



CONSTRUCTION PERMIT APPLICATION

C15-22

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

I. IDENTIFICATION

1. Proposed Work Site at: HEABEATSVILLE SCHOOL
2. Name of Owner in Fee: BRICK BOARD OF ED Tel. (732) 785-3000
Address 101 Hendricks Ave Brick 08724
street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: MISSING LINK Tel. (_____) _____
Address 337 Drum Point Rd
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
Address _____
6. Responsible Person in Charge of Work FRED TESTA
Tel. (732) 278-5384 FAX (_____) _____

plene

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

(office use only)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>EAR</u>	<u>10/15/02</u>		<u>10/23/02</u>	<u>1-9</u>			
<u>Fur</u>	<u>10/24/02</u>		<u>10/23/02</u>	<u>M</u>			

TOTAL COSTS

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____

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 Brick Board of Education

Address 101 Hendrickson Ave. Brick NJ 08724

Telephone (732) 758-3000

Signature Fred L...

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

Date Issued 10/29/2002
Control #
Permit # 02-4230

UDC NEW JERSEY
CONSTRUCTION
PERMITE

IDENTIFICATION Block 1421 Lot 14 Dist 1

Work Site Location 2282 LANCES MILL RD

FENCE

Contractor MISSING LINK FENCE

Address DIRM POINT

Owner in Fee BRICK RD OF ED-HENBERTSVILLE

Address BRICK, NJ 08723-

Address 101 HENRIKSON AVE

Telephone (732)980-1234

Telephone BRICK, NJ 08723-

Lic. No. or Bldrs. Reg. No.

Telephone (732)785-3000

Federal Emp. No. 22-6818570

I hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

6' & 8' CHAIN LINK FENCE

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Audit Fee _____
Perf. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected By _____

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

Estimated Cost of Work \$ 8,423.00

Construction Official

Date

Date Received 10/15/2002
Date Issued 10/18/02
Control # CTS-22
Permit # 024230

Federal Emp. No. 22-6818570

Total Land Area Disturbed _____ 0 Sq

6' & 8' CHAINLINK FENCE

Other _____

0

Township of Brick
Zoning Permit

Approved: October 25, 2002

No.2-1721

Block: 1421 **Lot:** 14

Zone: R-20

Property Address: Herbertsville School

Applicant: Fred Testa

Property Owner: Brick Board of Education

Existing Use: School

Proposed Use: School

Proposed Construction: Chain link fence 6 ft & 8 ft high with a 10-ft wide gate.

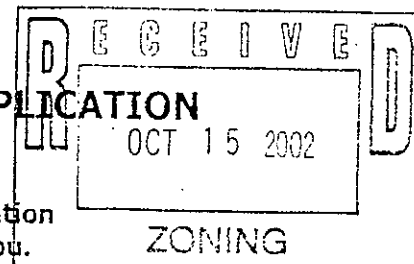
Conditions: The size and location of the gate must be approved by the Bureau of Fire Safety.

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
Administrative 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 24 Qualifier _____

PROPERTY ADDRESS 2282 LANES WALK ROAD

PERSONAL NAME OF APPLICANT FRED TESTA

BUSINESS NAME OF APPLICANT Brick Board of Education

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) REAL FIELD of school

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) PLAYING FIELD

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____
☐ Addition _____
☐ Alteration _____
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☒ Fence (state type & height) CHAIN LINK 6FT. & 8 FT.
☐ 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 Fred Testa Date OCT. 15, 2002

Reviewed by Zoning Office DM Date 10/25/02 ☒ Approved () Denied

LOT 14
5272-751

N 69°16'43" E

342.97' (Calc.)
343' (Tax Map)

877.

CAPPED
REBAR
SET

Backstop

Wooded Area

Wooded Area

Gross Area

BLOCK 1421

LOT 14

TOTAL LOT AREA = 168,073 S.F. ±

Baseball Field
Dist Area

400.37' (Calc.)
400' (Tax Map)

3.9'

3.0'

Concrete
Slab

Concrete
Slab

Building

Backstop

Sign Sign Sign

UP-CJ260

Brilliant Parking Area

Concrete
Slab

Concrete
Slab

Concrete
Slab

EXISTING

School
Building

Landscape Tie Curb

Swings

Picnic
Table

Picnic
Table

Swings

GATE

69.5' Side

Landscape Tie Curb

Stackable Fence

S 20°52'32" E

CONCRETE
MONUMENT
FOUND

LANES MILL ROAD

HERB.

ADJ. TO: EASTERLY FROM THE
NORTHEAST INTERSECTION
OF LANES MILL ROAD
AND MILLBROOK ROAD

CAPPED
REBAR
SET

POINT OF
BEGINNING

S 69°12'24" W
342.83' (Calc.)
343' (Tax Map)

TOWNSHIP OF BRICK

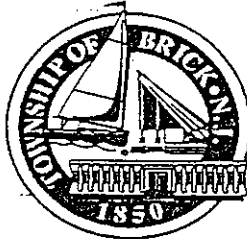
OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:

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



Department of Engineering

Office of the Municipal Engineer

(732) 262-1038

Fax: (732) 262-8954

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

Date: OCT. 15, 2002

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

Re: Block: 1421 Lot(s): 24

Property Address: 2282 Lanes Mill Road

I, FRED TESTA of 101 Hendrickson Ave.
(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.

Fred Testa
(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.

For Office Use Only:

Approved: 10/27/02
(Date)

Signature: [Signature]

Rejected: _____
(Date)

Signature: _____

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: HERBERTSVILLE SCHOOL
Block: 1421 Lot: 24
Owner's Name: Brick Board of Education
Owner's Mailing Address: 101 Hendrickson Ave Brick NJ
08724
Phone: (732) 785-3000

BUILDING

Contractor: Missing Link Fence Co.
Address: 333 Drum Point Road
Brick NJ 08723
Phone#: 732-920-1234
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

AT = 6x8
Type = Chain Link

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: \$ 8,423.00

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: Fred Testa

Please Print Name FRED TESTA

ELECTRICAL

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

Technical Data

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

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

Estimated Cost of Electrical Work: _____

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

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____

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

Technical Data

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

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____

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

Technical Data

Description of Work:

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

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

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____
Smoke Detectors	_____
Heat Detectors	_____
Total	_____
Stand Pipes	_____
Kitchen Hood Exhaust System	_____
Pre-Engineered Systems:	
CO2 Suppression	_____
Halon Suppression	_____
Foam Suppression	_____
Dry Chemical	_____
Wet Chemical	_____

Gas/ Oil Fired Appliances:

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

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: _____