BLOCK 701.12 LOT 1 ADDRESS (SITE) 224 Chambers Bridge PERMIT NO. 2558-95

RECEIVED
OCT 0 4 1995
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION 2NA

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

I. IDENTIFICATION

1. Proposed Work-site at: EARLY LEARNING CENTER / 224 Chambers Bridge
2. Name of Owner in Fee: TWSP. OF BRICKTOWN Tel. (908) 477-2800
   Address 101 HENDRICKSON AVE. (street) BRICK, NJ (municipality) 08724 (zip code)
3. Ownership in Fee: Public X Private
4. Principal Contractor: NIE CORPORATION Tel. (908) 918-3344
   Address P.O.BOX 640 -OAKHURST, NJ. 07755
   License No. OR, if new home, Builder Reg. No. Exp. Date
   Federal Emp. No. 222-774-750/000 Social Security No.
5. Architect or Engineer YEZZI ASSOCIATES Tel. (908) 240-3433
   Address 1035 HOOPER AVE. SUITE 4/P.O.BOX 1638, TOMS RIVER, NJ
6. Responsible Person in Charge of Work NICK KOUKOUMIS Tel. (908) 918-3344

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	8250		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	8250		
7. Less 20% for State Plan Review		825		
8. Subtotal	$	330		
9. DCA Training Fee				
10. Subtotal	$	20		
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	9425		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
2. Height of Structure 16 ft.	
3. Area—Largest Floor 65,000 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 sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

Roofing

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	413,000
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			10/6/95				
	5/3/96						

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 -0-

B. NON-RESIDENTIAL
1. State Specific Use: School
2. Use Group: E
3. Change in Use Group, Indicate Former:

LDS BR 10216235

U.C.C. Form F-100B

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.

(XX) Check if contractor.

Agent Name NTE CORPORATION

Address P.O.BOX 640 OAKHURST,NJ 07755

Telephone (908) 948-3344/ FAX-(908)948-3355

Signature Nick Koukoumis Date 10/4/95

NICKOLAS KOUKOUMIS,PRES.NTE CORP.

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									
☐ 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.									
☐									
☐									

Please Print

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
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.				

CONSTRUCTION PERMIT

Date Issued 10/10/95
Control #
Permit # 2558-95

IDENTIFICATION Block 701.12 Lot 1

Work Site Location 224 Chamberlain Bridge Rd. Contractor NTF Corp.

Address

Owner in Fee Twp. of Brick / Bd. of Edc.

Address 101 Hyers Mansion Rd. Tele. ( ) Brick, NJ.

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

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Re. Roof entire center

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 $ 413,000.

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

U.C.C. Form F-170C

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10/10/95
Control #
Permit # 2558-95

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

Block 707.12 Lot 1

Work Site Location PARKWOOD PLAZA [1.24-7267]
774 Chambers Bridge Rd. Brick N.J.

Owner in Fee Brick Town Bd of Ed
Address 101 Hendrickson Ave
Brick N.J.
Tele. (405) 477-1500
Contractor NTE CORP
Address P.O. Box 440
OAKHURST N.J. 07755
Tele. (405) 4__-__44
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-774-775/000 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[✓] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

Dates (Month/Day)

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

(Office Use Only)
FEE
$

Paid [ ] Check # ____
Collected by: ____

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

B. BUILDING CHARACTERISTICS

Use Group Present E Proposed E

Constr. Class Present ____ Proposed ____

No. of Stories 1

Height of Structure 32' Ft.

Area—Largest Floor 65,000 Sq. Ft.

New Bldg. Area/All Floors ____ Sq. Ft.

Volume of New Structure ____ Cu. Ft.

Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 413,000
3. Total (1+2) $ 413,000

U.C.C. Form F-110B

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

FORM AA-201 REV. 9/89

State of New Jersey

INITIAL PROJECT MANNING REPORT—CONSTRUCTION

Official Use Only

Assignment _____

Code _____

READ INSTRUCTIONS ON BACK CAREFULLY BEFORE COMPLETING THIS FORM. TYPE OR PRINT IN SHARP BALL-POINT PEN.

DISTRIBUTION: Affirmative Action Office, Affirmative Action Office DP, Public Agency, Contractor

① Name and address of Prime Contractor

(NAME)

(STREET ADDRESS)

(CITY) (STATE) (ZIP CODE)

② MBE ☐ WBE ☐

③ Name and Address of Public Agency Awarding Contract

Date of Contract Award

Contract No.

Dollar Amount of Contract

④ Name and Location of Project

County

⑤ Trade or Craft	Total Number Employees			Total Minority and Female Employees			Projected Phase-in Date	Projected Completion Date
	J	AP	Female	J	AP	Female		
01 Asbestos Worker								
02 Bricklayer or Mason								
03 Carpenter								
04 Electrician								
05 Glazier								
06 HVAC Mechanic								
07 Ironworker								
08 Operating Engineer								
09 Painter								
10 Plumber								
11 Roofer								
12 Sheet Metal Worker								
13 Sprinkler Fitter								
14 Steamfitter								
15 Surveyor								
16 Tiler								
17 Truck Driver								
18 Laborer								
19 Other								
20 Other								
21 Other								
22 Other								

⑥ Completed By (AA Officer) *Print or Type*

(NAME) (SIGNATURE) (TITLE)

(AREA CODE) (TELEPHONE NO.) (EXT.) (DATE)

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

222 Chambersbridge Rd
Work Site Address Block Lot

Brick Township Bd of Education
Owner's Name, Address, Phone

N.T.E. Corp. P.O.Box 640 Oakhurst NJ 07755
Contractor's Name, Address, Phone

Construction _____
Describe type (Single -family home, etc.)

Demolition Roof
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material Roofing -
600 Cubic yrds

Name, address and phone of party responsible for removal of debris:
Atlantic Disposal

Size of dumpster: 30

Destination of discarded debris: Ocean County Land Fill

Hauler's DEP Permit No.: _____

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin 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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Nick Koukoumis Nick Koukoumis 10/10/95
Printed/Typed Name Signature Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED.

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant