BLOCK 201.12 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 224-260 Chambers Bridge Rd Brick, NJ PERMIT NO. 12-1880

CONSTRUCTION PERMIT APPLICATION

SCHOOLS

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

I. IDENTIFICATION

1. Proposed Work Site at: Primary Learning Center
2. Name of Owner in Fee: Brick Twp Board of Ed.
   Tel. ( ) _____ e-mail _____
   Address 101 Hendrickson Ave (street) Brick (municipality) NJ (zip code) 08724
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: Breaker Electric Tel. (609) 208 1813
   Address 488 Monmouth Rd Clarksburg, NJ e-mail _____
   License No. OR, if new home, Builder Reg. No. 8743 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-230 2926 FAX: (609) 208 2145
5. Architect or Engineer Design Resources Contact Pat Scirelli
   Address 371 Hoes Lane Piscataway e-mail _____
   Tel. (732) 560 1900 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Mike Heumiller
   Tel. (732) 245 5269 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
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. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

Change by BO - 10/19/12

BLOCK 701.12 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 224-260 Chambers Bridge Rd, Brick PERMIT NO. 12-1880

CONSTRUCTION PERMIT APPLICATION C12-000450

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: Primary Learning Center
2. Name of Owner in Fee: Brick Board of Education
   Tel. (732) 785 - 3000 e-mail _____
   Address 101 Hendrickson Avenue (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: Design Resources Group Tel. (732) 560-7900
   Address 371 Hoes Lane, Suite 301 e-mail davidg@drgaia.com
   Piscataway, NJ 08854
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (____) _____
5. Architect or Engineer Design Resources Group Contact David Galati
   Address 371 Hoes Lane, Suite 301 e-mail davidg@drgaia.com
   Tel. (732) 560-7900 FAX: (732) 560-7910
6. Responsible Person in Charge once Work has Begun David Galati
   Tel. (732) 560-7900 FAX: (732) 560-7910

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure _____ ft.	
3. Area — Largest Floor 55,407 sq. ft.	
4. New Building Area N/A sq. ft.	
5. Volume of New Structure N/A cu. ft.	
6. Max. Live Load _____	
7. Max. Occupancy Load _____	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed _____ sq. ft.	
10. Flood Hazard Zone _____	
11. Base Flood Elevation _____ ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

- [X] Minor Work
- [ ] New Building
- [ ] Addition
- [ ] Demolition
- [ ] Repair
- [ ] Alteration
- [ ] Renovation
- [ ] Reconstruction
- [ ] Asbestos Abat. -Subch. 8
- [ ] Lead Hazard Abatement
- [ ] Radon Remediation
- [ ] Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
[ ] Building									
[ ] Electrical					12-1-12	JS			
[ ] Plumbing									
[X] Fire Protection	$15,000				7618	MS			
[ ] Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present: _____
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: EDUCATIONAL
2. Use Group, Proposed: E
3. Change In Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): N/A

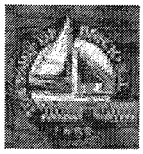
D. Construct. Classification: Present 2B
   Proposed 2B

III. PLAN REVIEW (optional)

DO YOU WANT:
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. [X] Sprinklers/Standpipes
8. [ ] Smoke Control Systems in Open Wells
9. [ ] Underground Storage Tanks
10. [ ] Swimming Pools, Spas and Hot Tubs
11. [ ] LPGas Tanks
12. [X] Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/11/2013
Control Number C-12-002450
Permit Number 12-1880
Permit Issue Date 12/12/2012
Certificate Number 12-1880

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 224-260 CHAMBERS BRIDGE R Brick Township, NJ Block: 701.12 Lot: 1.01 Qual:

Owner in Fee: BRICK TOWNSHIP BD OF EDUCATION

Owner Address: 101 HENDRICKSON AVE BRICK NJ 08724

Telephone:

Contractor Breaker Electric, Inc

Address 488 Monmouth Rd. Clarksburg NJ 08510

Telephone: (609) 208-1818 Fax: (609) 208-2145

License Number or Builders Registration Number: 8743 Federal Emp. Number: 22-2802926

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: E Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALARM SYSTEM (BURGLAR OR FIRE)

Primary Learning Center

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 04/11/2013 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 7/10/12
Control # C-12-002450
Permit # 12.1880

