATE OF COMPLIANCE

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

Fee \$ _____
Paid [] Check No. _____
Collected by: _____

CONSTRUCTION OFFICIAL
O.C.C. 7260 (rev. 3/96) NJ DECAS 5.24C



APPLICATION FOR CERTIFICATE

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

IDENTIFICATION

Work Site Location Herbatsville Elementary Block _____ Lot _____ Qualification Code _____
Owner in Fee BRIC Board of Education Contractor Ginsweller Brothers
Address 101 Henderson Address 2606 Rt. 37 East
BRIC, NJ Toms River, NJ 08753
Tel. (732) 785-3000 x1016 License No. _____ Tel. (732) 929-9779
Federal Employee No. _____

ACTION

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

USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ _____

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

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

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

DESCRIPTION OF WORK/USE:

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

SIGNED: _____

OWNER/AGENT

☒ OWNER

☐ AGENT

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1421 Lot 14 Qual

Contractor GINGARELLI BROTHERS INC
Address 2606 HI 37E
TONS RIVER, MD
Telephone ()
L.t.c. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-2998098

☒ BUILDING	☐ PLUMBING	☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL	☐ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER _____

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 \$ 550,345
 Date 06/21/2002
 Construction Official

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.	
Cash	
Collected By	

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PERMIT UPDATE

Update Issued 12/17/2002
Control #
Permit # 02-2251+B
Permit Issued 06/21/2002

IDENTIFICATION Block 1421 Lot 14 Qual

Work Site Location 2282 LANES MILL RD
FOOTING/FOUNDATION
Owner in Fee BRICK BD OF ED-HERBERTSVILLE
Address 101 HENDRICKSON AVE
BRICK, NJ 08723-
Telephone (732)785-3000

Contractor SUN ELECTRIC CONSTRUCTION
Address 308 DRUM POINT RD
BRICK, NJ 08723-
Telephone (732)477-3500
Lic. No. of Bldrs. Reg. No.
Federal Emp. No. 22-2763732

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:
FIRE REVIEW ONLY

Estimated Cost of Work \$ 3,000

James F. Merriam
Construction Official

U.C.C. 1190 (rev. 3/96)

Date 12/17/2002

PAYMENTS (Office Use Only)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PERMIT UPDATE

Update Issued 01/15/2003
Control #
Permit # 02-2251+C
Permit Issued 06/21/2002

IDENTIFICATION Block 1421 Lot 14
Work Site Location 2282 LANES HILL RD
FOOTING/FOUNDATION
Owner in Fee BRICK BD OF ED-HERBERTSVILLE
Address 101 HENDRICKSON AVE
BRICK, NJ 08723-
Telephone (732)785-3000

Qual
Contractor MIDCOAST MECHANICAL INC
Address 6 COLUMBIA RD
NEPTUNE, NJ 07753-
Telephone (732)918-1222
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-4589703

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:
BOILER/A/C

Estimated Cost of Work \$ 20,000.

Diane F. Newman
Construction Official

01/15/2003
Date

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

PAYMENTS (Office Use Only)
Building 0
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 0
Cert. of Occupancy 0
Other
Total 0
Check No.
Cash
Collected By

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PERMIT UPDATE

Update Issued 07/15/200
Control 3
Permit 0 02-2251+A
Permit Issued 06/21/200

IDENTIFICATION Block 1421 Lot 14

Qual

Work Site Location 2282 LANES HILL RD

PLG/ELEC/BLDG REVIEW ONLY

Contractor GINGARELLI BROTHERS INC

Address 2606 RT 37E

TOWNS RIVER, NJ

Owner in Fee BRICK RD OF ED-HERBERTSVILLE P.S.

Address 101 HENDRICKSON AVE

BRICK, NJ 08723-

Telephone (732) 785-3000

Telephone ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2898098

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:

HERBERTSVILLE SCHOOL PHASE II ADDITION THIS IS FOR COMPLETE PERMIT
FOOTING/FOUNDATION DONE ORIGINALLY

Estimated Cost of Work 578,345

Construction Official

07/15/2002
Date

U.C.C. F139 (rev. 3/99)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2002
Date Issued 07/15/02
Control # C30-42-1
Permit # 02-22514

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

ADDITION

Owner in Fee BRICK BD OF ED-HERBERTSVILLE
Address 101 HENDRICKSON AVE
BRICK, NJ 08723-

Tele. (732) 785-3000

Contractor GINGARELLI BROTHERS, INC

Address 2606 RT 37E

TOMS RIVER, NJ

Tele. () Fax ()

Lic. No. of Bldrs. Reg. No.

Federal Emp. No. 22-2999098

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.

☒ 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

TCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

B. BUILDING CHARACTERISTICS

Use Group Present 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 24,000 Sq. Ft.

Volume of New Structure 3,270 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 548,345

2. Alteration \$ 0

3. Total (1+2) \$ 548,345

Industrialized Building:

☐ State Approved

☐ HUD

TYPE OF WORK

☐ New Building

☒ Addition

☐ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Demolition

FEE (Office Use Only)

\$ 0

\$ 82

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

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



Phase II



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

12/22/97
3932-97

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

Block 1068 Lot 15.01
Work Site Location HERNICKSON AVE BRICK NJ
Owner in Fee BRICK BOARD OF ED
Address HERNICKSON AVE
Tel. (732) 785-3000
Contractor EASTERN BLDGS. INC.
Address 41 VILLAGE CT.
Tel. (732) 888-9060 FAX 732-888-9160
Lic. No. or Bldgs. Reg. No. 22-3045891 or Social Security No. See Note
Federal Emp. No. See Note

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:			
☒ All Footing Found 12-15-97 EM			☒ Footing		31-02-98	See DV
☐ Footing			Foundation			
☐ Foundation			Slab			
☐ Frame			Frame			
☐ Other			Insulation			
Joint Plan Review Required:			Finishes:			
☐ Elec. ☐ Plumb. ☐ Fire			Energy			
SUBCODE APPROVAL			Mechanical			
☐ CO ☐ CCO ☐ CA			TCO			
Date:			Other			
Approved By:			Final			

B. BUILDING CHARACTERISTICS

Use Group Present A Proposed A
Constr. Class Present 2C Proposed 2C
No. of Stories 1
Height of Structure 13' / 28' Ft.
Area - Largest Floor 12337 Sq. Ft.
New Bldg. Area/All Floors 12337 Sq. Ft.
Volume of New Structure 133,945 Cu. Ft.
Total Land Area Disturbed 15000 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 808,800*
2. Alteration \$ 0
3. Total (1+2) \$ 808,800

* GC ONLY

C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature] 11/25/97

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ADDITION - SEE PLANS

Note: Compaction Reports Required on soil of footing inspectors as well as slab inspection

(Office Use Only)
FEE

TYPE OF WORK:	
☒ New Building	
☒ Addition	
☒ Alteration	
☒ Roofing	
☒ Siding	
☐ Fence	Height (6' or over)
☐ Sign	Sq. Ft.
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ Other	
☐ Demolition	

Administrative Surcharge

Paid ☐ Check # _____
Collected by: _____
DCA TRAINING FEE \$ _____
TOTAL FEE \$ _____

12/18/97 Check Drawing showing Dowels To existing as well as
compaction & textures (Fin)

1/22/98 ONLY PARTIAL 4 WALLS ADJOINING BLDG. DOWELS IN PLACE AS PER
PLAN. JKG

1-28/98 4 WALL - FOOTING ONLY MARKED ON PRINT ~~JKG~~

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2002
Date Issued 06/17/02
Control # C30-42
Permit # 02-2251

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

FOOTING/FOUNDATION

Owner in Fee BRICK BD OF ED-HERBERTSVILLE
Address 101 HENDRICKSON AVE
BRICK, NJ 08723-

Tele. (732) 785-3000

Contractor GINARELLI BROTHERS, INC

Address 2606 RT 37E
TOMS RIVER, NJ

Tele. () Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2939098

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. *6-15-02*

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CC ☐ CA

Date: *2-3-03*

Approved By: *2-3-03*

INSPECTIONS

Type Failure Failure Approval Initial

☒ Footing *7/17/02*

☒ Foundation *8/8/02*

☒ Slab *8/8/02*

☒ Frame *8/8/02*

☒ Barrierfree *8/8/02*

☒ Insulation *8/8/02*

☒ Finishes *8/8/02*

☒ Energy *8/8/02*

☒ Mechanical *8/8/02*

☒ TCO *8/8/02*

☒ Other *8/8/02*

☒ Final *8/8/02*

☒ Barrierfree *8/8/02*

Dates (Month/Day)

Initial

7/17/02

8/8/02

8/8/02

8/8/02

8/8/02

8/8/02

8/8/02

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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

ONE STORY MASONRY ADDITION PARTIAL RELEASE FOR PHASE 1-FOOTING/FOUNDATION

F&F only please have Specs on site & refer to page 03010-1

The 03010-27

TYPE OF WORK

☒ New Building

☒ Alteration

☒ Addition

☒ Roofing

☒ Siding

☒ Fence

☒ Sign

☒ Pool

☒ Asbestos Abatement Subchapter 8

☒ Lead Haz. Abatement NJAC 5:17

☒ Other

☒ Demolition

FEE (Office Use Only)

\$ 88

\$ 60

\$ 0

\$ 0

\$ 0

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\$ 0

Est. Cost of Bldg. Work:

1. New Bldg. \$ 548,345

2. Alteration \$ 2,000

3. Total (1+2) \$ 550,345

Paid [] Check #

Collected by:

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

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

1/23/03 No Approval For FRAME / Above Ceiling Jka

Corridor wall Fire stopping NB

1/30/2003 No Seismic Bracing on ceiling Jka

NO T
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TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2002
Date Issued 06/21/02
Control # C30-42
Permit # 02-2051

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 BULL RD

FOOTING/FOUNDATION

Owner in Fee BRICK BD OF ED-HERBERTSVILLE
Address 101 HENDRICKSON AVE
BRICK, NJ 08723-

Tele. (732) 785-3000

Contractor GINGARELLI BROTHERS INC

Address 2605 RT 37E
TOMS RIVER, NJ

Tele. () Fax ()

Lic. No. or Bids. Reg. No.

Federal Emp. No. 22-2999098

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req.

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Eject ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

B. BUILDING CHARACTERISTICS

Use Group Present E Proposed E

Constr. Class Present Proposed

No. of Stories 1

Height of Structure 13 Ft.

Area Largest Floor 24,000 Sq. Ft.

New Bldg. Area/All Floors 3,279 Sq. Ft.

Volume of New Structure 3,500 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 548,345

2. Alteration \$ 2,000

3. Total (1+2) \$ 550,345

Industrialized Building:

☐ State Approved

☐ HUD

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

ONE STORY MASONRY ADDITION PARTIAL RELEASE FOR PHASE 1-FOOTING/FOUNDATION

FAF only Please have Specs
on site & refer to page 03010-1

The 03010-27

TYPE OF WORK

☒ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 6

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

Other

☐ Demolition

FEE (Office Use Only)

\$ 88

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0

☐ Sign 0

☐ Pool

☐ Asbestos Abatement Subchapter 6

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

Other

☐ Demolition

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 09/20/2002
Date Issued 10/21/02
Control # C09-68
Permit # 09-3769

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

Block 1068 Lot 15.01 Quad
Work Site Location 105 HENDRICKSON VSIS MEMORIL

PRESS BOX

Owner in Fee TOWNSHIP OF BRICK

Address 401 CHAMBERSBRIDGE RD

BRICK, NJ 08723-

Tele. (732) 262-1057

Contractor GREENLANE OF SOUTH JERSEY INC

Address 184 LAMBS RD

SEWELL, NJ 08080-

Tele. (856) 589-4461 Fax (856) 589-5984

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2852002

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req			Type	Failure
☒ All	9-20-02	TH	Footings	Initial
☐ Footing			Foundation	
☐ foundation			Slab	
☐ frame			Frame	
☐ Other			Barrierfree	
Joint Plan Review Required:			Insulation	
☐ Elect ☐ Plumb ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Date:			TCO	
Approved By:			Other	
			Final	
			Barrierfree	

8. BUILDING CHARACTERISTICS

Use Group	Present	U	Proposed	U
Constr. Class	Present		Proposed	
No. of Stories	1			
Height of Structure	12 Ft.			
Area Largest Floor	144 Sq. Ft.			
New Bldg. Area/All Floors	144 Sq. Ft.			
Volume of New Structure	1,152 Cu. Ft.			
Total land Area Disturbed	0 Sq. Ft.			

Est. Cost of Bldg. Work:

1. New Bldg. \$ 52,518
2. Alteration \$ 0
3. Total (1+2) \$ 52,518

Industrialized Building:
☐ State Approved
☐ HUD

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

INSTALLATION OF PRESSBOX ON EXISTING BLEACHERS; REPLACEMENT OF FIRE
DAMAGED PRESSBOX

Replacement of Existing

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ 0
☒ Addition	\$ 29
☐ Alteration	\$ 0
☐ Roofing	\$ 0
☐ Siding	\$ 0
☐ Fence 0 Height (exceeds 6')	\$ 0
☐ Sign 0 Sq. Ft.	\$ 0
☐ Pool	\$ 0
☐ Asbestos Abatement Subchapter 8	\$ 0
☐ Lead Haz. Abatement NJAC 5:17	\$ 0
☐ Other	\$ 0
Other	\$ 0
☐ Demolition	\$ 0

Paid ☐ Check #	Administrative Surcharge	\$ 0
Collected by:	Minimum Fee	\$ 6
	TOTAL FEE	\$ 0
	DCA State Permit Fee	\$ 0

TOWNSHIP OF BRICK
101 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UC ~~XXXX~~ JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/21/98
Date Issued 04/04/98
Control # 8780798
Permit # 97-3932+A

TWO-ALL PUPP ROOM ONLY? @ results 8/28/98

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

Block 1068 Lot 15.01
Work Site Location 105 HENDRICKSON AVE

BUILDING REVIEW ONLY

Owner in Fee BRICK BD OF EDUCATION
Address SAME
SAME, NJ 08723-

Tele. ()
Contractor EASTERN BUILDERS INC
Address 79 OAKHILL RD
RED BANK, NJ 07701-

Tele. (908) 219-1649
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3045891
or Social Security No.

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial

☒ No Plans Req. *2/20/98*

☒ All
☐ Footing
☐ Foundation
☐ Frame
☐ Other
Joint Plan Review Required:
☐ Elect ☐ Plumb ☐ Fire
SUBCODE APPROVAL ☐ Elev
☐ CO ☐ CCO ☐ CA
Date:
Approved By: *Heurel (over) 8/28/98*

INSPECTIONS Dates (Month/Day) Initial

Failure Failure Approval Initial

Type *3-27-98*

Footing

Foundation

Slab

Frame

Insulation

Finishes

Energy

Mechanical

Other

TYPE OF WORK

☐ New Building

☒ Addition

☐ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement

☐ Other

☐ Demolition

FEE (Office Use Only)

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DATE 10/20/76
BY 10/20/76
10/20/76

NO. 100
BUILDING
SUBCODE
STATION

NO. 100
BUILDING
SUBCODE
STATION

8/18 Above ceiling penetrations - All areas OK except walls in kitchen between storage rooms & kitchen & storage room & corridor in kitchen. Kitchen Floor plan changed need as built. Several roof top units less than 10' from edge - J

8/28 kitchen areas F/stopped as per letter
All purpose room OK for temp J

9/21- Roof top units still not protected -
/ Emerg light in kitchen not functioning

Phase I



Date Received
Date Issued
Control #
Permit #

12/23/97
3937-97

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1068 Lot 15.01

Work Site Location VETERANS MEMORIAL MIDDLE SCHOOL

Hendrickson Ave Brick

Owner in Fee Brick Twp Bd of Ed. Toms River

Address 101 Hendrickson Ave.

Telephone 733 477 2800

Contractor Engelwell Bros INC.

Address 2606 RT 37 E T.R 08753

Telephone 733 929 9779

Lic. No. or Bids. Reg. No. AY/A

Federal Emp. No. 222999698 or Social Security No. _____

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

John Jayfull

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ONE STORY MASONRY CLASSROOM
ADDITION

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type	Failure	Approval
☒ All	<u>12/29/97</u>	<u>Eng</u>	<u>over</u>	<u>1-13-98</u>	<u>Eng</u>
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date:			Other		
Approved By:			Final		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	<u>E</u>	<u>2C</u>	1. New Bldg. \$ _____
No. of Stories	<u>ONE</u>	<u>2C</u>	2. Alteration \$ _____
Height of Structure	<u>11'-8"</u>	<u>2C</u>	3. Total (1+2) \$ <u>878,759</u>
Area—Largest Floor			
New Bldg. Area/All Floors	<u>7,962</u>		
Volume of New Structure	<u>92,836</u>		
Total Land Area Disturbed	<u>8,000</u>		

TYPE OF WORK:

☐ New Building	
☒ Addition	
☐ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ Other	
☐ Demolition	

(Office Use Only)
FEE

Paid ☐ Check # _____	Administrative Surcharge	\$ _____
Collected by: _____	Minimum Fee	\$ _____
	DCA TRAINING FEE	\$ _____
	TOTAL FEE	\$ _____

- 1-13-98 All Perimeter Footings except wall on Row 10 ~~also~~ (so truck can drive in) also need as built foundation plan for slab construction - showing elimin of piers-J
- 1-14-98- Footings for walls on Row 3-3A AND HALLWAY 8-H-10-J
- 1-26-98- REMAINDER OF Footings to ALL FOUND WALLS except for west wall J
- 1-28-98 CENTER PIER'S OK ~~sub~~
- 8-21- ROOF top units within 10' of edge J
~~Kitchen not completed~~

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/21/98
Date Issued 11/3/99
Control # C22-1501
Permit # 99-0079

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

Block 1068 Lot 15.01 Qual
Work Site Location 105 HENDRICKSON AVE
INT ALTERATION/KITCHEN

Owner in Fee BRICK BD OF EDUCATION VMMS

Address SAME
BRICK, NJ 08723-

Tel: (732) 262-2625 Fax ()
Contractor BRICK SCHOOLS MAINTENANCE

Address 345 CHAMBERSBRIDGE RD
BRICK, NJ 08724-

Tel: (732) 262-2625 Fax ()
Lic. No. of Bldgs. Reg. No.
Federal Emp. No. 26-22625

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[] No Plans Req.
[X] All 11-598 PM

[] Footing
[] Foundation
[] Frame
[] Other

Joint Plan Review Required:
[] Eject [] Plumb [] Fire
SUBCODE APPROVAL [] Elev
[] CO [] CCO [] CA

Date:
Approved By:

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

Footing
Foundation
Slab
Frame
Barrierfree

Insulation
Finishes 7/25/99
Energy 8/25/99
Mechanical 8/25/99
TCO
Other
Final
Barrierfree

Est. Cost of Bldg. Work:
1. New Bldg. \$ 0
2. Alteration \$ 20,000
3. Total (1+2) \$ 20,000

Industrialized Building:
[] State Approved
[] HUD

Administrative Surcharge
Minimum Fee
TOTAL FEE
DCA Training Fee

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

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

E. TECHNICAL SITE DATA
DESCRIPTION OF WORK

INTERIOR ALTERATION IN THE KITCHEN

TYPE OF WORK
[] New Building
[] Addition
[X] Alteration
[] Roofing
[] Siding
[] Fence
[] Sign
[] Pool
[] Asbestos Abatement Subchapter 8
[] Lead Haz. Abatement NJAC 5:17
[] Other
[] Demolition

Height (exceeds 6')
Sq. Ft.
FEE (Office Use Only)
\$ 510

Administrative Surcharge
Minimum Fee
TOTAL FEE
DCA Training Fee

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

7/23/99

No. Plan etc unclear what exactly was
done, no ~~event~~ on site. JKA

8/2/99

Didn't go can't find any jacket was rejected
by fire Kevin Batzel. JKA

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

ICC NEW JERSEY
BUILDING
SUBCODE

Date Received 06/20/2003
Date Issued 06/20/2003
Control #
Permit # 08-2686

TECHNICAL SECTION

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

Site: _____
Job: _____
Work Site Location: _____
RE ROOF OR 2 APPLIED

Owner In Fee: BRICK BOARD OF EDUCATION
Address: 101 HENRIKSEN AVE
BRICK, NJ 08726

Phone: (732) 726-3305
Fax: (732) 726-3305
Address: PO BOX 177
BRICK, NJ 08726

Phone: (609) 378-0348 Fax: ()
Lic. No. of Bldg. Reg. No.
Federal Est. No. 22-1834484

INS SUMMARY (Office Use Only)
PLAN REVIEW Date Initial
1. No Plans Req. _____
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INSPECTIONS Date (Month/Day)
Failure Failure Approval Initial
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TYPE OF WORK
1. New Building
2. Addition
3. Alteration
4. Roofing
5. Siding
6. Fence
7. Sign
8. Pool
9. Accessory Structure
10. Land Use, Restaurant, etc.
11. Other
12. Other
13. Other
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97. Other
98. Other
99. Other
100. Other

RE ROOF SOLD APPLIED
E240PT

Signature
1. TECHNICAL SITE DATA
DESCRIPTION OF WORK

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

C. CERTIFICATION IN LIEU OF DATA

Fee (Office Use Only)
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1. New Building
2. Addition
3. Alteration
4. Roofing
5. Siding
6. Fence
7. Sign
8. Pool
9. Accessory Structure
10. Land Use, Restaurant, etc.
11. Other
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Administrative Surcharge
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TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/09/2001
Date Issued 04/09/2001
Control #
Permit # 01-0901

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

Block 1068 Lot 15.01 Qual
Work Site Location 105 HENDRICKSON VMS

PERROOF

Owner in Fee BRICK MEMORIAL

Address 101 HENDRICKSON AVENUE

BRICK, NJ 08724-

Tele. (732)840-4829

Contractor JACKSON ROOFING

Address 110 PARIS STREET

NEWARK, NJ 07105-

Tele. (973)344-5444 Fax ()

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-1672077

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.

☐ 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

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

PERROOF

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NAC 5:17

☐ Other

☐ Demolition

FEE (Office Use Only)

\$

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2002
Date Issued 07/15/02
Control # C30-42-1
Permit # 08-2251-HA

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

ADDITION

Owner in Fee BRICK BD OF ED-HERBERTSVILLE
Address 101 HENDRICKSON AVE

BRICK, NJ 08723-

Tele. (732) 477-3500 Fax ()

Contractor SUN ELECTRIC CONSTRUCTION

Address 308 DRUM POINT RD

BRICK, NJ 08723-

Tele. (732) 477-3500

Lic. No. of Bldrs. Reg. No.

Federal Emp. No. 22-2763732

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed E

[] Pole/Pad [] Temporary [] Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 7,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

Date: 6/1/02

Approved by: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: 6/1/02

Approved By: [Signature]

INSPECTIONS

Type Failure Dates (Month/Day)

Rough In 10/28/01

Temp Serv 10/28/01

Const Serv 10/28/01

Attended by 12/13/01

Service 12/13/01

Final 12/13/01

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO. SIZE

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FEE (Office Use Only)

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

**UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION**

Date Received 05/28/2002
Date Issued 5/15/02
Control # C30-42-1
Permit # 02-225114

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 LAMES HILL RD
ADDITION

Owner in Fee BRICK RD OF ED-NEBERTSVILLE
Address 101 HENDRICKSON AVE
BRICK, NJ 08723-

Tele. (732) 477-3500 Fax ()
Contractor SUN ELECTRIC CONSTRUCTION
Address 308 DRUM POINT RD
BRICK, NJ 08723-

Tele. (732) 477-3500
Lic. No. or Bldg's. Reg. No.
Federal Emp. No. 22-2163732

B. ELECTRICAL CHARACTERISTICS
Use Group - Present Proposed E
[] Pole/Pad [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 7,000

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Plumb
[] Fire [] Elevator
Date: 6/1/02
Approved by: ME
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date:
Approved By:

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
50		Lighting fixtures	
40		Receptacles	
14		Switches	
5		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
3		Communications Points	
18		Alarm Devices/F.A.C. Panel	
145		TOTAL NUMBERS	60
0		Pool Permit/with UV Lights	0
0		Storable Pool/Spa/Hot Tub	0
0		KV Elect Range/Receptacle	0
0		KV Oven/Surface Unit	0
0		KV Elect Water Heater	0
0		KV Elect Dryer/Receptacle	0
0		KV Dishwasher	0
0		HP Garbage Disposal	0
2		KV Central A/C Unit	18
2		HP/KV Space Heater/Air Handler	9
0		Baseboard Heat	0
0		HP Motors 1/4 HP	0
0		KV Transformer/Generator	0
0		AMP Service	0
0		AMP Subpanels	120
3		AMP Motor Control Center	0
0		KV Elect Sign/Outline Light	0
0		Other 40AMP SUBPANEL	100
0		Other 225AMP SUBPANEL	40

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 [] Except 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
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2002
Date Issued 12/17/02
Control # C30-42-52
Permit # 02-225116E-1

Called 12/10

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

ADDITION

Owner in Fee BRICK RD OF ED-HERBERTSVILLE
Address 101 HENDRICKSON AVE

BRICK, NJ 08723-
Tele. (732) 477-3500 Fax ()
Contractor SUN ELECTRIC CONSTRUCTION

Address 308 DRUM POINT RD
BRICK, NJ 08723-
Tele. (732) 477-3500

Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 22-2763732

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed E
Constr Class Present Proposed

Heating Systems [] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Elect [] Solar
[] Other

Location:
Total Est Cost of Fire Prot Work \$ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:

[] Bldg [] Elect
[] Plumb [] Elevator
[] Fire Plans Approved

Date: 6-24-03
Approved By: [Signature]

SUBCODE APPROVAL
[] CO [] CCO [] CA

Date:
Approved By:

Final
Other by 12-16-03 3-12-03 DB

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

Description of Work:

Water Supply Source
Method of Alarm/Supr Sys Superv

Storage Tanks

Type: [] Flammable Liquid [] Combust Liquid
[] LPG [] LNG Capacity 0 Fuel

Alarm Systems [] 110V Interconnected NUMBER
[] System

Alarm Devices (smoke, heat, pull's, water/flow) 14
Supervisory Devices (tamper, low/high air) 0

Signalling Devices (horn/strobes, bells) 0
Other Devices 0

TOTAL 14

Suppression Systems
Fire Pump 0 GPM Type

Dry Pipe/Alarm Valves 0
Pre-action Valves 0

Sprinkler Heads (Dry and Wet) 0
Standpipes 0

Pre-Engineered Systems
Wet Chemical 0

Dry Chemical 0
CO2 Suppression 0

Foam Suppression 0
Halon Suppression 0

Other 0
Kitchen Hood Exhaust System 0

Smoke Control System 0
Gas [] or Oil [] Fired Appliances 0

Other 0
Other 0

Other 0

FEE (Office Use Only)

Administrative Surcharge \$ 0

Paid [] Check \$ Minimum Fee \$ 0

Collected by: TOTAL FEE \$ 0

DCA Training Fee \$ 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2002
Date Issued 12/17/02
Control # C30-42-52
Permit # 0
Sheet

U2-22514BE-1

Called 12/10

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 LAMES HILL RD

ADDITION

Owner in Fee BRICK RD OF ED-HERBERTSVILLE
Address 101 HENDRICKSON AVE
BRICK, NJ 08723-

Tele. (732) 477-3500 Fax ()
Contractor SUN ELECTRIC CONSTRUCTION

Address 308 DRUM POINT RD
BRICK, NJ 08723-

Tele. (732) 477-3500
Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-2163732

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed E
Constr Class Present Proposed
Heating Systems [] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Elect [] Solar
[] Other
Location:
Total Est Cost of Fire Prot Work \$ 3,000

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Plumb [] Elevator
[] Fire Plans Approved
Date: 4-24-02
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date:
Approved By:

INSPECTIONS
Type
Alarm Sys
Suppr Test
Standpipe
Fire Pump
PreEng Sys
Mechanical
Smoke Ctl
TCO
Final
Other

Dates (Month/Day)
Failure Failure Approval Initial

Storage Tanks
Type: [] Flammable Liquid [] Combust Liquid
[] LPG [] LNG Capacity 0 Fuel
Alarm Systems [] 110v Interconnected NUMBER
[] System

Alarm Devices (smoke, heat, pull, water/flood) 14
Supervisory Devices (tamper, low/high air) 0
Signalling Devices (horn/strobes, bells) 0
Other Devices 0
TOTAL 14

Suppression Systems
Fire Pump 0 GPM Type
Dry Pipe/Alarm Valves 0
Pre-action Valves 0
Sprinkler Heads (Dry and Wet) 0
Standpipes 0
Pre-Engineered Systems 0
Wet Chemical 0
Dry Chemical 0
CO2 Suppression 0
Foam Suppression 0
Halon Suppression 0
Other 0

Kitchen Hood Exhaust System 0
Smoke Control System 0
Gas [] or Oil [] Fired Appliances 0
Other 0
Other 0

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

FEE (Office Use Only)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBGRADE
TECHNICAL SECTION

Date Received 12/04/2002
Date Issued 12/11/02
Control # C30-42-3
Permit # 02-2251+BC

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 (list all fixtures.)

Block 1421 Lot 14 Qual
Work Site Location 2282 LANES MILL RD
80LLER/2 A/C
Owner in fee BRICK RD OF ED-HERBERTSVILLE
Address 101 HENDRICKSON AVE
BRICK, NJ 08723-
Tele. (732) 785-3000
Contractor MIDCRAFT MECHANICAL INC
Address 6 COLUMBIA RD
NEPTUNE, NJ 07753-
Tele. (732) 918-1222
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 15-4589703

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 20,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] fire [] Elevator
[] Plumb. Plans Approved
Date: 12-5-02

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

Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CG
Approved By: [Signature]
Date: 1-15-03

TCO [Signature]
[Signature]
1/15/03
[Signature]

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	35
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other 2 A/C	70
0	Other	0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received. 05/28/2002
Date Issued 07/15/02
Control # C30-42-1
Permit # 02-225147

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING A TECHNICAL SITE DATA (LIST ALL FIXTURES.)
CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

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

ADDITION

Owner in Fee BRICK BD OF ED-HERBERTSVILLE
Address 101 HENDRICKSON AVE
BRICK, NJ 08723-
Tele. () Fax ()
Contractor ANNESE MECHANICAL INC
Address 1899 LAKEWOOD RD
TOMS RIVER, NJ 08753-
Tele. ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 22-2964462

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed E
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 20,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Fire [] Elevator
[] Piped. Plans Approved

INSPECTIONS
Type Failure Failure Approval Initial
Slab
Rough
Water
Sewer
Date: 6-20-02 7/10/02 7/10/02

Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CS
Approved By: [Signature]
Date: 2-1-03 7/10/02

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other 2 A/C	-70
0	Other	0

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized
to make this application and perform the work listed on this application.
Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2002
Date Issued 05/28/02
Control # C30-42-1
Permit # 12-051114

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 (List all fixtures.)

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

ADDITION

Owner in Fee BRICK RD OF ED-HERBERTSVILLE
Address 101 HENDRICKSON AVE
BRICK, NJ 08723-

Tele. () Fax ()
Contractor ANNESE MECHANICAL INC
Address 1893 LAKEWOOD RD
TOWNS RIVER, NJ 08753-

Tele. ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 22-2964482

B. PLUMBING CHARACTERISTICS
Use Group Present Proposed E
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 20,000

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Fire [] Elevator
[] Plumbing Approved
Date: 6-2-02
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Approved By: TCO
Date:

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

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

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized
to make this application and perform the work listed on this application.

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

TOWNSHIP OF BRICK ZONING PERMIT

Approved: June 3, 2002

No. 2.0871

Block: 1421 Lot: 14

Zone: R-20

Property Address: 2282 Lanes Mill Road

Applicant: Frank Gingerelli; Gingerelli Construction

Property Owner: Brick Township Board of Education

Existing Use: Herbertsville Elementary School

Proposed Use: Same.

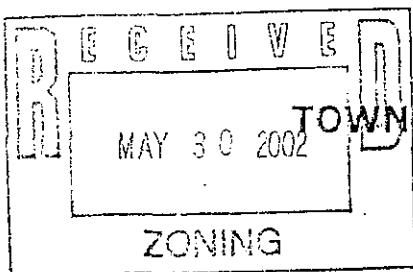
Proposed Construction: Additions and alterations.

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

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


Michael P. Fowler, AICP/PP
Municipal Planner


Sean Kinnevy
Zoning Officer



TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

Block 1421 Lot 14 Qualifier _____

PROPERTY ADDRESS 2282 Lanes Mill Road

PERSONAL NAME OF APPLICANT Frank M. Gingerelli

BUSINESS NAME OF APPLICANT Gingerelli Bros. INC

PROPERTY OWNER Brick Board of Education

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

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

PROPOSED CONSTRUCTION (check all that apply)

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

CHECKLIST

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

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

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

Signature of applicant Frank M. Gingerelli Date 5-24-02

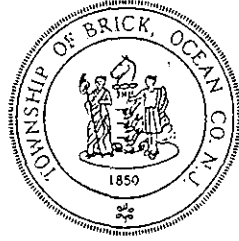
Reviewed by Zoning Office [Signature] Date 6/3/2 (x) Approved () Denied

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

Joseph C. Scarpelli, Mayor

Township Council:

Helen Fayad – President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.



Department of Engineering

Office of the Municipal Engineer

(732) 262-1038

Fax: (732) 262-8954

<http://www.gbshost.com/brick>

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

N/A

Date: 5-24-02

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE:

Block:

1421

Lot:

14

Property Address:

I, Frank M. Gingerelli of 2806 RT 37 E T.N.
(name) (address)

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

Applicant's Signature

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:

6/4/02

Signed:

Rejected:

Signed:

Comments:

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



February 21, 2002
Via Federal Express

YEZZ00310.6A.3000

Mr. James R. Allen
Brick Township Municipal Utilities Authority
1551 Highway 88 West
Brick, New Jersey 08724-2399

Re: Herbertsville Elementary School Addition
Brick Township, New Jersey

Dear Mr. Allen:

The above referenced project consists of a new 3400 square foot classroom addition. The addition will fall directly above the existing 2" domestic water service. The existing 2" meter is in a meter room directly adjacent to the new addition. The finished floor level of the meter room is approximately 30" below the finished floor level of the adjacent rooms and the new addition. The meter room will become a connecting corridor for the new addition, and the floor will be filled in and raised to match the finished floor level of the new addition and adjacent rooms. We propose the following:

1. Leave the existing underground service in the same location except replace the section below the new addition with new 2" type "K" copper main (same size as existing).
2. Keep the existing meter in the same location, except raise the existing meter to the new finished floor level and place inside an accessible closet with two double doors.

I understand that you must forward this request directly to the Municipal Utility Authority (MUA) Board for consideration. Please submit the request to the MUA Board as soon as possible since the project is scheduled to be bid shortly.

Enclosed is a copy of an overall floor plan indicating location of water meter and the new addition.

If you have any questions, please call me.

Very truly yours,

BUILDING DESIGN SERVICES DIVISION
T&M ASSOCIATES

JOSEPH M. DAWIDOWICZ

JMD:dk
Enclosure

cc: Massimo Yezzi Jr., NCARB, Yezzi Associates

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

ENGINEERS * PLANNERS * LANDSCAPE ARCHITECTS * ENVIRONMENTAL SCIENTISTS * SURVEYORS
CIVIL * ELECTRICAL * ENVIRONMENTAL * MECHANICAL * MUNICIPAL * SITE * STRUCTURAL * TRAFFIC * TRANSPORTATION

REGIONAL OFFICE IN TOMS RIVER



9

State of New Jersey

DEPARTMENT OF EDUCATION
PO Box 500
TRENTON, NJ 08625-0500

CHRISTINE TODD WHITMAN
Governor

LEO KLACHOLZ
Commissioner

Division of Finance OFFICE OF SCHOOL FACILITIES FINANCING

RELEASE FORM FOR SCHOOL CONSTRUCTION PLANS

State Plan Number (SP#): 202064

County Name: OCEAN

District Name: BRICK

(YC01115) (YC01112) (YC01122)

School Name: BRICK MEMORIAL H.S. (A); BRICK HIGH SCHOOL (B); NEW EDUCATIONAL ENRICHMENT

Architect's Name: YEZZI ASSOCIATES CENTER (C); LAKE RIVIERA
(YC01111) MIDDLE SCHOOL (D); VETS

Architect's Plan Number: (YC01110) MEMORIAL MIDDLE SCHOOL (E)
(YC01121) VETS MEMORIAL ELEMENTARY

Type of Project: SCHOOL (F); MIDSTREAMS
(YC01117) ELEMENTARY SCHOOL (G);

- ☒ New YC01122
☒ Addition YC01115, YC01112, YC01111, YC01110,
☐ Renovation YC01121, YC01117, YC01153,
☐ Trailer YC01154, YC01161

(YC01153) HERBERTSVILLE ELEMENTARY
(YC01154) OSBORNVILLE ELEMENTARY (I)
(YC01161) EMMA HAVENS SCHOOL (J)

HERBERTSVILLE SUBA

It is the request of the above named school district to have this project reviewed for U.C.C. and N.J.A.C. 6:22-5.4 compliance by a municipal code enforcing agency pursuant to P.L. 1990, c.23.

Chief School Administrator (Signature) [Signature] Dated 6/22/01

Chief School Administrator (Printed) Philip Nicastro

This project will be reviewed for U.C.C. and N.J.A.C. 6:22-5.4 compliance by an appropriately licensed Class 1 official employed by Brick Township (municipality).

Municipal Code Enforcing Agency Chief (Signature) Joseph Guazzia

Municipal Code Enforcing Agency Chief (Printed) Joseph Guazzia Dated 10/9/01

FOR DOE USE ONLY

Request is: Approved ☒ Denied ☐

Signed [Signature] Dated 2-4-02

Name (Printed) H. Lyle Jones Title Co. Manager



State of New Jersey

DEPARTMENT OF EDUCATION
PO Box 500
TRENTON NJ 08625-0500

JAMES E. MCGREEVEY
Governor

WILLIAM L. LIBRERA
Commissioner

March 5, 2002

Yezzi Associates, Architects / Planners
Mazzimo F. Yezzi, Jr., NCARB, RA, PP
18 Washington Street, P.O. Box 1638
Toms River, NJ 08754

Dear Mr. Yezzi:

Subject: Release Forms for School Construction Projects
SP # 202058, ---060, ---061, ---062, ---063, ---064, ---064, ---065, ---066
Brick Township School District #530, Ocean County

Our office reviewed documents for these projects and has **granted** Final Educational Adequacy **Approval** for the project.

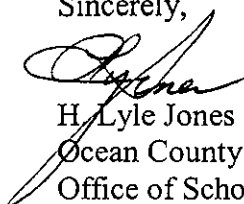
The Original RELEASE FORM FOR SCHOOL CONSTRUCTION has been received and will be sent to Marilyn Breazeale, Administrative Analyst, New Jersey Department of Community Affairs.

Please send construction documents to Joseph P. Curiazza for review at Brick Township.

You may call me at 609-943-5673 with questions regarding these projects. Please refer to the project number noted above for future reference.

As always it is a pleasure working with the District on these projects.

Sincerely,



H. Lyle Jones
Ocean County Manager
Office of School Facilities Financing

c Mrs. Lucille Rielly, Ocean County Superintendent
Scott Downie, Central Region Director
Marilyn Breazeale, Administrative Analyst, N.J. D.C.A.
Massimo F. Yezzi, Jr. NCARB, R.A., P.P.
File

www.nj.gov/education

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

TOWNSHIP OF BRICK
Debris Form

Work Site Address 2282 Lanes Mill Rd. Brick

Block 1421 Lock 14

Contractor Gingerelli Bros. INC

Contractor's Address 2606 RT 37 E Toms River

Type of Construction (minor, new home) School Addition

Type of Debris (shingles, siding, wood, etc.) CONCRETE, MASONRY, wood, metal

Party Responsible for removal WASTE MANAGEMENT

Dumpster Size 20 + 30 yds

Destination of Debris Discard O.C. LANDFILL

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

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

Frank M. Gingerelli
Signature

5-24-02
Date

Frank M. Gingerelli
Print Name

Counter Form

PLEASE PRINT

PLUMBING

Contractor: Annese Mechanical Inc.
 Address: 1889 Lakewood Rd Unit 28
Toms River NJ 08755
 Phone #: 732-370-7657
 Lis #: 6107079
 Federal Emp # or SSN: 232964462

Technical Data

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

Relocating water main and
Gas Piping

Estimated Cost of Plumbing Work 20,000

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

Signature: [Signature]

Please Print Name: Frank Annese

CONTRACTOR'S SEAL

FIRE

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

Technical Data**Description of Work:**

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

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

Item Quantity

Wet Sprinkler Heads _____
 Dry Sprinkler Heads _____
 Total _____

Smoke Detectors _____
 Heat Detectors _____
 Total _____

Stand Pipes _____
 Kitchen Hood Exhaust System _____

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

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

Wood Burning Stove _____
 Wood Fireplace _____
 Other: _____

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: _____

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: _____
 Block: _____ Lot: _____
 Owner's Name: _____
 Owner's Mailing Address: _____
 Phone: (____) _____

BUILDING

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

ELECTRICAL

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

Technical Data

Description of Work: _____

Technical Data

Item _____ Quantity _____

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

Type of Work

____ New Building _____ Siding _____
 ____ Addition _____ Fence _____
 ____ Alteration _____ Pool _____
 ____ Roofing _____ Demolition _____
 ____ Asbestos Abatement _____ Sign _____ sq ft

Building Characteristics

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

Cost of Alteration: \$ _____

Cost of New Building: \$ _____

Total Cost of New Building Work: \$ _____

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

Signature: _____

Please Print Name _____

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

Estimated Cost of Electrical Work: _____

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

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

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



June 10, 2002

YEZZ-00310.6A

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

1421 14 2082 Longmill Rd
1967 35 YEARS 2001

Attention: Mr. Marcel Renzo, Chief Electrical Inspector

Re: Herbertsville School Connected Loads for the New Addition.

Dear Mr. Renzo:

The following is the connected loads for the Herbertsville School new addition.

1.	Lighting	8.94 KVA
2.	Receptacles	3.6 KVA
3.	Computer Equipment	7.56 KVA
4.	HVAC	16.53 KVA
5.	Pumps	1.44 KVA
6.	Others	1.9 KVA
	Total	39.97 KVA

These loads are connected from a 600A, 120/208V, 3 Phase service. This service has a capacity of 173 KVA. The maximum demand registered was 30.4 KVA. This service has a spare capacity of $(173 \text{ KVA} - 30.4 \text{ KVA} \times 1.25) = 135 \text{ KVA}$.

Please call if you have any questions.

Very truly yours,

T&M ASSOCIATES

ABEL S. LAMPA, P.E.
SUPERVISING ENGINEER

ASL:dk

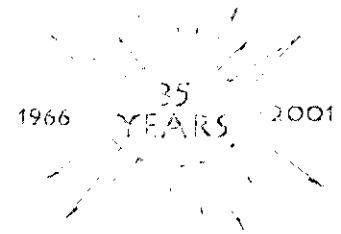
\\eng1\projects\YEZZ\00310\Correspondence\Herbertsvilleconnectedloads6-10.doc

ENGINEERS * PLANNERS * LANDSCAPE ARCHITECTS * ENVIRONMENTAL SCIENTISTS * SURVEYORS
CIVIL * ELECTRICAL * ENVIRONMENTAL * MECHANICAL * MUNICIPAL * SITE * STRUCTURAL * TRAFFIC * TRANSPORTATION

REGIONAL OFFICE IN TOMS RIVER

YEZZ-00310.6A

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



Attention: Mr. Marcel Renzo, Chief Electrical Inspector

Re: Herbertsville School

Dear Mr. Renzo:

ANSWERS TO HERBERTSVILLE SCHOOL COMMENTS FROM BRICK TOWNSHIP INSPECTORS

1. Comment: Provide type of fire alarm system, number of heads,
 number of pulls, number of duct detectors.

 Answer: The new devices shall be connected to existing fire alarm
 system in the existing school. All new devices are
 compatible to existing fire alarm panel which is Firelite.
 Number of heat detectors = 5
 Number of smoke detectors = 3
 Number of smoke duct detectors = 2
 Number of pull stations = 1.
2. Comment: HVAC Units, Cut Sheet

 Answer: Requested cut sheets attached.
3. Comment: Provide (2) ground rods.

 Answer: Will provide. See attached instruction to the electrician.
4. Comment: Provide load calculations.

 Answer: Will provide. See attached connected loads on the new
 addition.



Le: Brick Township
Attention: Marcel Renzo
Re: Herbertsville School

YEZZ-00310
June 26, 2002

Page 2

If you have any questions, please feel free to call.

Very truly yours,

T&M ASSOCIATES


DENNIS J. PALAZZOLA, P.E.
GROUP MANAGER

DJP:ASL:dk
Enclosure

cc: Giovanni Peragine, Yezzi Associates

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

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



June 10, 2002

YEZZ-00310.6A

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



Attention: Mr. Marcel Renzo, Chief Electrical Inspector

Re: Herbertsville School Connected Loads for the New Addition.

Dear Mr. Renzo:

The following is the connected loads for the Herbertsville School new addition.

1.	Lighting	8.94 KVA
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3.	Computer Equipment	7.56 KVA
4.	HVAC	16.53 KVA
5.	Pumps	1.44 KVA
6.	Others	1.9 KVA
	Total	39.97 KVA

These loads are connected from a 600A, 120/208V, 3 Phase service. This service has a capacity of 173 KVA. The maximum demand registered was 30.4 KVA. This service has a spare capacity of $(173 \text{ KVA} - 30.4 \text{ KVA} \times 1.25) = 135 \text{ KVA}$.

Please call if you have any questions.

Very truly yours,

T&M ASSOCIATES

A handwritten signature in black ink, appearing to read 'Abel S. Lampa'.

ABEL S. LAMPA, P.E.
SUPERVISING ENGINEER

ASL:dk

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ENGINEERS * PLANNERS * LANDSCAPE ARCHITECTS * ENVIRONMENTAL SCIENTISTS * SURVEYORS
CIVIL * ELECTRICAL * ENVIRONMENTAL * MECHANICAL * MUNICIPAL * SITE * STRUCTURAL * TRAFFIC * TRANSPORTATION

REGIONAL OFFICE IN TOMS RIVER

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



June 3, 2002

Yezzi Associates
18 Washington Street
Toms River, NJ 08754



Attention: Giovanni Peragine

Re: Herbertsville School Addition

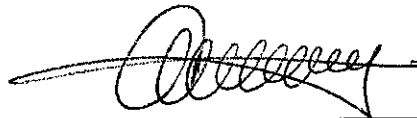
Dear Mr. Peragine:

As requested by the Brick Township Inspector and as required by the National Electric Code, please instruct the Electrical Contractor to provide (2) ground rods at the MDP #1.

If you have any questions, please feel free to call.

Very truly yours,

T&M ASSOCIATES

A handwritten signature in black ink, appearing to read 'Abel S. Lampa'.

ABEL S. LAMPA, P.E.
SUPERVISING ENGINEER

ASL:dk

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REGIONAL OFFICE IN TOMS RIVER

SD16

SUN 14, 2002

OFFICE
COPY

Project: HERBERTSVILLE ELEMENTARY SCHOOL

Prepared for: MIDCOAST MECHANICAL

Engineer: T&M ASSOCIATES

Submittal date: JUNE 11, 2002

Tag: RTU-1
RTU-2

RECEIVED
JUN 13 2002
MIDCOAST MECH

This submission has been checked and is suitable for submission for approval.

JUN 13 2002

MIDCOAST MECH., INC.

This submission has been checked and is suitable for submission for approval.

MIDCOAST MECHANICAL, INC.

Submitted by: Gil-Bar Sales
Engineer: Kevin Relovsky
Telephone: (732) 981-9400
Fax: (732) 981-0939

☐ REALIZE AND RESPOND
AND COMPLAIN IN WRITING

☐ NO EXCEPTIONS
NO BODY DEFENSES (unless specified below)

☐ EXCEPTION TAKEN VS. NOTED

☐ NO EXCEPTIONS TAKEN

TABLE OF CONTENTS

Topic	Page
Rooftop Description.....	3
Rooftop Features.....	3
Performance Data.....	4
Unit Specifications.....	8
Dimensions.....	12

YEZZI ASSOCIATES
ARCHITECTS & PLANNERS
P. O. BOX 1638, TOMS RIVER, NJ 08754
TEL. (732) 240-3433 FAX (732) 240-3463

1 THIS SHOP DRAWING HAS BEEN REVIEWED FOR GENERAL CONFORMANCE WITH THE CONTRACT DOCUMENTS BY THE DESIGN PROFESSIONAL.

2 THE CONTRACTOR SHALL CERTIFY THAT HE HAS REVIEWED THIS SHOP DRAWING IN CONFORMANCE WITH AIA DOCUMENT A-201-1997 GENERAL CONDITIONS, SECTION 3.12 THRU SECTION 3.12.10.

3 CONTRACTOR TO FIELD CHECK AND VERIFY ALL DIMENSIONS PRIOR TO SUBMISSION OF SHOP DRAWINGS, FABRICATION AND INSTALLATION.

4 IF THIS SUBMISSION IS NOT THE SYSTEM SPECIFIED THE CONTRACTOR MUST CERTIFY IN WRITING THAT THE SUBSTITUTE IS EQUAL OR BETTER THAN THE ITEM SPECIFIED.

ACTION TAKEN:

☐ ACCEPTED ☐ RESUBMIT AS NOTED

☐ ACCEPTED AS NOTED ☐ REJECTED

REVIEWED BY: _____ DATE: _____

Equipment Description: (2) Aeon Packaged Rooftop Units

<u>TAG</u>	<u>MODEL</u>
RTU-1	RK-05
RTU-2	RK-03

Equipment Features:

- * High Efficiency packaged rooftop unit
- * Double wall constructed access doors
- * Scroll compressors with thermal expansion valve
- * Factory installed hot gas bypass
- * AF plenum fan, motor and drive
- * 0-100% enthalpy controlled economizer
- * Modulating gas heat
- * Stainless steel heat exchanger
- * Hinged access doors with ventloc-style latches and stainless steel piano hinges
- * Colored and numbered internal wiring
- * 2" – filters
- * Non-fused disconnect switch
- * 24-volt control circuit terminal strip
- * P-trap condensate drain (field assembled)
- * Vibration isolation roof curb
- * 5-year compressor warranty
- * 25-year non-prorated heat exchanger warranty
- * Startup supervision

The following items are NOT included:

Installation, rigging, controls, spare parts, service/labor warranty, convenience outlet and wiring.

AAON, Inc.

2425 South Yukon Ave
Tulsa, Oklahoma 74107-2728
Ph. (918) 583-2266 Fax (918) 583-6094

Unit Rating

AAON Rep. Release
AAONEcat v3.02.0002
AAONECat Database 5.11

RK-05-2-E0-32M:C00QAA0BH0000B
RTU# 1

Job Information

Job Name: *Herbertsville Elementary School*
Job Number: *Job #1*
Site Altitude: *0'*

Unit Information

Unit Size: *Five Tons*
Cabinet Size: *A Cabinet*
Unit Weight: *1006*
Air Flow: *1975 @ 0.50" ESP*
Ambient Temp: *93.00 °F*

Static Pressure

External: *0.50" wg*
Evaporator: *0.15" wg*
Filters: *0.07" wg*

Economizer: *0.05" wg*
Heating: *0.13" wg*
Total: *0.90" wg*

Cooling Section

Total Capacity: *64.9 Gross / 63.1 Net MBH*
Sensible Capacity: *51.7 Gross / 49.9 Net MBH*
Latent Capacity: *13.3 MBH*
Entering Air Temp: *79.30 °F DB / 66.00 °F WB*
Lv Air Temp (Coil): *55.21 °F DB / 55.12 °F WB*
Lv Air Temp (Unit): *56.04 °F DB / 55.45 °F WB*
Supply Air Fan BHP: *0.56*
Supply Air Fan RPM: *1440*
Evaporator Coil: *7.56 ft² (2 Rows)*

Heating Section

Capacity: *72.9 MBH*
Entering Air Temp: *58.5 °F*
Leaving Air Temp: *92.7 °F*
Heating Type: *Natural Gas*
Input: *90.0 MBH*
Consumption: *90.000 CFH*

EER - ARI Listing Information

Note: ARI Listings are for units operating at 0.2 ESP at sea level under 80/67/95 conditions.

Net Capacity: *62.5 MBH*

SEER: *11.2*
IPLV: *N/A*

Application EER @ Op. Conditions: 11.6**Electrical Data**

Rating: *208v / 3 ph / 60 Hz*
Unit FLA: *24 Amps*

Min Circuit Amp: *28 Amps*
Max Overcurrent: *45 Amps*

Motors

	Qty	HP	VAC	Phase	RPM	FLA	RLA	LRA
Comp1:	1		208	3			17.3	137
Comp2:								
Cond:	1	0.33	208	1	1050	2.3		
Evap:	1	1	208	3	1725	4		
Comb:	1	0.06	208	1	3200	0.9		

AAON, Inc.

2435 South Yukon Ave
Tulsa, Oklahoma 74107-2728
Ph. (918) 583-2266 Fax (918) 583-6094

Unit Submittal

AAON Rep. Release
AAONEcat v3.02.0002
AAONEcat Database 5.11

RK-05-2-E0-32M:C00QAA0BH0000B
RTU# 1

Job Information

Job Name: *Herbertsville Elementary School*
Job Number: *Job #1*
Site Altitude: *0'*

Submittal for:
AAON Contact:
Submittal Date:

Midcoast Mechanical
Kevin Relovsky
Jun 10, 2002

Model Information

RK Series	ARI Listed Net Capacity: 62.5 MBH SEER: 11.2 IPLV: N/A Weight: 1006 lbs
05 Size	Seventh Gen. Net Cooling: 63.1 Total/49.9 Sensible MBH Ambient: 93.0 °F
2 Voltage	Five Tons Entering Air: 79.3 DB/66.0 WB °F Leaving: 56.0 DB/55.5 WB °F
E Cooling Coil Section	208v / 3 ph / 60 Hz FLA: 24 Amps MCA: 28 Amps MOP: 45 Amps
0 Cooling Coil Coating	Compressorized w/ Coil Evap Coil Face Area: 7.56 ft² Rows: 2 Fins/Inch: 14
3 Heating Type	Standard, No Coil Coating Cond Coil Face Area: 16.04 ft² Rows: 2 Fins/Inch: 12
2 Heat Designation	Stainless Stl - NG
M Heat Stages	Medium Gas Heat Consumption: 90.0 CFH Heating Output: 72.9 MBH
	Modulating Gas Control Heat Entering Air: 58.5 °F Leaving: 92.7 °F

Feature Information

C 1. Outside air	Full Modulating Economizer Control, Mixed Air w/ Enthalpy Control
0 2. Evap Blower Mtr	1 - 1 hp CFM: 1975 SP: 0.50" wg ext / 0.90" wg tot Fan RPM: 1440
0 3. Filters	Standard - 2" Throw Away Filters: 16"x20"x4
Q 4. Refrig. Controls	5 MTDR + Fan Cycling
A 5. Refrig. Options	Hot Gas Bypass - 1st Stage (HGB1)
A 6. Power	Power Switch - Cooling & Gas Units (Full Cabinet)
0 7. Safety	Standard
B 8. Controls	Low Limit Control (LLC)
H 9. Special Controls	All Gas Heat Units (Mechanical Cntrl)
0 10. Open	Standard
0 11. Codes	Standard
0 12. Cabinet	Standard
0 13. Exhaust Motor	Standard
B 14. Type	Standard (Gray Polyurethane)

AAON, Inc.

2425 South Yukon Ave
Tulsa, Oklahoma 74107-2728
Ph. (918) 583-2266 Fax (918) 583-6094

Unit Rating

AAON Rep. Release
AAONEcat v3.02.0002
AAONEcat Database 5.11

RK-03-1-E0-31M:C00QAA0BH0000B
RTU# 2

Job Information

Job Name: *Herbertsville Elementary School*
Job Number: *Job #1*
Site Altitude: *0'*

Unit Information

Unit Size: *Three Tons*
Cabinet Size: *A Cabinet*
Unit Weight: *929*
Air Flow: *1440 @ 0.30" ESP*
Ambient Temp: *93.00 °F*

Static Pressure

External: *0.30" wg*
Evaporator: *0.15" wg*
Filters: *0.05" wg*

Economizer: *0.04" wg*
Heating: *0.06" wg*
Total: *0.60" wg*

Cooling Section

Total Capacity: *36.9 Gross / 34.9 Net MBH*
Sensible Capacity: *32.2 Gross / 30.3 Net MBH*
Latent Capacity: *4.6 MBH*
Entering Air Temp: *76.00 °F DB / 63.80 °F WB*
Lv Air Temp (Coil): *55.45 °F DB / 55.16 °F WB*
Lv Air Temp (Unit): *56.68 °F DB / 55.65 °F WB*
Supply Air Fan BHP: *0.50***
Supply Air Fan RPM: *1200*
Evaporator Coil: *5.67 ft² (2 Rows)*

Heating Section

Capacity: *55.9 MBH*
Entering Air Temp: *70.2 °F*
Leaving Air Temp: *106.1 °F*
Heating Type: *Natural Gas*
Input: *69.0 MBH*
Consumption: *69.000 CFH*

EER - ARI Listing Information

Note: ARI Listings are for units operating at 0.15 ESP at sea level under 80/67/95 conditions.

Net Capacity: *36 MBH*
SEER: *11.3*
IPLV: *N/A*

Application EER @ Op. Conditions: 10.0

Electrical Data

Rating: *208V / 1 ph / 60 Hz*
Unit FLA: *22 Amps*
Min Circuit Amp: *26 Amps*
Max Overcurrent: *40 Amps*

Motors

	Qty	HP	VAC	Phase	RPM	FLA	RLA	LRA
Comp1:	1		208	1			14.7	83
Comp2:								
Cond:	1	0.33	208	1	1050	2.3		
Evap:	1	0.5	208	1	1050	5.4		
Comb:	1	0.06	208	1	3200	0.9		

** Slide Damper Adjustment is available for balancing of the supply fan

AAON, Inc.

2425 South Yukon Ave
Tulsa, Oklahoma 74107-2728
Ph. (918) 583-2266 Fax (918) 583-6094

Unit Submittal

AAON Rep. Release
AAONEcat v3.02.0002
AAONECat Database 5.11

RK-03-1-E0-31M:C00QAA0BH0000B
RTU# 2

Job Information

Job Name: *Herbertsville Elementary School*
Job Number: *Job #1*
Site Altitude: *0'*

Submittal for: *Midcoast Mechanical*
AAON Contact: *Kevin Relovsky*
Submittal Date: *Jun 10, 2002*

Model Information

RK Series

03 Size

1 Voltage

E Cooling Coil Section

0 Cooling Coil Coating

3 Heating Type

1 Heat Designation

M Heat Stages

ARI Listed Net Capacity: *36.0 MBH* SEER: *11.3* IPLV: *N/A* Weight: *929 lbs*
Seventh Gen. Net Cooling: *34.9 Total/30.3 Sensible MBH* Ambient: *93.0 °F*
Three Tons Entering Air: *76.0 DB/63.8 WB °F* Leaving: *56.7 DB/55.6 WB °F*
208V / 1 ph / 60 Hz FLA: 22 Amps MCA: 26 Amps MOP: 40 Amps
Compressorized w/ Coil Evap Coil Face Area: *5.67 ft²* Rows: *2* Fins/Inch: *16*
Standard, No Coil Coating Cond Coil Face Area: *16.04 ft²* Rows *1* Fins/Inch: *13*
Stainless Stl - NG
Low Gas Heat Consumption: *69.0 CFH* Heating Output: *55.9 MBH*
Modulating Gas Control Heat Entering Air: *70.2 °F* Leaving: *106.1 °F*

Feature Information

C 1. Outside air

0 2. Evap Blower Mtr

0 3. Filters

Q 4. Refrig. Controls

A 5. Refrig. Options

A 6. Power

0 7. Safety

B 8. Controls

H 9. Special Controls

0 10. Open

0 11. Codes

0 12. Cabinet

0 13. Exhaust Motor

B 14. Type

Full Modulating Economizer Control, Mixed Air w/ Enthalpy Control
1 - 0.5 hp CFM: 1440 SP: 0.30" wg ext/0.60" wg tot Fan RPM: 1200
Standard - 2" Throw Away Filters: 16"x20"x4
5 MTDR + Fan Cycling
Hot Gas Bypass - 1st Stage (HGB1)
Power Switch - Cooling & Gas Units (Full Cabinet)
Standard
Low Limit Control (LLC)
All Gas Heat Units (Mechanical Cntrl)
Standard
Standard
Standard
Standard (Gray Polyurethane)

AAON MODEL RK ROOFTOP UNIT SPECIFICATIONS

Rooftop units shall be accordance with the following specifications and capacities as shown on the plans.

UNIT PERFORMANCE

- Unit cooling capacities shall be in accordance with and tested to ARI standard 210/240-89 or 360-85.
- Units up to 20 tons shall carry the ARI compliance label.
- Unit MINIMUM cooling efficiency, including the standard supply air blower motor shall be as shown on the plans.
- Unit shall have a minimum heating system efficiency of 80%.
- Units shall be safety certified in accordance with UL Standard UL1995, and ANSI Standard Z21.47.
- Unit shall be safety certified by an accredited testing laboratory.
- Unit nameplate shall carry the label of the certification agency.
- Unit shall be shipped completely assembled by the manufacturer including all standard items and optional items.
- Unit shall be 100% run tested by the manufacturer with a copy of the run test report shipped with the unit.

UNIT CONSTRUCTION

- Unit shall be completely factory assembled, piped, wired and shipped in one piece.
- Unit shall be specifically designed for outdoor rooftop application with a fully weatherproof cabinet.
- Unit design shall be dedicated bottom supply / return air style system for mounting on a roof curb.
- Cabinet shall be constructed entirely of G90 galvanized metal with the exterior constructed of 18 gauge or heavier material.
- The unit roof shall be cross broken and / or sloped to assure drainage.
- Access to compressor(s), controls, filters, blower, heating section, and other items needing periodic checking or maintenance shall be through hinged access doors with a quarter turn latch
- Air side service access doors shall be fully gasketed with rain break overhangs.
- Air side access doors will have an internal metal liner to protect the door insulation.
- Unit exterior shall be painted with polyurethane paint over a primer and a G90 type galvanized steel.
- Paint finish shall be capable of withstanding at least 2000 hours, with no visible corrosive effects, when tested in a salt spray and fog atmosphere in accordance with ASTM B 117-95 test procedure.
- All wiring shall be color coded.
- The interior air side of the cabinet shall be entirely insulated on all exterior panels with 1" thick, 1.5 pound density, neoprene coated, fiberglass insulation.
- To guarantee no leakage of conditioned air from the cabinet all of the cabinet under positive pressure, downstream from the supply air blower, shall have a separate internal cabinet contained within, and separate from, the exterior cabinet by an air gap. The internal cabinet shall be guaranteed to hold a static pressure of up to 12 inches water column.
- All openings through the base pan of the unit shall have upturned flanges of at least 1/2" in height around the opening through the base pan.
- Unit shall have decals and tags to indicate unit lifting - rigging, service areas and caution areas.
- Wiring diagrams shall be in color and marked to match the color and markings of the wires and shall be both "point-to-point" and "ladder" diagrams.
- Diagrams shall also be laminated in plastic and permanently fixed to the control compartment door.

- Installation and maintenance manuals shall be supplied with each unit, located in a metal pocket in the control access compartment.
- Unit exterior to be "Grey" in color.

BLOWERS

- Blower(s) shall be entirely self contained on a slide deck for service and removal from the cabinet.
- All belt drive blower(s) shall have backward inclined airfoil blades.
- Adjustable V-belt drive shall be provided with a minimum rating of 140% of the motor nameplate brake horsepower when the adjustable pulley is at the minimum RPM.
- Blowers, drives and motors shall be dynamically balanced.

OUTSIDE AIR

Shall be a modulating enthalpy controlled economizer with multi-stage integrated economizer and compressor operation for maximum benefit. The economizer shall consist of a motor operated outdoor air damper and return air damper constructed of extruded aluminum, hollow core, air foil blades with rubber edge seals and aluminum end seals. Damper blades shall be gear driven and designed to have no more than 25 CFM of leakage per square foot of damper area when subjected to 2" WG air pressure differential across the damper. Damper motor shall be spring return to ensure closing of outdoor air damper during periods of unit shut down or power failure.

CONDENSING SECTION

- The condensing section shall be equipped with direct drive, vertical discharge condenser fan(s). The condenser coil shall be sloped at least 30 degrees from horizontal to protect the coil from damage.

EVAPORATOR COIL

- Evaporator coil(s) shall be copper tube with aluminum fins mechanically bonded to the tubes.
- Evaporator coils to have galvanized steel end casings.
- Evaporator coils to have equalizing type vertical tube distributors with a top suction connection.
- Evaporator coils for multi-compressor units shall be circuited with one circuit and expansion valve per compressor.

CONDENSER COIL

- Condenser coil(s) shall be copper tube with aluminum fins mechanically bonded to the tubes.
- Condenser coil(s) to be sized for a minimum of 10 degrees sub-cooling.

REFRIGERATION SYSTEM

- Compressor(s) shall be of the hermetic scroll type with internal thermal overload protection and mounted on the compressor manufacturer's recommended rubber vibration isolators.
- All units over 7 tons shall be multiple stage and shall have a minimum of 2 stages of capacity control.
- Compressor(s) shall be mounted in an isolated compartment to permit operation of the unit without affecting airflow when the compressor compartment is open.
- Compressor(s) shall be isolated from the base pan and supply air to avoid any transmission of noise from the compressor into the building area.
- System shall be equipped with thermostatic expansion valve(s) type refrigerant flow control.
- System shall be equipped with automatic re-set low pressure and manual reset high pressure refrigerant controls.

- Unit shall be equipped with Schrader type service fittings on both the high side and low pressure sides of the system.
- Unit shall be equipped with refrigerant liquid line driers.
- Unit shall be fully factory charged with refrigerant R-22.

OPTIONS:

- 1) Unit shall be equipped with a 5 minute anti-short cycle delay timer for each compressor.
- 2) Unit shall be equipped with hot gas bypass on lead circuit only

GAS HEATING SECTION

- Unit shall heat using natural gas and be equipped with a modulating gas valve, adjustable speed combustion blower and stainless steel tubular heat exchanger. The heat exchanger shall have a 25 year non pro-rated warranty. The completely factory mounted gas heating assembly shall be capable of operating at any firing rate between 100% and 30% of rated capacity. The combustion air and gas firing rate shall both be capable of modulation. A discharge air sensor shall be provided for field installation in the supply air ductwork to sense the discharge air temperature. The discharge air setpoint shall be adjusted at the electronic controller within the rooftop unit control compartment. Heating control shall be capable of operation initiated by:
 - a) a "W1" call for heat from a thermostat.
 - b) a 0 to 10 volt signal from a DDC control system.

POWER OPTION:

- Unit shall be provided with a factory installed and wired 115 volt, 13 amp ground fault disconnect switch.

FILTERS

- Unit to be furnished with 2" pleated throw away supply air filters with clogged filter switch

TEMPERATURE CONTROL

- Each units will be wired utilizing a 24Volt control circuit terminal strip for field installed controls. Unit temperature controls by others.

ROOFCURBS

- Unit to be furnished with a seismic vibration isolation roof curb manufactured by VMC East.

OPTION RKxx-x-xx-3xM

MODULATING GAS HEAT

The modulating gas heater option requires the selection of a stainless steel heat exchanger. The furnace is capable of full modulation between 30 to 100% of full capacity. A small inverter regulates combustion airflow through the heat exchanger. The unit is shipped with a duct temperature sensor that must be field installed in the supply duct. The discharge temperature is regulated with a DDC controller. The discharge setpoint is regulated by this factory provided & installed DDC controller. Heat must be initiated with a call on control terminal W1, and discharge temperature can be reset by a 0-10 volt signal from a field provided DDC controller.

GAS HEATER DETAIL

Gas piping must
not block the
service access
doors.

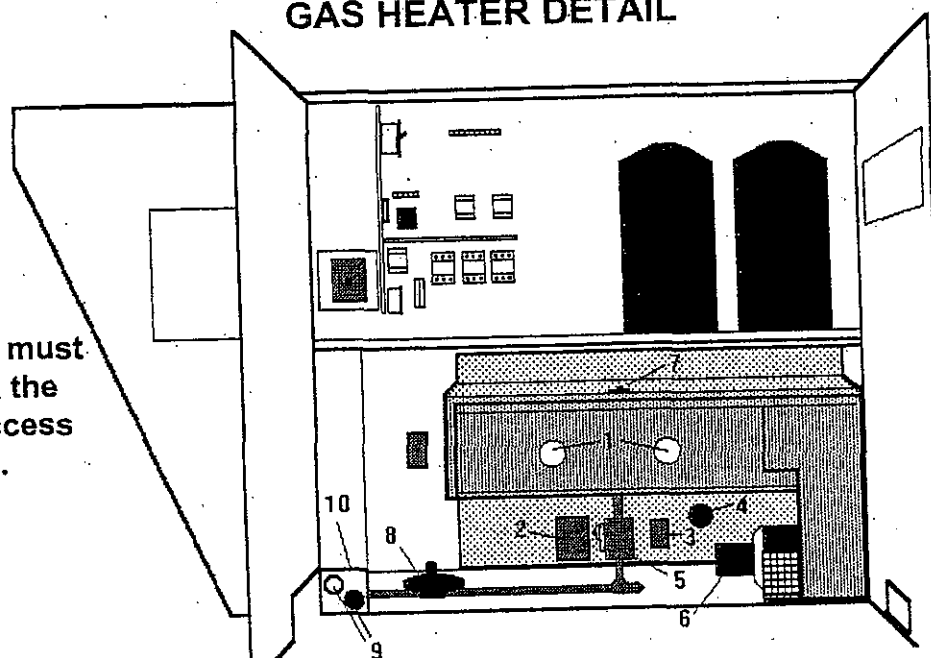


Figure 69

- | | |
|-----------------------------------|---|
| (1) Inspection Ports | (6) Combustion Blower Assembly |
| (2) Ignition Controller | (7) Flame Roll-out Switch |
| (3) Main Limit | (8) Optional Gas Regulator |
| (4) Combustion Air Proving Switch | (9) Utility Knockouts |
| (5) Gas Valve | (10) Pipe Union (with optional regulator) |

The natural gas pressure input range for units without optional step-down regulators is 6 - 10.5" water column.

