

BLOCK 1421 LOT 14 ADDRESS (SITE) 2282 LANES MILLS ROAD PERMIT NO. 1511-93

RECEIVED

JUL 2



CONSTRUCTION PERMIT APPLICATION

DIV. OF INSPECTION

Applicant must complete Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: 2282 LANES MILLS ROAD
2. Name of Owner in Fee: BRICK BOARD OF EDUCATION Tel. (908) 477-2800
Address 101 HENDRICKSON AVE. BRICK 08724
street municipality zip code
3. Ownership in Fee: Public ☒ Private ☐
4. Principal Contractor: GENERAL CONTRACTING, INC. Tel. (908) 364-6161
Address 1195 AIRPORT ROAD LAKEWOOD, N.J. 08701
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. 22-2216478 Social Security No. _____
5. Architect or Engineer YEZZI ASSOCIATES Tel. (908) 240-3433
Address 1035 HOOPER AVENUE TOMS RIVER, N.J. 08753
6. Responsible Person
In Charge of Work MR. BENNETT Tel. (908) 364-6161

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>2205</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$ <u>2205</u>		
7. Less 20% for State Plan Review	\$ <u>5</u>		
8. Subtotal	\$ <u>2150</u>		
9. DCA Training Fee	\$ <u>235</u>		
10. Subtotal	\$ <u>2385</u>		
11. Cert. of Occupancy	\$ <u>20</u>		
12. Other			
13. TOTAL	\$ <u>2405</u>		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	<u>1</u>	
2. Height of Structure	<u>15</u> ft.	
3. Area—Largest Floor	<u>13,400</u> sq. ft.	
4. Building Area—All Floors	<u>13,400</u> sq. ft.	
5. Volume of Structure	<u>109,500</u> cu. ft.	
6. Construction Classification	<u>2-C</u>	
7. Total Land Area Disturbed	_____ sq. ft.	
8. Flood Hazard Zone	_____	
9. Base Flood Elevation	_____ ft.	
10. Wetlands yes _____ sq. ft. no _____		
11. Fire Grading	_____	
12. Max. Live Load	_____	
13. Max. Occupancy Load	_____	

II. PROPOSED WORK

1. ☐ Minor Work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

Est. Cost

294,000

TOTAL COSTS

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>7/1/93</u>			<u>7/1/93</u>	<u>ATC</u>			
					<u>2/3/94</u>		<u>8/2</u>
<u>7/6/93</u>				<u>ENH</u>			

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) CAB
5. ☐ One-Family (R-3) BOC
6. ☐ One-Family (R-4) CAB

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
EDUCATIONAL
2. Use Group:
E
3. Change in Use Group.
Indicate Former:

LDS BR 10521356

ZNA

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 New Jersey 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 GENERAL CONTRACTING, INC.

Address 1195 AIRPORT ROAD
LAKEWOOD, N.J. 08701

Telephone (908) 364-6161

Signature [Signature] Date _____

OFFICE DATE RECEIVED: _____

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

COMMENTS

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)

☐ Temporary Certificate of Occupancy	No. _____	DATE EXPIRED _____
☐ Temporary Certificate of Occupancy	No. _____	
☐ Continued Certificate of Occupancy	No. _____	
☐ Certificate of Occupancy	No. _____	
☐ Certificate of Approval	No. _____	



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

Use E 7/8/93
1511-93IDENTIFICATION Block 1421 Lot 14Work Site Location 2282 Lane, McCL Rd Contractor General Contr Inc.Owner in Fee Truck Land Co Address _____Address 101 Standrecht Dr Tele. (____) _____

Tele. (____) _____

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. _____

or Social Security No. _____

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER _____☒ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Alteration

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 \$ 294,000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building /Plumbing /Electrical /Fire Protection /Other AC 17

Other _____

DCA Training Fee 10Cert. of Occ. 10Other 11Total 7

Check No. _____

Cash _____

Collected By: _____

FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 12/20/93
Date Issued 2947-93
Control #
Permit #

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
Work Site Location HERBERTSVILLE SCHOOL
Owner in Fee BECK TOWNSHIP BOARD OF EDUCATION
Address HENDRICKSON BLVD.
Tel. (908) 493-2800
Contractor WARDEN SECURITY SERVICES
Address PO Box 44
Tel. (908) 363-0550
L.C. No. _____
Federal Emp. No. 22-2136974/600 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Const. Class. _____ Present _____ Proposed _____
Heating Systems ☐ New ☐ Existing
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
☐ Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ 5000.00 ☐ Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
☐ No Plans Required	Type: _____	Failure Failure Approval Initial
Joint Plan Review Required:	Suppression Test	
☐ Bldg. ☐ Plumb.	Fire Alarm Test	<u>2-3-94</u>
☐ Elec. ☐ Elevator	Smoke Test	
☒ Fire Plans Approved	Mechanical	
Date: <u>12/9/93</u>	TCO	
Approved by: _____	Other	
SUBCODE APPROVAL:	Other	
☐ CO ☐ CCO ☒ CA	Other	
Date: <u>2-3-94</u>	Other	
Approved by: _____		

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 exp. smoke fire alarm

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks () Capacity _____ Fuel _____
Combustible Liquid Storage Tanks () Capacity _____ Fuel _____
L.P.G. Storage Tanks () Capacity _____ Fuel _____
L.N.G. Storage Tanks () Capacity _____ Fuel _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____
Full Systems 14
Smoke Detectors 36
Heat Detectors 63
TOTAL BELLS/STROBES 85

Stand Pipes _____
Kitchen Hood Exhaust Systems _____
Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
OTHER _____

Paid ☐ Check # _____
Collected by: _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ 85-

FEE (Office Use Only)



Date Received
Date Issued
Control #
Permit #

7/8/93-73
1544-93

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
Work Site Location LANES MILL ROAD

Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK NJ 08724

Tele. (908) 477-2800

Contractor GENERAL CONTRACTING, INC.