IDENTIFICATION Block: 701.12 Lot: 1.01 Qualifier

Work Site Location: 224-260 CHAMBERS BRIDGE R Brick Township, NJ

Owner in Fee: BRICK TOWNSHIP BD OF EDUCATION
101 HENDRICKSON AVE BRICK NJ 08724

Telephone:

Contractor: Design Resources Group
Address: 371 Hoes Lane Ste. 301 Piscataway NJ 08854

Telephone: (732) 560-7900
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALARM SYSTEM (BURGLAR OR FIRE)
Primary Learning Center

Note: If constuction 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 $15,000

Construction Official

7-9-12
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$0
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv.(rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

12/5/12 New Contractor

Date Received
Control #

Date Issued
Permit # 12-1880

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

Block 70.12 Lot 1.01 Qualification Code _____

Work Site Location Primary Learning Center
224-260 Chambers Bridge Rd. Brick, NJ

Owner in Fee: Brick Twp. Board of Education

Tel. (732) 785-3000 e-mail _____

Address 101 Hendrickson Ave. Brick, NJ 08724
street municipality zip code

Contractor: Breaker Electric Inc. Tel. (609) 208-1818

Address 488 Monmouth Rd. Clarksburg e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 22-2802926 FAX: (609) 208-2145

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ 22,700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/5/13
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			3/28/13	MG
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	3/7/13		4/5/13	MG
Other _____				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Furnish and Install Additional Horn & Strobe Units

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	38	
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

Documents Attached

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit #

12-1880

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

Block 701.12 Lot 1.01 Qualification Code

Work Site Location 224-260 Chambers Bridge Road
Brick, NJ 08723

Owner in Fee: Brick Board of Education

Tel. (732) 785-3000 e-mail

Address 101 Hendrickson Avenue (street) Brick (municipality) 08724 (zip code)

Contractor: Design Resources Group Tel. (732) 560-7900

Address 371 Hoes Lane, Suite 301 e-mail davidg@drgaia.com
Piscataway, NJ 08854

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: (732) 560-7910

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present E Proposed E

Constr. Class: Present 2B Proposed 2B

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 15,000

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel: Main Office

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: 7/10 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-9-12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 4-5-13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			3/28/13	ASO
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			3/28/13	ASO
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: David Galati

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source Exist. system expansion
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	28	
Other Devices		
TOTAL	28	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BREAKER LIC.#8743 ELECTRIC INC.

Primary Learning Center
244-250 Chamberlain Rd

ATTN: Richard Orlando
Fire Inspector

The following 4 pages are the certification Report from Fire Security Technologies for The Primary Learning Center 101 Henderson Ave, Brick, which you inspected on 3-27-13.

Thank you,

Michael Hemmiller
Breaker Electric Co.

(609) 208-1818 • FAX (609) 208-2145 • 488 MONMOUTH RD. (RT. 537) • CLARKSBURG, NJ 08510

SYSTEM RECORD OF COMPLETION

This form is to be completed by the system installation contractor at the time of system acceptance and approval.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.
Attach additional sheets, data, or calculations as necessary to provide a complete record.

Form Completion Date: 2.27.13 Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property: Brick Primary Learning Center

Address: 101 Hendrickson Ave, Brick NJ

Description of property: School

Name of property representative:

Address:

Phone: Fax: E-mail:

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Bavaton Electric

Address:

Phone: Fax: E-mail:

Service organization:

Address:

Phone: Fax: E-mail:

Testing organization:

Address:

Phone: Fax: E-mail:

Effective date for test and inspection contract:

Monitoring organization:

Address:

Phone: Fax: E-mail:

Account number: Phone line 1: Phone line 2:

Means of transmission:

Entity to which alarms are retransmitted: Phone:

3. DOCUMENTATION

On-site location of the required record documents and site-specific software:

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: ☐ New system ☒ Modification to existing system Permit number:

NFPA 72 edition:

4.1 Control Unit

Manufacturer: Edwards Model number: IRC-3

4.2 Software and Firmware

Firmware revision number:

4.3 Alarm Verification

☐ This system does not incorporate alarm verification.