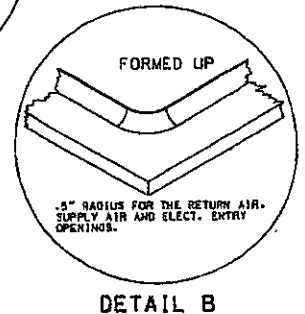
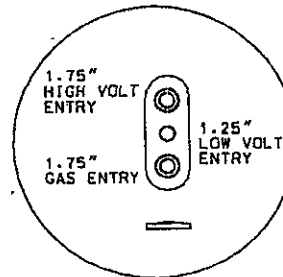
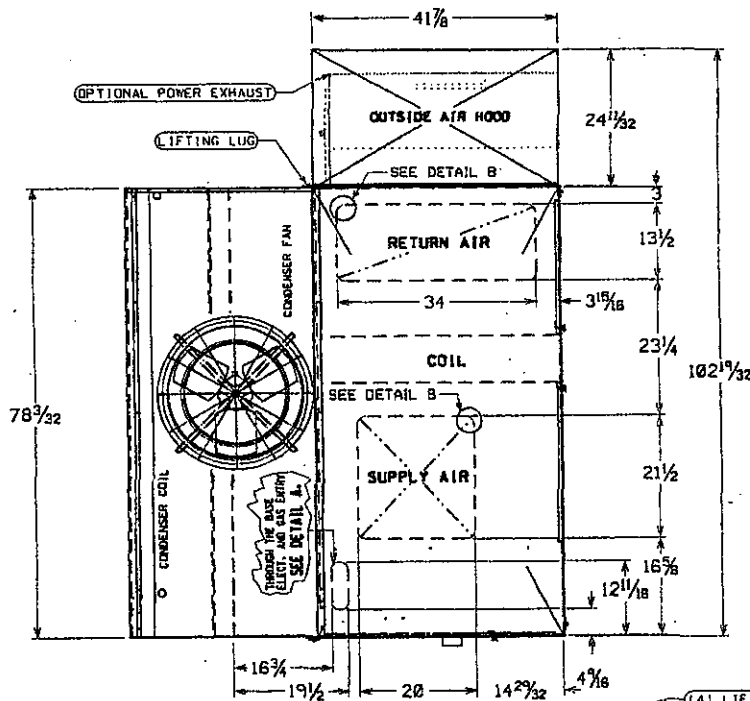
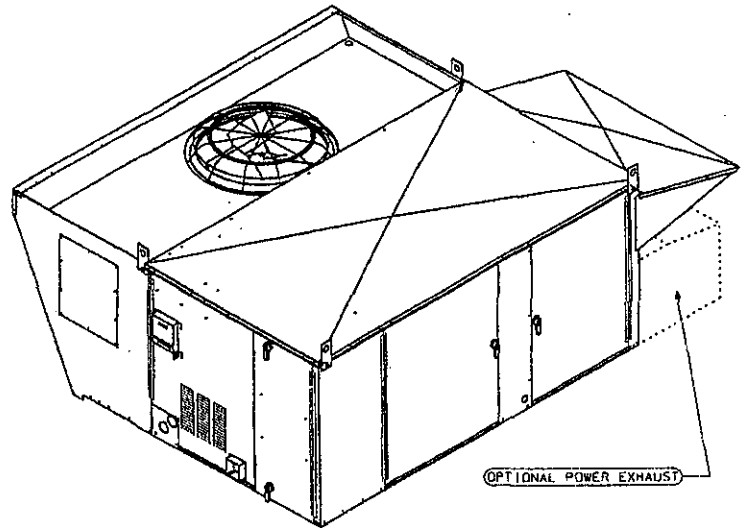
REHEAT: The standard aluminized steel heat exchanger can be used for reheat applications and will be warranted where the air entering the HXC is not below 20 degrees F with an On/Off heater control. Where a two-stage control is used, the air entering the HXC cannot be below 30 degrees F. Modulating gas heater control must always use the stainless steel HXC. D cabinet units with two heaters require each heater to operate in accordance with the above restrictions.

HEATING OR REHEAT CONTROL: If a discharge air temperature control is used, a stainless steel heat exchanger is required.

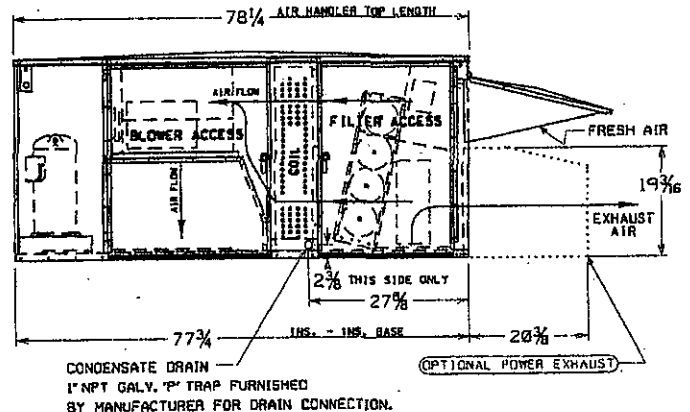
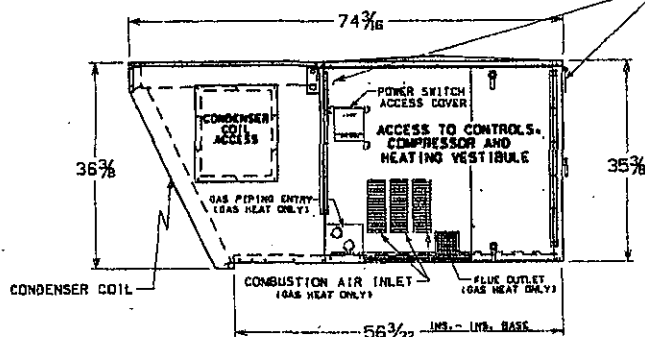
RTU-1,2

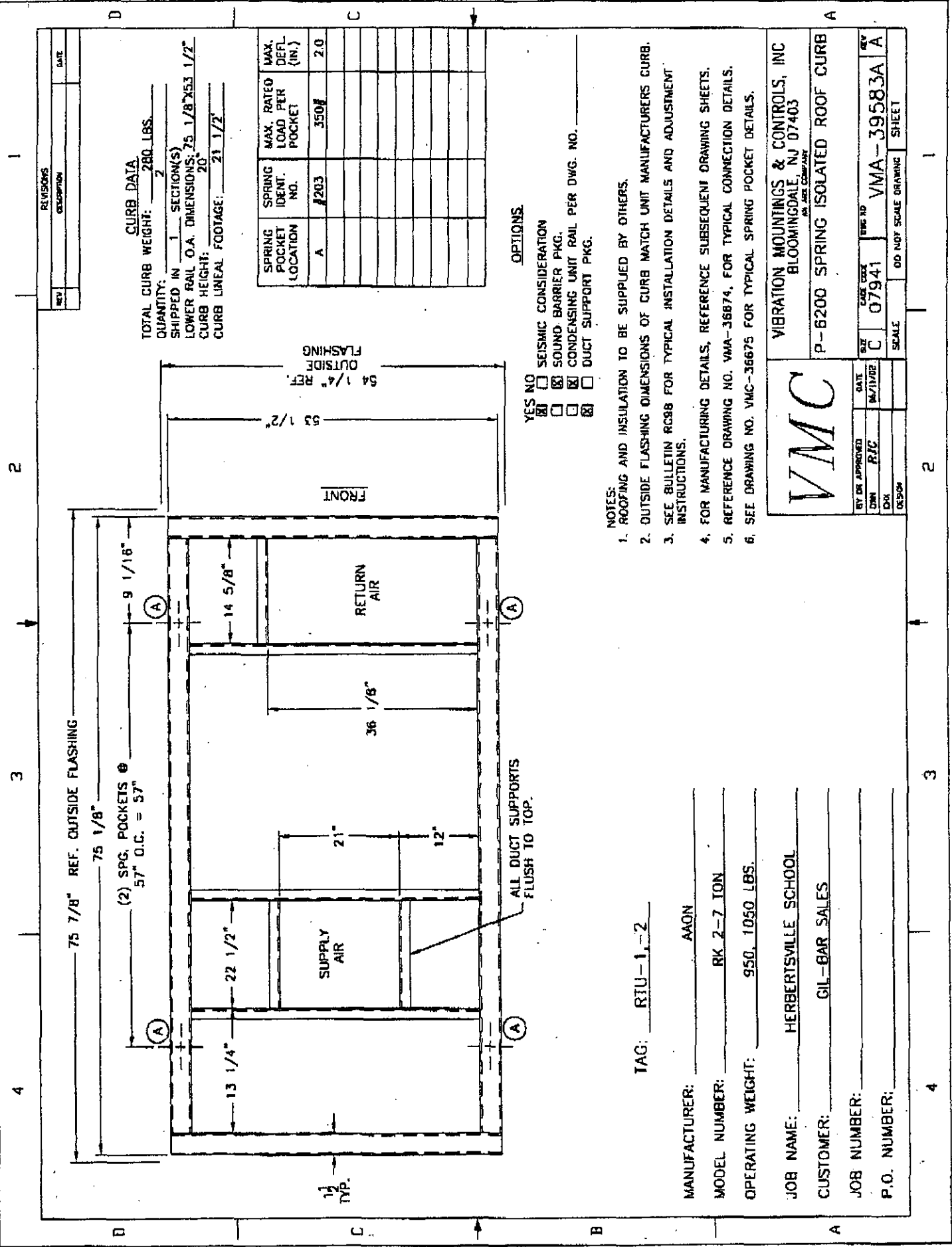
A-CABINET WITH ECONOMIZER ~ 2-7 TON

CLEARANCES	
LOCATION	UNIT SIZE
RETURN AIR (BACK)	36
VENT SIDE (FRONT)	48
LEFT SIDE	6
RIGHT SIDE	48
TOP	UNOBSTRUCTED



NUMBER OF CONDENSER FANS
 2-5 TON - 1 FAN
 6-7 TON - 2 FANS





CURB DATA
TOTAL CURB WEIGHT: 280 LBS.
QUANTITY: 2
SHIPPED IN 1 SECTION(S)
LOWER RAIL O.A. DIMENSIONS: 75 1/8" X 53 1/2"
CURB HEIGHT: 20"
CURB LINEAL FOOTAGE: 21 1/2'

SPRING POCKET LOCATION	SPRING IDENT. NO.	MAX. RATED LOAD PER POCKET	MAX. DEFL. (IN.)
A	1203	350#	2.0

- OPTIONS**
- YES NO
- ☒ SEISMIC CONSIDERATION
 - ☐ SOUND BARRIER PKG.
 - ☐ CONDENSING UNIT RAIL PER DWG. NO. _____
 - ☒ DUCT SUPPORT PKG.

- NOTES:**
1. ROOFING AND INSULATION TO BE SUPPLIED BY OTHERS.
 2. OUTSIDE FLASHING DIMENSIONS OF CURB MATCH UNIT MANUFACTURERS CURB.
 3. SEE BULLETIN RC88 FOR TYPICAL INSTALLATION DETAILS AND ADJUSTMENT INSTRUCTIONS.
 4. FOR MANUFACTURING DETAILS, REFERENCE SUBSEQUENT DRAWING SHEETS.
 5. REFERENCE DRAWING NO. VMA-36674, FOR TYPICAL CONNECTION DETAILS.
 6. SEE DRAWING NO. VMC-36675 FOR TYPICAL SPRING POCKET DETAILS.

TAG: RIU-1, 2

MANUFACTURER: AAO

MODEL NUMBER: RK 2-7 10N

OPERATING WEIGHT: 950, 1050 LBS.

JOB NAME: HERBERTSVILLE SCHOOL

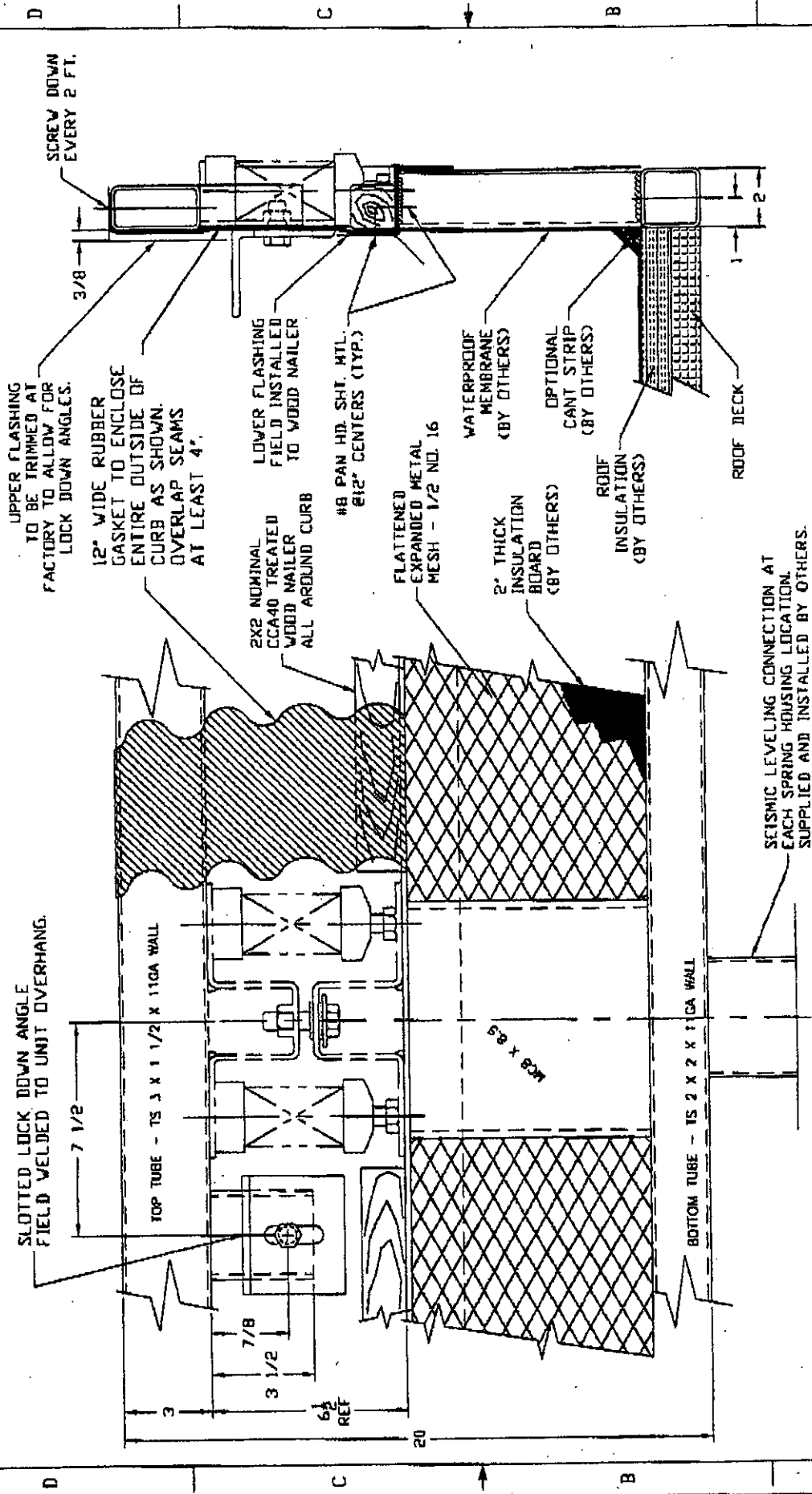
CUSTOMER: GIL-BAR SALES

JOB NUMBER: _____

P.O. NUMBER: _____

VMC		VIBRATION MOUNTINGS & CONTROLS, INC. BLOOMINGDALE, NJ 07403 AN AEE COMPANY	
BY OR APPROVED	DATE	SCALE	DD NOT SCALE DRAWING
DRN	MA/10/02	07941	
CHK			
DESIGN			
P-6200 SPRING ISOLATED ROOF CURB		VMA-39583A	

REVISIONS			
DATE	BY	INITIAL	RELEASE
	A		



SECTION

ELEVATION

VMC		VIBRATION MOUNTINGS AND CONTROLS, INC.		BLOOMINGDALE, ILL. 62403	
P6100 / P6200 CURB		TYPICAL DETAILS - FINAL ASSEMBLY		VMA-395838	
NO.	C 07941	DATE	04-84	SCALE	1/2" = 1'-0"
BY		CHKD		SHEET	1

JOB NAME: HERBERTSVILLE SCHOOL
 CUSTOMER: GIL-BAR SALES
 JOB NUMBER:
 P.O. NUMBER:

1

2

3

4

HERBERTSVILLE ELEMENTARY SCHOOL - EQUIPMENT

One (1) Raypak Outdoor Boiler Model H3 183 Natural Gas requiring min. gas pressure of 7" WC and max. gas pressure of 14" WC.