Address 1195 AIRPORT ROAD

Tele. (908) 364-6161
LAKEWOOD NJ 08701

Lic. No. of Bldrs. Reg. No. 22-2216478 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Initial
☐ No Plans Req.								
☐ All								
☐ Footing								
☐ Foundation								
☐ Frame								
☐ Other								
Joint Plan Review Required:								
☐ Elec	☐ Plumb	☐ Fire						
SUBCODE APPROVAL								
☐ CO	☐ CCO	☐ CA						
Date:								
Approved By:								

B. BUILDING CHARACTERISTICS

Use Group E Present E Proposed
Constr. Class Present 2-C Proposed
No. of Stories 1
Height of Structure 15 Ft.
Area—Largest Floor 13,400 Sq. Ft.
Total Bldg. Area/All Floors 13,400 Sq. Ft.
Volume of Structure 109,500 Cu. Ft.
Total Land Area Disturbed 1 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 294,000
2. Alteration \$ 294,000
3. Total (1+2) \$ 294,000

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 [Signature]

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Alteration
☒ Roofing
☒ Siding
☒ Other WINDOWS
☐ Demolition
☐ Miscellaneous
☐ Fence Height
☐ Sign Sq. Ft.
☐ Pool
☐ Elevator
☐ Asbestos Abatement
☐ Other

(Office Use Only)
FEE
\$
\$
\$
\$

Administrative Surcharge	Minimum Fee	TOTAL FEE
\$ <u></u>	\$ <u></u>	\$ <u></u>
\$ <u></u>	\$ <u></u>	\$ <u></u>
\$ <u></u>	\$ <u></u>	\$ <u></u>

Brick Township



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

JUL 30 93 00 9885

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

Block 1421 14
Work Site Location 2282 Lanes Mill Rd., Herbertsville School
Brick, NJ

Owner in-fee Brick Township P.O.E.
Address 101 Hendrickson Ave.
Brick, NJ 08724

Tele. () 477 2800
Contractor Sodon's Electric, Inc.
25 W. Highland Ave., PO Box 408

Address Atlantic Highlands, NJ 07716

Tele. () 291 1713

Lic. No. 1500A

Federal Emp. No. 222401656 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Resale ☐ Meter Set
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 2100.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required					
Joint Plan Review Required:					
☐ Bldg. ☐ Plumb. ☐ Fire	Rough				
☐ Elec. Plans Approved	Temporary				
Date: _____	Const. Serv.				
	TCO				
Approved by: _____	Other				
	Service				
	Final				
SUBCODE APPROVAL:					
☐ CO ☐ CCO ☐ CA	Temp. Cut-in-Card Date Issued				
Date: _____	Final Cut-in-Card Date Issued				
Approved by: _____	Line Dept.				

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.

☒ Licensed Electrical Contractor ☐ Exempt Applicant Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
<u>14</u>		Fixtures (1)
		Receptacles (2)
		Switches (3)
<u>14</u>		Total 1 + 2 + 3
		Range
		Oven(s)
		Surface Unit
		Dishwasher
		Garbage Disposal
		Dryer
		A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
		Whirlpool/spa
		Pool Bonding
		Pool Filter Motor
		Pool Lights
		Water Heater(s)
		Central heat:
		oil, gas or elec.
		Baseboard Heat Units
		Thermostats
		Heat Pump
		Pump(s)
		Motor Control Center/Sub Panels
		Signs
		Light Standards
		Motors—Fractional H.P.
		Motors—All Others
		Transformers
		Generators
		Service Entrance
		Other

FEE (Office Use Only)

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

**52:27D-126c. Erection or alteration of public buildings;
prohibition of fees**

No county, municipality, or any agency or instrumentality thereof shall be required to pay any municipal fee or charge in order to secure a

construction permit for the erection or alteration of any public building or part thereof from the municipality wherein the building may be located. No erection or alteration of any public building or part thereof by a county, municipality, or any agency or instrumentality thereof shall be subject to any fee, including any surcharge or training fee, imposed by any department or agency of State government pursuant to any law, or rule or regulation, except that nothing contained in this section shall be interpreted as preventing the imposition of a fee upon a board of education by either the Department of Education for plan review or by a municipality for the review of plans submitted to it pursuant to the provisions of section 12 of P.L. 1975, c.217 (C. 52:27D-130).

P.L. 1985, c.409, §1, effective January 13, 1986. Amended by P.L. 1989, c.43, §2, effective March 9, 1989; P.L. 1990, c.23, §4, effective May 15, 1990.