BLOCK 701.12 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 224 Chambers bridge PERMIT NO. 17-2247

CONSTRUCTION PERMIT APPLICATION

17-002631

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

I. IDENTIFICATION

1. Proposed Work Site at: 224 Chambers Bridge rd
2. Name of Owner in Fee: Brick Township BOE Warren Wolf School
   Tel. (732) 785-3000 e-mail _____
   Address 101 Heardrickson ave Brick 08724 (street / municipality / zip code)
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: DDS General Contractors Tel. (732) 477-6700
   Address 195 drum point rd e-mail dan@ddsindustrial.com
   Brick NJ
   License No. OR, if new home, Builder Reg. No. 13VH03079400 Exp. Date 3-31-2018
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22346 9984 FAX: ( ) _____
5. Architect or Engineer Netta architects Contact George Tortora
   Address 1084 Rte 22 west mountainside 07092 e-mail _____
   Tel. (973) 379-0006 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Dominick Spampinato ✓
   Tel. (908) 433-6903 FAX: (732) 477-6761

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
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 COMMERCIAL
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		TMP			07/01/17	KRH			
☐ Electrical		6/15/17							
☐ 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

Rolled Plans

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/15/2017
Control Number C-17-002631
Permit Number 17-2247
Permit Issue Date 7/3/2017
Certificate Number 17-2247

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 224 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: (732) 785-3000

Contractor JDS GENERAL CONTRACTING

Address 43 STUYVESANT RD BRICK NJ 08723-

Telephone: (732) 477-6700 Fax: (732) 477-6701

License Number or Builders Registration Number: Federal Emp. Number: 15-7783086

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: ROOFING

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: 12/15/2017

U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7/3/17
Control #
Date Issued
Permit # 17-2247

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 Chamberlain Bridge Rd (Warren Wolf School)

Owner in Fee: Brick Twp Board of Ed

Tel. (732) 785-3000 e-mail

Address 101 Hendrickson Ave Brick NJ 08724
street municipality zip code

Contractor: JDS General Contracting Tel. (732) 477-6700

Address 196 Drum Point Rd e-mail Don@JDSindustrial.com
Brick NJ

Contractor License No. or Builder Registration No. 13VH03079400 Exp. Date 3-31-2018

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

Federal Emp. ID No. 22340 9984 FAX: (732) 477-6701

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.

Sign here:

Print name here: Dominick Spampanato

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Tear off existing roof down to deck Install new insulation + cold applied roofing

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	07/07/17	MH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 07/07/17
Approved by: KeH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] GA
Date: 12/07/17
Approved by: KeH

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			12-6-17	
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [✓] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 1,159,605
3. Total (1+ 2) $ 1,159,605

U.C.C. F110
(rev. 11/09)

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

INDUSTRIAL ROOFING CONTRACTORS

Tel: 732-477-6700
Fax: 732-477-6701

195 Drum Point Road
Brick, New Jersey 08723

www.JDSIndustrial.com

Attn - Melanie

Permit # 17-2247

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 JPS General Contracting inc

Address 195 drum point rd

Brick NJ 08724

Telephone (732) 477-6700

Signature [signature]

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

(03) 8/10

YARD 8/4

☐ Drop ____ ☒ Switch 7/28/17 ☐ Pickup 8/5

INVOICE

No. 16538

CAMARATO DISPOSAL, INC.

239 BAY STREAM • TOMS RIVER, NJ 08753

Service Address: 224 Chambersbridge Rd Brick

Bill Address: JDS Roofing

10-20-30 yd. containers

Phone: 732-279-1988

Fax: 732-279-1902

7/28/17
DATE

WAITING TIME

Quantity	Size-Yds.	Overage	Description	Price	
	30		Trucking	200	—
504			TON	453	60
			Total Due	653	60

THERE IS A ____ TON LIMIT ON THE RENTAL CONTAINER.
ANY OVERAGE WILL BE BILLED AT $ 90 PER TON.

Type of Service

☐ Open Roll-Off
☐ Closed Roll-Off
☐ Truck Rental

C.O.D. customers: Containers will be left on site for a maximum of 4 days. $25.00 per day thereafter.

X ____ ☐ Container Overfilled*

TYPE OF WASTE

☐ Commercial Refuse	☐ Stumps
☐ Residential	☐ Construction
☐ Wood/Pallets	☐ Roofing
☐ Demolition	☐ Tires
☐ Concrete	☐ Brush

"Positively No Chemical or Hazardous Waste Accepted"

PAYMENT METHOD

Check ____
Cash ____
CC# ____
Exp. ____ Auth. ____
$35.00 Return Check Fee

Driver	Truck	Box P.U.	Box D.O.	Dump

*Driver not responsible for spillage if container overfilled. *Not responsible for damages beyond curb. *Customer is responsible for any fines due to overfilled or overweight containers or for any damage to driveways, sidewalks, curbs, walkways, lawns, sprinkler systems, drain fields and shrubbery in connection with delivery of your container.

PAID 8/10

#6116

MAZZA
SCRAP METAL & RECYCLING

Mazza & Sons, Inc.

3230 Shafto Rd
Tinton Falls, NJ 07753
(732) 922-9292
FACILITY ID# 195599
DEP Facility: 1336001136

16538

In Ticket: 374963
Date: 8/5/2017
Time: 06:18:05 - 06:27:50

Customer: 0006580001/Camarato Dispos
Truck: XBNP12
Truck Type: TRUCK/Truck

Comment: 30 YDS

Gross: 65580 LB In Scale 2
Tare: 35500 LB Out Scale 3
Net: 10080 LB

Tons: 5.04

Materials & Services

Origin: 1507/Brick Twp.

CONSTRUCTION PERMIT

Date Issued 7/3/2017
Control # C-17-002631
Permit # 17-2247

IDENTIFICATION Block: 701.12 Lot: 1.01 Qualifier

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

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

Telephone: (732) 785-3000

Contractor: JDS GENERAL CONTRACTING
Address: 195 DRUM POINT ROAD BRICK NJ 08723-

Telephone: (732) 477-6700
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 15-7783086

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
ROOFING

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	

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 $1,159,600

D. Hurman 7/3/17
Construction Official Date

U.C.C. F170
equiv (rev 1/04)

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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 224 Chambers bridge Ridge Rd

BLOCK: 701.12 **LOT:** 1.01

CONTRACTOR: TDS General Contracting

CONTRACTOR'S ADDRESS: 195 drumpoint rd BRICK NJ

Type of Construction(minor, new home): Roof replacement Commercial

Type of Debris (shingles, siding, wood, etc.): Ashphalt & Insulation

Party responsible for removal: Camacho

Dumpster Size: 30 yard

Destination of Debris: Ocean County

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

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 I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature

6/12/17
Date

David Traxler
Print Name