- Two stage.
- 30 PSI relief.
- Mounted pump.
- Mounted base.
- Alarm with remote signal.
- Low water cut-off.
- CSD-1.
- Enable - Disable.
- Low temp control.
- Temperature control B6.
- Outdoor weather proof disconnect switch.
- Electronic intermittent pilot IID.
- High limit switch with auto reset.
- Outdoor reset control stage.
- Start-up service and 1-year service.

Note: Enclosed 12 Copies- Submittals
6 Copies -Operational & Maintenance Manuals

YEZZI ASSOCIATES
ARCHITECTS & PLANNERS
P. O. BOX 1558, TOMS RIVER, NJ 08754
TEL. (732) 240-3433 FAX (732) 240-3463

- 1 THIS SHOP DRAWING HAS BEEN REVIEWED FOR GENERAL CONFORMANCE WITH THE CONTRACT DOCUMENTS BY THE DESIGN PROFESSIONAL.
- 2 THE CONTRACTOR SHALL CERTIFY THAT HE HAS REVIEWED THIS SHOP DRAWING IN CONFORMANCE WITH AIA DOCUMENT A-201 1997 GENERAL CONDITIONS, SECTION 3.12 THRU SECTION 3.12.10.
- 3 CONTRACTOR TO FIELD CHECK AND VERIFY ALL DIMENSIONS PRIOR TO SUBMISSION OF SHOP DRAWINGS, FABRICATION AND INSTALLATION.
- 4 IF THIS SUBMISSION IS NOT THE SYSTEM SPECIFIED THE CONTRACTOR MUST CERTIFY IN WRITING THAT THE SUBSTITUTE IS EQUAL OR BETTER THAN THE ITEM SPECIFIED.

ACTION TAKEN:

- | | |
|--|--|
| ☐ ACCEPTED | ☐ RESUBMIT AS NOTED |
| ☐ ACCEPTED AS NOTED | ☐ REJECTED |

REVIEWED BY: _____ DATE: _____

Job: HERBERTSVILLE ELEMENTARY SCHOOL
Engineer: T & M
Contractor: MID COAST MECHANICAL INC.
Prepared By: KEN STANTON Date: 6/10/02
Model: H 3 183 Outdoor

Raytherm™ - Type H

Hydronic Heating Boilers

Models 182-400 - Outdoor

EFFICIENT

- ▶ 82% thermal efficiency – highest of any atmospheric boiler available today

THERMAL SHOCK PROOF

- ▶ Twenty-year warranty against thermal shock damage up to 150°F differential
- ▶ Maximum operating temperature: 230°F

LIGHTWEIGHT

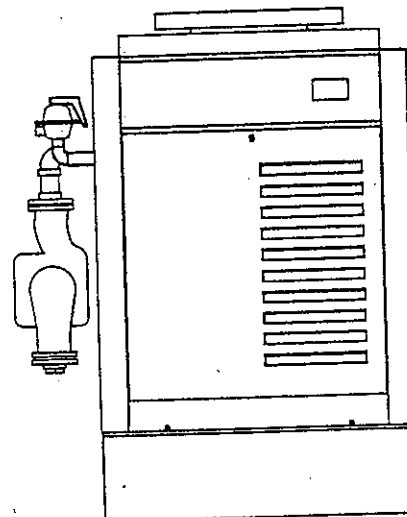
- ▶ A floor load of 70 lbs./sq. ft. or less

HIGH RECOVERY

- ▶ Cuts fuel costs substantially because the standby and radiation losses normal to other boilers and tank-type water heaters are eliminated

LOW WATER OPERATING TEMPERATURE

- ▶ Operates with water temperature as low as 105°F without condensing



Heat Exchanger

- ASME Inspected and Stamped 160 PSIG
- National Board Approved
- Headers
 - ☒ Cast Iron Glass-lined – standard
 - ☐ Bronze
- Finned Tubing
 - ☐ Copper – standard
 - ☐ Cupro Nickel
- ASME Steel Tube Sheet
- Silicone O-Rings
- 45 PSIG ASME Pressure Relief Valve
- Temperature and Pressure Gauge
- Water Connections
 - ☒ Left Hand – standard
 - ☐ Right Hand
- Flow Configuration – Two-pass
- Pump – optional
 - ☒ Mounted, 1/8 HP, 120 Volt, 1Ø, 60 Hz

Controls

- 115V, 60Hz, 1 Ph Power Supply
- 115/24V Transformer
- 100% Pilot Shut-off/Lockout
- Electronic, Intermittent Ignition (IID) Pilot
- High Limit Control, Manual Reset
- On/Off Switch
- Flow Switch
- Economaster II Pump Time Delay

Gas Control Train

- Manual Main Gas Shut-off Cock
- Main Gas Pressure Regulator
- Redundant Safety Shut-off Valve
- Control Valve
- Firing Mode
 - ☐ On/off
 - ☒ Two-stage firing
 - ☐ Mechanical Modulation
- Fuel
 - ☒ Natural Gas
 - ☐ Propane Gas
- Design Certified ANSI Z21.13 H Stamp

Construction

- Front Controls
- Stainless Steel Burners
- Polyuf Powder Coat Finish
- Stackless Top
- 8" Base – standard

Temperature Controls

- ☐ 2-stage Aquastat – 55-175°F
 - ☐ 2 stage Aquastat – 130-230°F
 - ☐ 1-8 Stages – Y2B Sequencer
 - ☐ 1-8 Stages – Y3B Sequencer
 - ☐ 1-8 Stages – Y4B Sequencer
 - ☐ 1-8 Stages – Y5B Sequencer
- Note: H1 and H5 do not require a controller

Additional Safety Controls

- ☒ Low Water Cut-off Probe
- ☐ High Gas Pressure Switch-Manual
- ☐ Low Gas Pressure Switch-Manual
- ☒ High Limit Control, Auto Reset
- ☒ CSD-1
- ☒ LOW TEMP CONTROL

Regulatory Agency Requirements

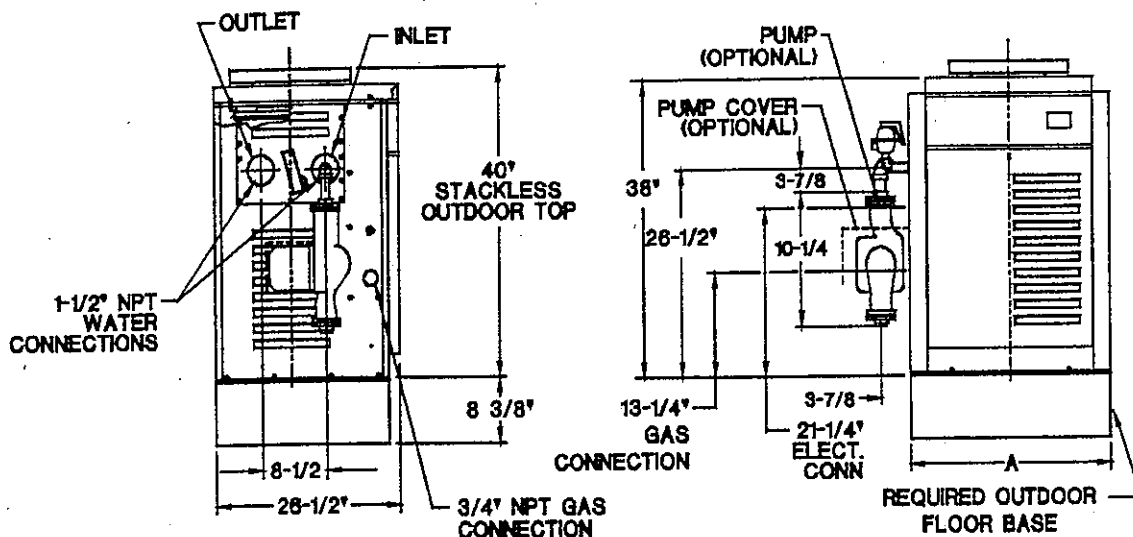
- ☐ _____
- ☐ _____



Raypak

Raytherm - Type H Hydronic Heating Boilers - Outdoor

Model H 3 183



Model No.	MBTU Input	MBTU Output	Width A	Shipping Weight (Lbs.) - Approx.	
				No Pump	w/ Pump
H-182	181	145	18-1/4"	191	221
H-260	264	211	22-3/8"	214	244
H-330	334	267	25-3/4"	234	264
H-400	399	319	29-1/4"	253	283

NOTE: Ratings shown are for elevations up to 2,000 feet for indoor or outdoor installations. For elevations over 2,000 feet, reduce ratings at the rate of 4% for each 1,000 feet above sea level.

BOILER RATE OF FLOW AND PRESSURE DROP

Model	10° ΔT		20° ΔT		30° ΔT		40° ΔT	
	GPM	ΔP FT	GPM	ΔP FT	GPM	ΔP FT	GPM	ΔP FT
H-182	30	4.2	N/A	N/A	N/A	N/A	N/A	N/A
H-260	43	8.5	22	2.2	N/A	N/A	N/A	N/A
H-330	N/A	N/A	27	3.4	N/A	N/A	N/A	N/A
H-400	N/A	N/A	33	5.2	22	2.3	N/A	N/A

N/A - Not Applicable

Raypak, Inc. • 2151 Eastman Avenue, Oxnard, CA 93030 • (805) 278-5300 • Fax (800) 872-9725 • www.raypak.com
 aypak Canada Ltd. • 2805 Slough St., Mississauga, Ontario, Canada L4T 1G2 • (905) 677-7999 • Fax: (905) 677-8036 • www.raypakcanada.com
 Raypak Australia Pty. Ltd. • 7 Geddes Street, Mulgrave, Victoria, Australia 3170 • (6139) 560 4944 • Fax (6139) 560 4974 • www.raypak.com.au

atalog No.: 2000.206A

Effective: 4-1-01

Replaces: 10-1-00



YEZZI ASSOCIATES, L.L.C.
ARCHITECTS • PLANNERS

030-42-2

May 20, 2002

Mr. Frank Miser
Plumbing Subcode Official
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

REF: Plumbing Fixture Count for Brick School District
Various School Additions

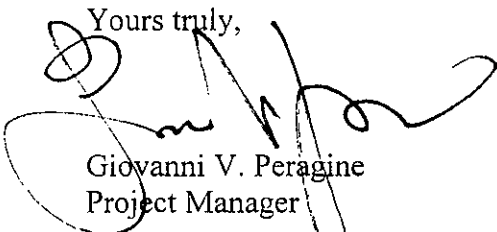
Dear Mr. Miser:

Pursuant to the New Jersey Department of Education (NJDOE) Long Range Facility Plan, the majority of the Brick School District facilities fall short of the minimum square footage per student ratio based on the current and projected student population, creating an overcrowding condition.

The purpose of these additions is to solely alleviate the current overcrowding conditions and not to create additional occupancy, therefore, offsetting the need to provide additional plumbing fixtures. We understand your concern and hope that this letter would help to clarify the districts scope of work.

Please let us know if you require additional information by contacting our office at your convenience.

Yours truly,



Giovanni V. Peragine
Project Manager

cc: Nicholas C. Pulio, Bus. Admin.
Ernie Cutts

GVP/dm

Massimo F. Yezzi, Jr., NCARB, RA, PP
John R. Burgdorfer, RA
18 Washington Street, P.O. Box 1638
Toms River, N.J. 08754

Tel: 732-240-3433
Fax: 732-240-3463
1-800-376-3433
E-Mail: MFYEZZI@aol.com

INTERIOR DESIGN

CONSTRUCTION MANAGEMENT

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:

Kimberley S. Casten — President
Stephen C. Acropolis
Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Anthony R. Shupin
Frederick J. Underwood, Sr.



Department of Administration & Finance

Division of Inspections

Daniel F. Newman Jr.

Construction Official

(732) 262-1030

Fax: (732) 262-8954

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

May 5, 2003

Gingarelli Brothers, Inc.
2606 Route 37 East
Toms River, NJ 08753

Re: Permit #02-2251
Herbertsville School

Dear Sirs:

Please be advised that the temporary Certificate of Occupancy for the above referenced project expired on May 1, 2003.

Final engineering as well as Ocean County Soils finals are necessary to receive a final Certificate of Occupancy.

Please comply with the above within ten (10) business days of receipt of this correspondence. Failure to do so may result in a fine of up to \$500.00.

Should you have any questions or need clarification, please contact this office by calling (732) 262-1027 between the hours of 8:30 AM and 4:30 PM Monday through Friday.

Sincerely,

A handwritten signature in cursive script that reads "Daniel F. Newman, Jr." followed by a circular stamp or mark.

Daniel F. Newman, Jr.
Construction Code Official

DFN/mjr



Permit # 02-2251

REPORT OF COMPLIANCE

Final Compliance

Conditional Compliance ☐

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

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: W. J. [Signature]

DATE: 5/14/03

DISTRIBUTION:

WHITE - Township
CANARY - Applicant
PINK - District

CONSTRUCTION MANAGEMENT CONSULTANTS

16 Forest Lane
Tabernacle, NJ 08088
Phone (732) 262-2950 – Fax (732) 920-3402

Email:bigtex57@comcast.net

LETTER OF TRANSMITTAL

To: Township of Brick Building Department 401 Chambers Bridge Road Brick Township, NJ 08723	Date: 5/15/03	Job No.: YC01153
	Re: Herbertsville Elementary School	

WE ARE SENDING YOU: ☒ Attached ☐ Under separate cover via ☐ the following items

☐ Shop Drawings ☐ Prints ☐ Specifications ☐ Samples

☐ Copy of Letter ☐ Change Order ☐ Other ☐ Subletting Request

Copies	Date	Number	Description
1			Ocean County Soils final compliance certificate

THESE ARE TRANSMITTED as checked below:

☒ For approval	☐ Approved as submitted	☐ Resubmit	☐ Copies with corrections
☐ For your use	☐ Approved as noted	☐ Submit	☐ Copies for distribution
☐ As requested	☐ Returned for corrections	☐ Returned	☒ Corrected Prints
☐ For review & comment	☐ Other		
☐ FOR BIDS DUE/DATE:		☐ PRINTS RETURNED AFTER LOAN TO US	

REMARKS

COPY TO _____

Received By; _____

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

File



OCEAN COUNTY SOIL CONSERVATION DISTRICT

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

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL ✓ MUNICIPALITY: BRIER
PROJECT: HEBERTS VINE & SUGAR ADDITION SCD NO.: 8029
BLOCK NO.(s) 1471 LOT NO.(s) 14

Final Compliance ✓

Conditional Compliance ☐

Block No.	Lot No.	Conditions
		APPLICANT REMAINS RESPONSIBLE FOR COMPLETE GERMINATION OF ALL SEEDS AREAS.
		FAX MEMO # PAGES 1 DATE 5/14/03 FAX # TO FRANK FROM MIKE CC OCSO RM #
		TOTAL FEES DUE: \$

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

AGENT RESPONSIBLE FOR PROJECT: [Signature]

AUTHORIZED DISTRICT SIGNATURE: [Signature]

DATE: 5/14/03

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

INSPECTOR:

K Shafar

DATE:

5/14/03

JOB:

Herbertsville
Elementary
School

SECTION:

Phase III

TYPE OF WORK:

Final

WEATHER:

Cloudy

LOCATION:

off Lanes Mill Rd

TEMPERATURE:

60°

BLOCK:

1421

LOT:

14

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

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

COMMENTS REFERENCING ITEM NUMBER:

see attached Temp List

Open items # 2, 3, 4, 6, 9, 11-14

RECOMMENDATIONS:

☐ TEMP. C.O.☐ FINAL C.O.☒ DETAILED REINSPECTION☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of

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

INSPECTOR: Kenneth Shaffer
 JOB: Herbertsville School SECTION: Phase III
 WEATHER: Sunny
 TEMPERATURE: 90°'s

DATE: 8-14-03
 TYPE OF WORK: Final (3rd)
 LOCATION: off Lanes Mill Rd
 BLOCK: _____ LOT: _____

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

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

COMMENTS REFERENCING ITEM NUMBER: 1, 4, 5, 8

- Ⓐ Install all Traffic/Directional/Fine Line pavement markings and signs around site
- Ⓑ Re-do 'ex' signs' posts to correct height (too short)
- Ⓒ Verify Irrigation system up and working

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☒ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

Ⓓ Establish dumpster area/enclosure and locate dumpsters there

Ⓔ Release letter needed for pavement ponding

Ⓕ Asbuilts required for pavement surface

Ⓖ property @ left side that drains to neighbors

Ⓗ Fix trenches at Lanes Mill Rd.

Ⓘ Need Final Ocean County Sols

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

Authorized representative of

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

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: Herbertsville Elementary School

Block: _____ Lot: _____

Owner's Name: _____

Owner's Mailing Address: _____

Phone: (____) _____

BUILDING

Contractor: _____

Address: _____

Phone#: _____

Lis # _____

Federal Emp # or SSN _____

ELECTRICAL

Contractor: Sun Electrical Const. Corp.