Number of devices subject to alarm verification: Alarm verification set for seconds

SYSTEM RECORD OF COMPLETION *(continued)*

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: _____ Control panel amps: _____

Overcurrent protection: Type: _____ Amps: _____

Branch circuit disconnecting means location: _____ Number: _____

5.1.2 Secondary Power

Type of secondary power: _____

Location, if remote from the plant: _____

Calculated capacity of secondary power to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

5.2 Control Unit

☐ This system does not have power extender panels

☐ Power extender panels are listed on supplementary sheet A

6. CIRCUITS AND PATHWAYS

Pathway Type	Dual Media Pathway	Separate Pathway	Class	Survivability Level
Signaling Line				
Device Power				
Initiating Device				
Notification Appliance				
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations				
Smoke Detectors				
Duct Smoke Detectors				
Heat Detectors				
Gas Detectors				
Waterflow Switches				
Tamper Switches				

SYSTEM RECORD OF COMPLETION *(continued)*

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible		
Combination Audible and Visible	38	HORN/STROBES

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	
HVAC Shutdown	
Fire/Smoke Dampers	
Door Unlocking	
Elevator Recall	
Elevator Shunt Trip	

11. INTERCONNECTED SYSTEMS

☐ This system does not have interconnected systems.

☐ Interconnected systems are listed on supplementary sheet _____ .

12. CERTIFICATION AND APPROVALS

12.1 System Installation Contractor

This system as specified herein has been installed according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

12.2 System Operational Test

This system as specified herein has tested according to all NFPA standards cited herein.

Signed: Joe Burke Printed name: JOE BURKE Date: 2-27-13

Organization: Fire Security Tech. Title: Tech Mician Phone: 732-938-2111

12.3 Acceptance Test

Date and time of acceptance test: 2-8-13

Installing contractor representative: Brannen Electric

Testing contractor representative: Joe Burke

Property representative: _____

AHJ representative: _____

NOTIFICATION APPLIANCE POWER PANEL SUPPLEMENTARY RECORD OF COMPLETION

This form is a supplement to the System Record of Completion. It includes a list of types and locations of notification appliance power extender panels.

This form is to be completed by the system installation contractor at the time of system acceptance and approval. It shall be permitted to modify this form as needed to provide a more complete and/or clear record. Insert N/A in all unused lines.

Form Completion Date: _____ Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: Brick Primary Learning Center

Address: 101 Hendrickson Ave - Brick NJ

2. NOTIFICATION APPLIANCE POWER EXTENDER PANELS

Make and Model	Location	Area Served	Power Source
EST BBI0A	Below FACP	Classrooms	

See Main System Record of Completion for additional information, certifications, and approvals.

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/12/12
Date Issued
Control #
Permit # 12-1880

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

Block 701.12 Lot 1.01

Work Site Location Primary Learning Center
224-260 Chambers Bridge Rd Brick NJ

Owner in Fee/Occupant Brick Twp Board of Education

Address 101 Hendrickson Ave
Brick, NJ 08724

Tele. (732) 785 3000 Ex 1016

Contractor BREAKER ELECTRIC, INC.

Address 488 MONMOUTH ROAD
CLARKSBURG, NJ 08510

Tele. (609) 208-1818 Fax (609) 208-2145

Lic. No. 8743

Federal Emp. No. 22-2802926

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 22,700

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[✓] Elec. Plans Approved		
Date: 12-11-12		
Approved by: JD		

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-27-13	DD

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Date: 3-27-13

Approved by: [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.

_____
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
38		Alarm Devices/F.A.C. Panel	
		.....	
38		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

U.C.C. F120 (rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

12/5/12 New Contractor

Date Received
Control #

Date Issued
Permit #

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

Block 701.12 Lot 1.01 Qualification Code _____

Work Site Location Primary Learning Center
224-260 Chambers Bridge Rd. Brick, NJ

Owner in Fee: Brick Twp. Board of Education

Tel. (732) 785-3000 e-mail _____

Address 101 Hendrickson Ave. Brick, NJ 08724
street municipality

Contractor: Breaker Electric Inc. Tel. (609) 208-1818
zip code

Address 488 Monmouth Rd. Clarksburg e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 22-2802926 FAX: (609) 208-2145

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ 22,700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Furnish and Install Additional Horn & Strobe Units

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	38	
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

12/5/12 see new contractor

Date Received 7/10/12
Control #
Date Issued
Permit # 12.1880

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

Block 701.12 Lot 1.01 Qualification Code

Work Site Location 224-260 Chambers Bridge Road
Brick, NJ 08723

Owner in Fee: Brick Board of Education

Tel. (732) 785-3000 e-mail

Address 101 Hendrickson Avenue (street) Brick (municipality) 08724 (zip code)

Contractor: Design Resources Group Tel. (732) 560-7900

Address 371 Hoes Lane, Suite 301 e-mail davidg@drgaia.com
Piscataway, NJ 08854

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: (732) 560-7910

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present E Proposed E

Constr. Class: Present 2B Proposed 2B

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 15,000

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel: Main Office

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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.

Applicant/Contractor sign here:

Print name here: David Galati

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source Exist. system expansion
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	28	
Other Devices		
TOTAL	28	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: 7/17 Approved by: GB
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 7-9-12
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

August 21, 2012

Design Resources Group
371 Hoes Lane Suite #301
Piscataway, New Jersey 08854
Attention: Patrick Seiwell

Re: Primary Learning Center
Fire Alarm Alterations
224-260 Chambers Bridge Road
Brick, New Jersey 08723
Control Number C-12-002450

Dear Mr. Seiwell:

It is the understanding of this office that the selection of contractors for the above project will not take place until the review of the construction plans and permit application is completed.

This office has reviewed the permit application for the above-referenced project, and it has been determined that the submitted application and the associated construction documents, plans, and specifications are satisfactory and indicate substantial compliance to the construction codes.

Prior to issuing the permits, however, the applicant is required to provide contractor information. Once contractors have been determined, some additional information may be required from the contractors such as additional shop drawings, manufacturer installation instructions for specific materials and contractor licensing information.

If you have any questions, please contact the Division of Inspections at 732-262-1030.

Very truly yours,

Daniel F. Newman, Jr.
Construction Official

DFN/mk

Cc: James Edwards, Business Administrator
Robert Vogel, Director of Facilities

DRG
|DESIGN RESOURCES GROUP ARCHITECTS|

PRINCIPALS:
Hany Y. Salib, AIA, NCARB
NJ Lic # 21AI01733800
PA Lic # RA404803
NY Lic # 032590-1

Patrick S. Seiwell, AIA, NCARB
LEED AP
NJ Lic # 21AI01611000
PA Lic # RA403783
NY Lic # 031550-1

Phillip J. Cacossa, PE
LEED AP
NJ Lic # 24GE03704900
PA Lic # PE056000E
NY Lic# 079633-1

ASSOCIATE:
Alan N. Trovato

June 21, 2012

Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Attn: Daniel Newman

Re: Brick Board of Education
Primary Learning Center Fire Alarm Expansion
DRG Project No. 1208
State Plan No. 29-0530-027-10-1069

Dear Mr. Newman,

Please find the enclosed items in reference to the above mentioned project:

1. (2) Complete set of plans for each school, signed by the engineer.

2. (1) Copy of the Construction Permit Application.

With this application we would like to begin the review process to gain final release for this project.

Please note that the project is being partially funded by a SDA Grant. The checklist requires a technical code review. Upon your review and approval we will require a letter from your office stating the following:

"The plans and specifications for the above named project have been reviewed for code compliance and are hereby released for contractor procurement."

"Contractor shall appropriately apply for all permits once the project that has been awarded by the Brick Township Board of Education"

Please feel free to call should you have any questions or require any additional information. I can be reached at 732-560-7900, Ext. 107 or by e-mail at davidg@drgaia.com.

Sincerely,

David Galati
Design Resources Group Architects AIA, Inc.
Designer

Cc: Phil Cacossa, DRG
James Edwards, BBOE Business Administrator

(p:1208/02/1208-PLC local review letter-062112.doc)

DESIGN RESOURCES GROUP, ARCHITECTS, AIA
371 Hoes Lane, Suite 301, Piscataway, NJ 08854
TEL: 732-560-7900 FAX: 732-560-7910
www.drgaia.com

JUN 15 2012

State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO BOX 802
TRENTON, NJ 08625-0802

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

RICHARD E. CONSTABLE, III
Acting Commissioner

June 12, 2012

Mr. Daniel F. Newman, Jr.
Construction Official
Brick Township
401 Chambers Bridge Road
Brick Township, New Jersey 08723

Re: Project: Fire Alarms
School: Primary Learning Center
School District: Brick Township
County: Ocean
DOE Project #: 0530-027-10-1069

Dear Mr. Newman:

The New Jersey Department of Education (NJDOE) has forwarded the above-referenced school district's request for permission to allow your agency to perform plan review in accordance with the requirements of the New Jersey Uniform Construction Code (NJUCC). The New Jersey Department of Community Affairs hereby grants the requested permission.

Please be aware that it is your agency's responsibility to ensure the NJDOE has issued final educational adequacy approval or has determined no such approval is required. Furthermore, your agency must obtain the plans that have been approved by the NJDOE from the school district or its design professional.

In addition to plan review for compliance with all of the subcodes of the NJUCC, as they may be applicable, it is also your responsibility to ensure compliance with N.J.A.C. 5:23-3.11A(c) and the NJDOE's public school facility requirements enumerated in Bulletin #00-3, as appropriate.

If you have any questions, please feel free to contact this office at (609) 984-7609.

Sincerely,

John N. Terry
Division of Codes and Standards

c: Walter Hrycenko, Superintendent, Brick Township School District
Enclosure to Construction Official: DOE Stamped Plans

V 2.4.3 (08.13.09)

FORM: DOE-124

STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION - CHIEF OF STAFF
OFFICE OF SCHOOL FACILITIES

STATE PROJECT#:

Parent	0530-027-10-1069
Land	
Temporary	
Feasibility	
Emergent	

SCHOOL FACILITIES
2012 JUN -6 A 10:18

REQUEST FOR LOCAL RELEASE OF SCHOOL CONSTRUCTION PLANS

Project and District Information

County:	OCEAN	**District Contact:**	Mr. James Edwards
District Name:	BRICK TWP	**Contact Title:**	Business Administrator
District Number:	0530	District Telephone #:	732-785-3000
School Name:	Primary Learning Center	District Fax #:	732-840-9089
School Code:	027	District E-Mail:	jedwards@brickschools.org
Project Title:	Fire Alarms at Primary Learning Center	A/E Firm:	Design Resources Group
Project Address:	224-260 Chambers Bridge Road	A/E Contact:	Mr. Patrick S. Seiwell, Principal
Municipality:	Brick Township	A/E Phone #:	732-560-7900
Zip Code:	08723	A/E Fax #:	732-560-7910
		A/E E-Mail:	patricks@drgala.com

Brief Description of Project:

Fire Alarms.

It is the request of the above-named school district to have this project reviewed for State Uniform Construction Code compliance (including N.J.A.C. 5:23-3.11A(c) and Department of Community Affairs, Division of Codes and Standard Bulletin 00-3) and other applicable State Codes by a municipal code enforcing agency, pursuant to P.L. 1990 c. 23.

Chief School Administrator *(Signature)*: [signature]

Chief School Administrator: Mr. Walter Hrycenko **Date:** 5/1/12

This project will be reviewed for compliance by the below named appropriately licensed municipal code enforcing agency

Municipality Name:
Other Municipality (only if project located in > 1 jurisdiction): Brick Townsip

Municipal Code Enforcing Agency Construction Official *(Name)*: Daniel F. Newman, Jr.

Municipal Code Enforcing Agency Construction Official *(Signature)*: [signature] **Date:** 5-3-12

Municipal Code Enforcing Agency Classification is class: Class 1

Municipal Code Enforcing Agency Address:

Street:	Municipal Building 401 Chambers Bridge Road	Phone:	732-262-1027
City:	Brick Township	Fax:	732-262-8954
State:	New Jersey		
Zip Code:	08723		

RECEIVED
JUN 11 2012
DIVISION OF CODES AND STANDARDS

Comments/Notes for ease of UCC Review:

FOR DCA* USE ONLY

*Note: For all capital projects for NJ Private Schools for the Disabled, DOE will Approve this Form in place of DCA.

Request Reviewed By: John N. Terry Signature: [signature]
Title: Mgr., CCF Date Acted Upon: 5/12/12

Action: ☑ APPROVED ☐ DENIED *(identify reason below)* ☐ RETURNED NO ACTION *(identify reason below)*

Comments:

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO BOX 802
TRENTON, NJ 08625-0802

JON S. CORZINE
Governor

JOSEPH V. DORIA, JR.
Commissioner

July 2, 2009

Mr. Daniel F. Newman, Jr.
Construction Official
Brick Township
Municipal Building
401 Chambers Bridge Road
Brick Township, New Jersey 08723

Re: Project: Renovations; Fire Alarm
School: Primary Leaning Center
School District: Brick Township
County: Ocean
DOE Project #: 0530-027-09-1010

Dear Mr. Newman:

We are in receipt of a letter from the New Jersey Department of Education (NJDOE) forwarding the above referenced school district's request for permission to allow the New Jersey Uniform Construction Code (NJUCC) plan review and release to be performed by your agency. You are granted this authority.

Please be aware that it is your responsibility to obtain either a NJDOE final educational adequacy approval letter or a letter from the NJDOE stating that final educational adequacy approval is not required as well as NJDOE stamped approved plans from the school district or its design professional.

In addition to plan review for compliance with all of the subcodes of the NJUCC, as they may be applicable, it is also your plan review responsibility to ensure compliance with N.J.A.C. 5:23-3.11A(c) and the NJDOE's public school facility requirements enumerated in Bulletin #00-3, as they may be applicable to this specific project.

If you have any questions, please feel free to contact this office at 609-984-7609.

Sincerely,

Suzanne Borek
For

John N. Terry
Division of Codes and Standards

c: Walter Hrycenko, Superintendent, Brick Township School District

APPLICATION VERSION
V 2.3 (09.03.08)

FORM: DOE-124

STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION - CHIEF OF STAFF
OFFICE OF SCHOOL FACILITIES

STATE PROJECT#:

Parent	~~0560~~-027-09-1010
Land	0530-
Temporary	
Feasibility	
Emergent	

REQUEST FOR LOCAL RELEASE OF SCHOOL CONSTRUCTION PLANS

Project and District Information

County:	OCEAN	**District Contact:**	Mr. James Edwards
District Name:	BRICK TWP	**Contact Title:**	Business Administrator
District Number:	0530	District Telephone #:	732-785-3000
School Name:	Primary Learning Center	District Fax #:	732-840-9089
School Code:	027	District E-Mail:	jedwards@brickschools.org
Project Title:	Renovations to Primary Learning Center - 1	A/E Firm:	Spiezle Architectural Group
Project Address:	224-260 Chambers Bridge Road	A/E Contact:	Steven Siegel, Associate
Municipality:	Brick Twp	A/E Phone #:	609-6957400 x224
Zip Code:	08723	A/E Fax #:	609-3942274
		A/E E-Mail:	Ssiegel@spiezle.com

Brief Description of Project:

Fire Alarm

It is the request of the above-named school district to have this project reviewed for State Uniform Construction Code compliance (including N.J.A.C. 5:23-3.11A(c) and Department of Community Affairs, Division of Codes and Standard Bulletin 00-3) and other applicable State Codes by a municipal code enforcing agency, pursuant to P.L. 1990 c. 23.

Chief School Administrator *(Signature)*:

Chief School Administrator: Mr. Walter Hrycenko **Date:**

This project will be reviewed for compliance by the below named appropriately licensed municipal code enforcing agency

Municipality Name:
Other Municipality (only if project located in > 1 jurisdiction): Brick Township

Municipal Code Enforcing Agency Construction Official *(Name)*: Daniel F. Newman, Jr.

Municipal Code Enforcing Agency Construction Official *(Signature)*: **Date:** 1-14-08

Municipal Code Enforcing Agency Classification is class: Class 1

Municipal Code Enforcing Agency Address:

Street:	Municipal Building 401 Chambers Bridge Road	Phone:	732-262-1027
City:	Brick Township	Fax:	732-262-8954
State:	NJ		
Zip Code:	08723		

Comments/Notes for ease of UCC Review:

RECEIVED
JUL 2 2009
DIVISION OF
CODES AND STANDARDS

FOR DCA* USE ONLY

*Note: For all capital projects for NJ Private Schools for the Disabled, DOE will Approve this Form in place of DCA.

Request Reviewed By: Suzanne Borek
Title: Construction Official
Signature: Suzanne Borek
Date Acted Upon: 7/2/09

Action: ☒ APPROVED ☐ DENIED *(identify reason below)* ☐ RETURNED NO ACTION *(identify reason below)*

Comments:

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(f)1.ix:

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. 5:23-2.15(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 Breaker Electric, Inc

Address 433 Monmouth Rd
Cookstown, NJ 08510

Telephone (609) 208 1313

Signature _____

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