Address: 308 Drum Point Road

Brick, New Jersey 08723

Phone#: 732-477-3500

Lis #: 7146

Federal Emp # or SSN 2227637321

Technical Data

Description of Work: _____

Technical Data

Item	Quantity
Lighting Fixtures	56
Receptacles	40
Switches	14
Detectors	5
Light Poles	
Motors w/ Fract. HP	6
Emergency & Exit Lights	3
Communication Points	3
Alarm Devices/FAC Panel	18
Total	140

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____

No of Stories: _____

Height of Structure: _____

Area of the largest floor: _____

Area of New Structure: _____

Volume of New Structure: _____

Total Land Disturbed: _____

Cost of Alteration: \$ _____

Cost of New Building: \$ _____

Total Cost of New Building Work: \$ _____

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

Signature: _____

Please Print Name: _____

Pool (Receptacles, Switches, Lights, Motor HP) _____

Spa/Hot Tub/Storable Pool _____

Electric Range _____ KW

Oven/Surface Unit _____ KW

Electric Water Heater _____ KW

Electric Dryer _____ KW

Dishwasher _____ KW

Garbage Disposal _____ HP

A/C Unit - Central Air 2 1.5 KW

Space Heater/Air Handler 1 1 KW

Baseboard Heating _____ KW

Motors 1- HP _____

Transformer/Generator _____ KW

Light Stand _____ AMP

Service _____ AMP

Subpanel 5 AMP 1-400amp

Motor Control Center _____ AMP 1-225amp

Sign/Outline Light _____ KW

Furnace _____

Steam Boiler _____

Other: _____

- Rough & finish of addition

- Extend existing underground service in

way of addition

Estimated Cost of Electrical Work: \$ 70,000.00

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

Signature: _____

Please Print Name: Anthony Zurella

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

FIRE

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

Contractor: Sun Electrical Const. Corp.
Address: 308 Drum Point Road
Brick, New Jersey 08723
Phone #: 732-477-3500
Lic #: 7146
Federal Emp # or SSN: 2227637321

Technical Data

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

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

Technical Data
Description of Work:

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

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

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____
Smoke Detectors	5
Heat Detectors	9
Total	14

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

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

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

- Extend existing fire alarm to new addition

Estimated Cost of Fire Work 3,000

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

Signature: _____

Print Name: Anthony Zurella



OCEAN COUNTY SOIL CONSERVATION DISTRICT

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

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK
PROJECT: HERBERTSVILLE ELEMENTARY SCD NO.: 8029
BLOCK NO.(s) 1421 LOT NO.(s) 14

Final Compliance ☐

Conditional Compliance ☒

Block No.	Lot No.	Conditions
		This CONDITIONAL COMPLIANCE expires on <u>5/1/03</u> . The applicant is required to notify this office when work is PROPERLY COMPLETED. A \$75.00 re-inspection fee will be billed to the applicant for each day the required work is NOT properly completed.
		PACK #3868
		TOTAL FEES DUE: \$ <u>75.-</u>

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

AGENT RESPONSIBLE FOR PROJECT: _____
AUTHORIZED DISTRICT SIGNATURE: [Signature]
DATE: 3/4/03

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

R CH GA V MTL
S FEVE AS PLR UN
VE LA OR FQUIRES

CO M DRP EDGE
AS ER E FS MANUF
SPECS

2 (7) R 6 D INSULATION
SLAB PER ME E
(N X 2 0 (D) MN

NOTE
REFER TO STRUCTURAL
DRGSS OR SLAB FOOTING
A D FOUNDATION
NFORMATION

5 TYPICAL SECTION @ UNIT VENTILATOR

PROVIDE IMPROVED F R F
S O N G RE SEA
JO

PL GOLD APPLIED ROO
S EM S SPE D O
MIN SID SULATION AS
SPECD S E ROO PLAN
FOR FO

ME A ROO E R S JPEC
SEE TRUCTURAL DRAN GS FOR
NIO

12-0 AFF
O O MASONR

EE RAMNG
SE S RUCTURAL DRAWNGS
FOR NFO

0-0 AFF
ELNG ST

SUSPE DED ACQUIS
NG E GR
YSTE S ECD
EE RIGTU
O BEAR S CO EC ON
DE ALS
CO NUOUS MUEO
BE ME W () B R
CON FILL SOL W GROUT

0 CMU WALL AS S ECI ED RF F
M W DURO WALL EVI 2ND COU SE
RPR ME CO AN ASS ECD
(FLUSH NO S) R F WALL W () S
ARS 3 OC V RT ILL
SOLD W CROUT FULL HEIGHT
REIN (1 HOUR RATED PER UL 1900)

R 9 BATT FIBERGLASS
INSULATION AS SPECD
RUN NSAL PERPENDICULAR
O 2 O 1 P NS OF CLG

SUSPENDED A OUS
C I O T L F
S S EM AS SPECD

CORRIDOR
02

ROOM
103
IMLAR AT ROOM 00 AND 101

FILL BOTTOM 3 COURSES
SOLID W GROUT TYPICAL
BASE TRIM AS SPECD SEE
F S SC DULE

5 (7) CONG SLAB (3500 PSI)
CONC 28 DAYS REM
W 6 X 6 / 28 MMF ON 6
PO Y VB ON 1 GRAVEL BE
OVE COMPACTED SUBGRADE
FI SH FLOO
S SPECD

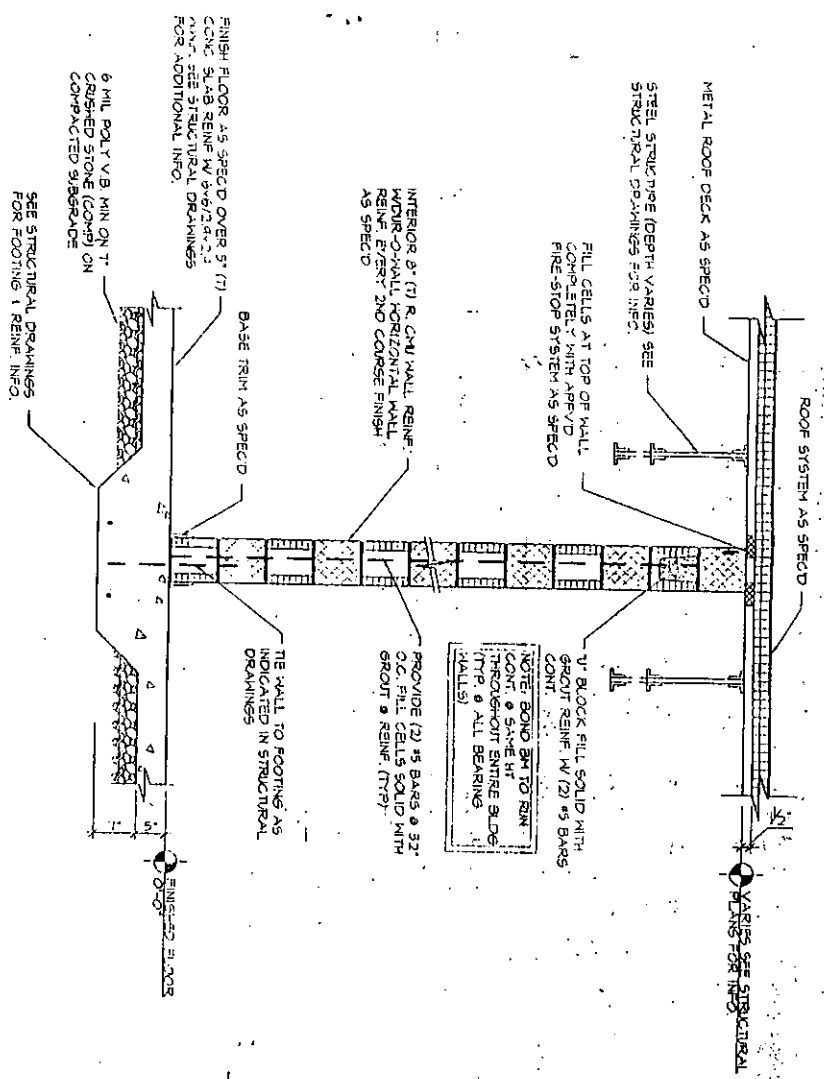
FI FLOOR 0-0
D U

S RUCTURA
RAWNG FOR
OO NG OUN A O
RE FORCNS
ON AND

1. WALL NOTE: COORDINATE
ROOF TIE IN
SECTIONS BY EXISTING
FINISH MAINTAIN TO
2) NOT VOID ANY
TIES WARRANTEES

2. MASONRY 12" X 12" AFF
2. PARAPET 12" X 12" AFF

3. STEEL ROOF DECK
TOP FRAMING TO
END



2) TYPICAL INTERIOR WALL WALL TO INVERT OF DECK STRUCTURE PARALLEL

Fax Cover Sheet

Gingerelli Brothers, Inc.
2606 Route 37 East
Toms River, NJ 08753
732-929-9779
732-929-2971

Send to:	From:
Bruck Twp. Bid. Dept	Frank Yingerelli
Attention: Judy C.	Date: 7/17/02
RE: Herbentville School	
Permit # 02-2251	

- ☐ Urgent
☐ Reply ASAP
☐ Please comment
☐ Please Review
☒ For your Information

Total pages, including cover: 2

Comments:

Comments:

Attached Find C.T.L. bearing
CAPACITY Report.



(732-929-2971)

CLIENT: Gingerelli BrothersDATE: 7/17/02PROJECT: Herbertsville Elementary School

LAB NO.:

TEST REQUIRED: Verification of Bearing Capacity/Footing Inspection

INSPECTED BY: D. HAN

REPORT NO.:

CONTRACTOR: Gingerelli Brothers

The following locations were tested using the Kneas Bar and their results are as follows:

These values should be used in conjunction with the Geotechnical Investigation report conducted by: N/A Date: N/A

BLOW COUNTS

(Addition Footing) Location	Depth	1st Foot	2nd Foot	3rd Foot	Type of Material	Bearing Capacity (PSF)*
corridor S.S. side	1'	13	11	25	ASBL cohesive	≥ 3000
corridor S. side	1'	14	12	29	"	"
S. Exterior wall	3'	8	16	31	"	"
N. Exterior wall	3'	15	15 Ref.	—	"	"

Material is visually classified as: light brown sandy soil w/ gravel.

Bearing Capacity Specified per Project Documents: 3000 PSF
Drawing No.: 5-1

*The bearing capacity is based on the information provided by the Kneas Bar Drop Hammer charts. Values indicated are for verification of field conditions. Foundation Design and Presumed Bearing as represented on the project drawings shall be based upon the above Geotechnical Report. If no report, values are for reference only.

Respectfully submitted,

Reported to:

Joseph Guozzo

Main Office

155 U.S. Route 130 • Bordentown, NJ 08505 • (609) 298-3255

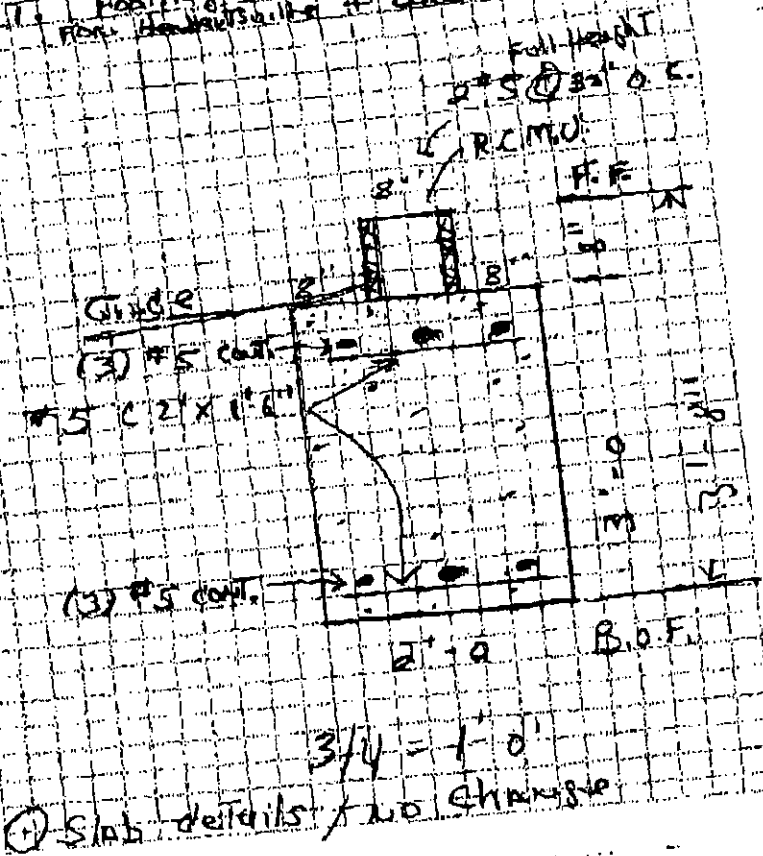
YEZZI ASSOCIATES

GINGERELLI DROS INC

YEZZI

28/02 WED 15:38 FAX 732 828 2871

ALL FOOTING AND WALL DETAIL
FROM HANDOUTS LIKE IT ASSEMBLY



Accepted
7/3/02
[Signature]

Fax Cover Sheet

Gingerelli Brothers, Inc.
2606 Route 37 East
Toms River, NJ 08753
732-929-9779
732-929-2971

Send to: A Baick Bld. Dept.	From: Frank M. Gingerelli
Attention: Judy Lass	Date: 1/23/03
RE: Herbstville School - Final Bld. Inspection you did today	

- ☒ Urgent
- ☐ Reply ASAP
- ☐ Please comment
- ☒ Please Review
- ☒ For your information

Total pages, including cover: 1

Comments:

① See Attached American Testing Report on Framing.
② The Above Ceiling Rough was completed and passed by Ron Pizzan, with with whom I personally met with, for the inspection and walk thru.
Thank you
John M. Sytle V.P.

AMERICAN TESTING & TECHNICAL SERVICES INC.

VISUAL INSPECTION REPORT

Client: Mastercraft Iron, Inc.
Project: Herbertsville Ele. School
Location: Brick Township, NJ

Report No: HES-VT-01
Date: October 28, 2002
Day: Monday

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

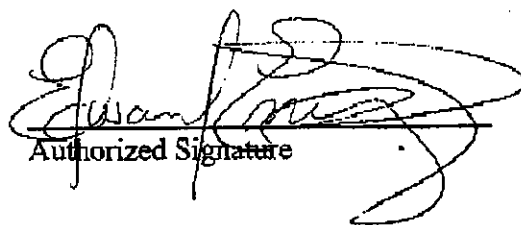
ROOF DECKING & JOIST

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

Respectfully,

American Testing & Technical Services, Inc.

Robert Morgan
Technician


Authorized Signature

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

OFFICES IN NEW JERSEY AND FLORIDA

INSPECTOR:

K Shaffer

DATE:

K Shaffer

JOB:

Herbertsville
Elementary
School

SECTION:

Phase III

TYPE OF WORK:

Temp

WEATHER:

30

LOCATION:

off Lees Mill Rd

TEMPERATURE:

Pt Cloudy

BLOCK:

1421

LOT:

14

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

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

COMMENTS REFERENCING ITEM NUMBER:

See attached list

RECOMMENDATIONS:

☒ TEMP. C.O. until 5/1/03☐ FINAL C.O.☐ DETAILED REINSPECTION☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

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

Temp Items to be done

- 1.) South/North Entrances to be restored & Stabilized
- 2.) Install all Traffic/Directional signs (front, side, rear)
- 3.) Re do ex sign poles to correct heights
- 4.) Install/Complete pavement markings (front, side, rear)
- 5.) 2 Large Landscape areas @ front to be restored
- 6.) Irrigation around site to be completed
- 7.) Area @ handicapped locations / Sidewalk Ent to be restored & Stabilized
- 8.) @ S Side of school off pavement area to have debris (conc) removed and restored / Stabilized
- 9.) @ rear of new addition by utility piping add 3 safety bollards
- 10.) Fix broken down spot @ left of sign area
- 11.) Dumpster area to be established and constructed per Twp Eng Dept requirements
- 12.) Release letter for ponding on newly paved areas
- 13.) JP approvals needed for pavement snail @ S. Side rear, to be draining to ex neighbor @ left side
- 14.) Fix ~~trashed~~ trenches @ Lane Mill Rd Ent.

INSPECTOR: K Shafer
JOB: Herbertsville SECTION: II
Elementary
WEATHER: Rainy
TEMPERATURE: 70°s

DATE: 9-2-03
TYPE OF WORK: Temp
LOCATION: off Lanes Mill Rd
BLOCK: _____ LOT: _____

**ENGINEERING RECOMMENDATIONS FOR
CERTIFICATE OF OCCUPANCY
INSPECTION CHECK LIST**

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

COMMENTS REFERENCING ITEM NUMBER: Compliance with letter dated 8/30/03 (#1, #3, #4)
③ Add pavement repair e curb rad e left front corner area of Bldg.

RECOMMENDATIONS:

- ☒ TEMP. C.O. 9/16/03 expires
☐ FINAL C.O.
☐ DETAILED REINSPECTION
☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER
EC Comm
MUNICIPAL ENGINEER

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

DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE ROAD
BRICK, NJ 08723

Date Issued 09/17/03
Control #
Permit #

UCC NEW JERSEY

NOTICE OF VIOLATION AND ORDER TO TERMINATE

IDENTIFICATION

Work Site Location 346 CHAMBERSBRIDGE RD

Block 701.35 Lot 12

Owner In Fee BRICK RD OF ED-HIGH SCHOOL

Agent/Contractor

Address 101 HENDRICKSON BLVD

Address

BRICK, NJ -

ACTION

Date of Notice 09/17/03

Compliance Due Date 10/28/03

Date of Inspection 09/17/03

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
N.J.A.C. 5:23-2.23(A) CERTIFICATE REQUIREMENTS EXPIRED TEMPORARY CERTIFICATE OF OCCUPANCY

You are hereby ordered to terminate the said violations on or before 10/28/03. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

2X) Failure to comply with this Order will subject you to a penalty of \$ 500 per week.

1) You are hereby ordered to pay a penalty in the amount of \$ 0 for each violation for a total penalty of \$ 0. Each week that any of the said violations remain outstanding after 10/28/03 shall result in an additional penalty of \$ 500 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the BOARD OF APPEAL/OCEAN COUNTY within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is \$100 to be forwarded with your application to the Construction Board of Appeals office at 2 HOUTS PLACE, TOWNS RIVER, NJ 08753.

If you have any questions concerning this matter, please call: DANIEL F. NEWMAN, JR., CONSTRUCTION OFFICIAL 732-262-1027.
NOTICE OF VIOLATION AND ORDER TO TERMINATE:
NOTICE AND ORDER OF PENALTY:

SGO DATE: 9-17-03
CO DATE: 9-17-03

DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE ROAD
BRICK, NJ 08723

Date Issued 09/17/03
Control #
Permit #

UCC NEW JERSEY

NOTICE OF VIOLATION AND ORDER TO TERMINATE

Work Site Location 500 MIDSTREAMS RD IDENTIFICATION Block 902 Lot 5

Owner in Fee BRICK BOARD OF EDUCATION Agent/Contractor
Address 101 HENDRICKSON AVE Address
BRICK, NJ 08724-2599

Date of Notice 09/17/03 ACTION Compliance Due Date 10/28/03 Date of Inspection 09/17/03

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
N.J.A.C. 5:23-2.23(a) CERTIFICATE REQUIREMENTS EXPIRED TEMPORARY CERTIFICATE OF OCCUPANCY

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The fee for an appeal is \$100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTTS PLACE, TONS RIVER, NJ 08753.

If you have any questions concerning this matter, please call DANIEL F. NEWMAN, JR., CONSTRUCTION OFFICIAL 732-262-1027.
NOTICE OF VIOLATION AND ORDER TO TERMINATE:
NOTICE AND ORDER OF PENALTY: *Daniel F. Newman* SCD DATE: 9-17-03

FCSE
DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE ROAD
BRICK, NJ 08723

Date Issued 09/17/03
Control #
Permit #

UCC NEW JERSEY
NOTICE OF VIOLATION AND ORDER TO TERMINATE

IDENTIFICATION
Work Site Location 105 HENRICKSON - VETS MEMORI
Block 1068 Lot 15.01
EXPIRED TEMP. C.O.
Owner in Fee BRICK BOARD OF EDUCATION
Agent/Contractor
Address 101 HENRICKSON AVE
BRICK, NJ 08724-

ACTION
Date of Notice 09/17/03
Compliance Due Date 10/28/03
Date of Inspection 09/17/03

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N.J.A.C. 5:23-2.23(A) CERTIFICATE REQUIREMENTS EXPIRED TEMPORARY CERTIFICATE OF OCCUPANCY

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If you have any questions concerning this matter, please call: DANIEL F. NEWMAN, JR., CONSTRUCTION OFFICIAL 732-262-1027.
NOTICE OF VIOLATION AND ORDER TO TERMINATE:
NOTICE AND ORDER OF PENALTY: *Daniel F. Newman*
SCO DATE: 9-17-03

FC3E
DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE ROAD
BRICK, NJ 08723

Date Issued 09/17/03
Control #
Permit #

UCC NEW JERSEY
NOTICE OF VIOLATION AND ORDER TO TERMINATE

Work Site Location 216 DRUM POINT RD-OSBORNVILLE IDENTIFICATION Block 646 Lot 41

Owner in Fee BOARD OF EDUCATION/OSBORNVILLE Agent/Contractor
Address 101 HENRICKSON AVE Address
BRICK, NJ 08723-

Date of Notice 09/17/03 ACTION Compliance Due Date 10/28/03 Date of Inspection 09/17/03

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The fee for an appeal is \$100 to be forwarded with your application to the Construction Board of Appeals office at 2 HOTTS PLACE, TONS RIVER, NJ 08753.

If you have any questions concerning this action, please call: DANIEL F. REHRMAN, JR., CONSTRUCTION OFFICIAL 732-262-1027.
NOTICE OF VIOLATION AND ORDER TO TERMINATE:
NOTICE AND ORDER OF PENALTY: *Daniel F. Rehrman* SCO DATE: 9-17-03

FC3E
DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE ROAD
BRICK, NJ 08723

Date Issued 09/17/03
Control #
Permit #

UCC NEW JERSEY
NOTICE OF VIOLATION AND ORDER TO TERMINATE

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

Owner in Fee BRICK RD OF ED-HERBERTSVILLE Agent/Contractor _____
Address 101 HENDRICKSON AVE Address _____
BRICK, NJ 08723-

Date of Notice 09/17/03 ACTION Compliance Due Date 10/28/03 Date of Inspection 09/17/03

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
N.J.A.C. 5:23-2.23(A) CERTIFICATE REQUIREMENTS EXPIRED TEMPORARY CERTIFICATE OF OCCUPANCY

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NOTICE OF VIOLATION AND ORDER TO TERMINATE:
NOTICE AND ORDER OF PENALTY: Daniel F. Newman SEC DATE: 9-17-03

FC3E
DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE ROAD
BRICK, NJ 08723

Date Issued 09/17/03
Control #
Permit #

UCC NEW JERSEY
NOTICE OF VIOLATION AND ORDER TO TERMINATE

IDENTIFICATION
Work Site Location 171 BEAVERSON BLVD. Block 380 Lot 13
LAKE RIVIERA MIDDLE
Owner in Fee BRICK BD OF EDUCATION Agent/Contractor _____
Address 101 HENDRICKSON AVE _____
BRICK, NJ 08723

ACTION
Date of Notice 09/17/03 Compliance Due Date 10/28/03 Date of Inspection 09/17/03

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NOTICE OF VIOLATION AND ORDER TO TERMINATE:
NOTICE AND ORDER OF PENALTY: Daniel F. Newman SEC DATE: 9-17-03

CSE
DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE ROAD
BRICK, NJ 08723

Date Issued 09/17/03
Control #
Permit #

UCC NEW JERSEY
NOTICE OF VIOLATION AND ORDER TO TERMINATE

Work Site Location 105 HENDRICKSON - VETS MEMORI IDENTIFICATION
EXPIRED TEMP. C.O. Block 1068 Lot 15.01
Owner in Fee BRICK BOARD OF EDUCATION Agent/Contractor
Address 101 HENDRICKSON AVE Address
BRICK, NJ 08723-

Date of Notice 09/17/03 ACTION
Compliance Due Date 10/28/03 Date of Inspection 09/17/03

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H.J.A.C. 5123-2.23(A) CERTIFICATE REQUIREMENTS EXPIRED TEMPORARY CERTIFICATE OF OCCUPANCY

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NOTICE OF VIOLATION AND ORDER TO TERMINATE:
NOTICE AND ORDER OF PENALTY: Daniel F. Newman SCD DATE: 9-17-03

Daniel Newman

Full Name: Nicholas Puleio
Last Name: Puleio
First Name: Nicholas
Job Title: Business Administrator/ Board sec.
Company: Bricktownship School Distric

Business Address: 101 Hendrickson Ave
Brick, NJ 08724

Business: (732) 785-3005 ext.1016
Business Fax: (732) 840-9089

E-mail: npuleio@notes.brick.k12.nj.us
E-mail Display As: Nicholas Puleio (npuleio@notes.brick.k12.nj.us)

Categories: Govermental



308 DRUM POINT ROAD - BRICK TOWNSHIP, NJ 08723
Phone: 732-477-3500 Fax: 732-477-5789
www.sunelectricalconstruction.com Estimating Fax: 732-477-0567

FAX TRANSMITTAL

DATE: January 17, 2003 # OF PAGES 5
TO: Brick Township (INCLUDING COVER)
ATTN: Kevin Batzel
RE: Permit No. 02-2251 (Block 1421 - Lot 14)
Herbertsville Elementary School

As per your request the following four (4) pages are the NFPA-72 for the
above referenced school.

Tara King

Office Manager

SIGNED

• *22 Years of Service* •
1981 - 2003

INSPECTION AND TESTING FORM

DATE: 1/17/03
TIME: 8:00

SERVICE ORGANIZATION

Name: Surf Fire + Security
Address: 509 Parkwood Ave
Representative: Guy Fichter
License No.: _____
Telephone: 732-929-3792

PROPERTY NAME (USER)

Name: Hebertville Elementary
Address: _____
Owner Contact: _____
Telephone: _____

MONITORING ENTITY

Contact: _____
Telephone: _____
Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
Telephone: _____

TYPE TRANSMISSION

☐ McCulloch
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☐ Annually
☒ Other (Specify) new installation

Control Unit Manufacturer: _____

Model No.: _____

Circuit Styles: _____

Number of Circuits: _____

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>2</u>	<u>class B</u>
<u>1</u>	<u>class B</u>
<u>3</u>	<u>class B</u>
<u>2</u>	<u>class B</u>
<u>4</u>	<u>class B</u>
<u>1</u>	<u>class B</u>
<u>1</u>	<u>class B</u>
<u>1</u>	<u>class B</u>

Manual Fire Alarm Boxes _____
Ion Detectors _____
Photo Detectors _____
Duct Detectors _____
Heat Detectors _____
Waterflow Switches _____
Supervisory Switches _____
Other (Specify): _____

(NFPA Inspection and Testing 1 of 4)

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
1	CLASS B	Bells
3	CLASS B	Horns + Strobes
		Chimes
		Strobes
		Speakers
		Other (Specify):

No. of alarm notification appliance circuits: 4

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
N/A	N/A	Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Running
		Other:

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to system:

Quantity: 4 Style(s): CLASS B

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage: 24 volts Amps: 3

Overcurrent Protection: Type: 24 volts Amps: 3

Location of Primary Supply Panelboard: Main Power Supply

Disconnecting Means Location: Breacher

b. Secondary (Standby):

24 volts Storage Battery: Amp-Hr. Rating: 7 AMP

Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage:

TYPE BATTERY

- ☐ Dry Cell
- ☒ Nickel-Cadmium
- ☐ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify):
- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
- Emergency system described in NFPA 70, Article 700
- Legally required standby described in NFPA 70, Article 701
- Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

(NFPA Inspection and Testing 2 of 4)

PRIOR TO ANY TESTING				
NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Facility	☒	☐	OFFICER	
Building Occupants	☒	☐		
Building Management	☒	☐		
Other (Specify)	☐	☐		
AHJ (Notified) of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS			
TYPE	Visible	Functional	Comments
Control Unit	☒	☒	
Interface Eq.	☒	☒	
Lamps/LEDs	☒	☒	
Fuses	☒	☒	
Primary Power Supply	☒	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☒	☒	
Ground-Fault Monitoring	☒	☒	
SECONDARY POWER			
TYPE	Visible	Functional	Comments
Battery Condition	☒		
Load Voltage		☒	
Discharge Test		☒	
Charger Test		☒	
Specific Gravity		☒	
TRANSIENT SUPPRESSORS			
	☒		
REMOTE ANNUNCIATORS			
	☒	☒	
NOTIFICATION APPLIANCES			
Audible	☒	☒	
Visual	☒	☒	
Speakers	☒	☒	
Voice Clarity	☒	☒	

INITIATING AND SUPERVISORY DEVICES TESTS AND INSPECTIONS							
Inv. & SN	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Setting	Pass	Fail
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments: _____

(NFPA Inspection and Testing 3 of 4)

EMERGENCY COMMUNICATIONS EQUIPMENT			
	Visual	Functional	Comments
Phone Set	☐	☐	
Phone Jacks	☐	☐	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Cut-in Signal	☐	☐	
System Performance	☐	☐	

INTERFACE EQUIPMENT			
	Visual	Device Operation	Simulated Operation
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐

SPECIAL HAZARD SYSTEMS			
	Visual	Device Operation	Simulated Operation
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING				
	Yes	No	Time	Comments
Alarm Signal	☐	☐		
Alarm Restoration	☐	☐		
Trouble Signal	☐	☐		
Supervisory Signal	☐	☐		
Supervisory Restoration	☐	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE				
	Yes	No	Who	Time
Building Management	☒	☐	Office	
Monitoring Agency	☒	☐		
Building Occupants	☒	☐		
Other (Specify) _____	☐	☐		

The following did not operate correctly: _____

System returned to normal operation: Date: 1/15/03 Time: 4:30

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Chris Campion Date: 1/15/03 Time: 4:00

Signature: Chris Campion

Name of Owner or Representative: Guy Fichter

Date: 1/17/03 Time: 8:40

Signature: Guy

(NFPA Inspection and Testing 4 of 4)

@ a/n

02-2251

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location Herbertsville Block 1421 Lot 14

Elementary
Final Inspections needed if applicable as follows:

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

F+B

ELECTA

PLMG 4A/C

TCOT-5113

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

FINALS	FINALS	FINALS
BUILDING.....	APPROVED.....	<u>OK</u>
PLUMBING.....	APPROVED.....	<u>OK</u>
FIRE.....	APPROVED.....	<u>OK For Temp</u>
ELECTRIC.....	APPROVED.....	<u>OK</u>
ENGINEERING.....	APPROVED.....	<u>Temp til 9/16</u>
O.C.SOIL.....	APPROVED.....	<u>OK</u>
COMMERCIAL OCCUPANCY CARD.....		

C.C. FROM B.T.M.U.A.....
CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

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

exempt

INSPECTOR:

K Shaffer

JOB:

Herbertsville
Elementary
School

SECTION:

WEATHER:

Cloudy

TEMPERATURE:

80°

DATE:

8/10/02

TYPE OF WORK:

Final

LOCATION:

off Lanes Mill Rd.

BLOCK:

LOT:

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

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

COMMENTS REFERENCING ITEM NUMBER:

As built's / letters attached

RECOMMENDATIONS:

☐ TEMP. C.O.☒ FINAL C.O.☐ DETAILED REINSPECTION☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
 PLANNING BOARD ENGINEER

 MUNICIPAL ENGINEER

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

BRICK TOWNSHIP PLANNING BOARD
CAPITAL PROJECT APPROVAL RESOLUTION

RESOLUTION R-67-01

Page 1

July 11, 2001

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

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

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

E2
AYOR
UNCIL
LEAK
IT. DOYLE

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

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

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

RESOLUTION R-67-01

Page 2

July 11, 2001

MOVED BY: Councilman Underwood

SECONDED BY: Mr. Petoia

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

Mr. Fredo
VOTING IN THE NEGATIVE: _____

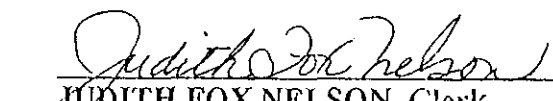
ABSTAINING: _____

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

CERTIFICATION

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

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


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

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: Herbertsville School 2282 Lanes Mill Rd. Brick
 Block: 1421 Lot: 14
 Owner's Name: BRICK Board of Education
 Owner's Mailing Address: 101 Hendrickson AVE Brick
 Phone: (732) 785 3000

BUILDING

Contractor: Gingerelli Bros. INC
 Address: 2606 RT 37 E
TOMS RIVER N.J.
 Phone#: 732 929 9779
 Lis # N/A
 Federal Emp # or SSN 222 999 098

Technical Data

Description of Work:

1 STORY MASONRY

ADDITION Partial Releases

Phase I: footing + found. only

Phase II - complete permit for addition

Type of Work

☐ New Building ☐ Siding
☒ Addition ☐ Fence
☒ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign sq ft

Building Characteristics

Use Group Present: E Proposed: E
 No of Stories: 1
 Height of Structure: 13'-4"
 Area of the largest floor: 24,000 Sq. FT
 Area of New Structure: 3,270 Sq. FT
 Volume of New Structure: -
 Total Land Disturbed: 3,500 Sq. FT

Cost of Alteration: \$ 20,000

Cost of New Building: \$ 548,345

Total Cost of New Building Work: \$ 568,345

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

Signature: Frank M. Gingerelli

Please Print Name Frank M. Gingerelli

ELECTRICAL See Attached

Contractor: SUN Electrical Contr. Corp
 Address: _____
 Phone#: _____
 Lis #: _____
 Federal Emp # or SSN _____

Technical Data

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

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

Estimated Cost of Electrical Work: _____

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

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

See Attached

Counter Form
PLEASE PRINT

PLUMBING# see Attached

FIRE

Contractor: ANNese Mechanical INC.
Address: 1889 Lakewood Rd UNIT 28
T.R.
Phone #: 732 - 370 - 7657
Lis #: BI 07079
Federal Emp # or SSN 222 964 462

Contractor: SUN (see Attached)
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

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

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL
see Attached

Technical Data
Description of Work:

Heating Type: Gas Oil Electric Solar
Heating System is New Existing
Location of Furnace/Boiler: _____
Water Supply Source: _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____
Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

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

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

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: _____

update 02-2251+8

Township of Brick

Counter Form
(PLEASE PRINT)

C30-42-3

Site Location: Herbertville Elem. School, Loney Mill Road, Brick
Block: 1421 Lot: 14
Owner's Name: Brick BOE
Owner's Mailing Address: 101 ~~Her~~ Hendrickson Ave
Brick, Twp, NJ
Phone: ()

BUILDING

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

Technical Data

Description of Work: _____

Type of Work

 New Building Siding
 Addition Fence
 Alteration Pool
 Roofing Demolition
 Asbestos Abatement Sign _____ sq ft

Building Characteristics

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

Cost of Alteration: \$ _____

Cost of New Building: \$ _____

Total Cost of New Building Work: \$ _____

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

Signature: _____

Please Print Name _____

ELECTRICAL

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

Technical Data

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

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

Estimated Cost of Electrical Work: _____

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

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Midcoast Mechanical Inc
Address: 6 Columbia Road
Neptune, NJ 07753
Phone #: 732-918-1222
Lis #: _____
Federal Emp # or SSN 154-58-9103

Technical Data

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

Estimated Cost of Plumbing Work 20000

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

Signature: _____

Please Print Name: Robert C Maddix Jr

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

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

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

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

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

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Boiler 1
Roof top HVAC Unit 2

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: Robert C. Maddix Jr