BLOCK 701.12 LOT 1 ADDRESS (SITE) 224 Chamberbridge Rd. PERMIT NO. 2663-95

RECEIVED
OCT 20 1995

CONSTRUCTION PERMIT APPLICATION

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

DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work-site at: Early Learning Center. Bricktown
2. Name of Owner in Fee: Brick township Board of Ed. Tel. (908) 477-2800
   Address 101 Hendrickson Rd (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public ✓ Private ____
4. Principal Contractor: Thomas + Sons Bldg Cont. Tel. (908) 657-6479
   Address 1 Locust St Lakehurst NJ 08733
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. 22-208-3987 Social Security No. ____
5. Architect or Engineer Yezzi Assc. Tel. (908) 240-3433
   Address 1035 Hooper Ave. Suite A. Toms River.
6. Responsible Person in Charge of Work James H Thomas. Tel. (908) 657-6479

BLDG 1-7-97 Elec. 8/28/96
FIRE 8-28-96
PLB 12-7-96

V. FEE SUMMARY (for office use only)

Depart ✓

			Update	Update
1. Building	$	37910		
2. Electrical				
3. Plumbing				
4. Fire Protection			385	
5. Elevator Devices				
6. Subtotal	$	37910		
7. Less 20% for State Plan Review		3791		
8. Subtotal	$			
9. DCA Training Fee		1620		
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	16 ft.	
3. Area—Largest Floor	58000 5,120 sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	986000 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	0 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

	Est. Cost
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. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☑ Demolition	
TOTAL COSTS	1.9 million

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	10/20/95		10/25/95		8/28/96		
					8/28/96 sprinkler		
					8/28/96		
	12/9/96		9/16/95		8/28/96 TCO		
					8/28/96 ok Elec		
	5/3/96		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
4. ☑ Refrigeration Systems
5. ☑ Cross-Connections/Backflow Preventers
7. ☐ Sprinklers
8. ☑ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

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

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

B. NON-RESIDENTIAL
1. State Specific Use: Education
2. Use Group:
3. Change in Use Group,

LDS BR 10409614

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 Divisior 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 Robert E Thomas Jr.

Address 1 Locust ST

Lakehurst NJ. 08733.

Telephone (908) 657-6479.

Signature _____ Date 10/20/95

OFFICE DATE RECEIVED: ______

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Zoning Officer									10/20/95 New Copy to Bldg Sub Plbg " Elec " IMPORTANT A.H.B.T. - EXEMPT
☐ 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.									
☐									
☐									

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)**

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☑ Temporary Certificate of Occupancy	No. 2662	8-30-96	10-30-96		
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☑ Certificate of Occupancy	No. 2662	7-15-97			
☐ Certificate of Approval	No.				

CERTIFICATE

Date Issued 7-15-97
Control #
Permit # 2662-95

IDENTIFICATION

Block 701.12 Lot 1
Work Site Location 234 Chambersbridge Road

Owner in Fee Brick Township Board of Education
Address 101 Hendrickson Road
Brick, New Jersey 08724
Tele. ( )
Contractor Thomas & Sons Building Contractors
Address 1 Locust Street
Lakehurst, New Jersey 08733
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group E
Maximum Live Load
Description of Work/Use:

Early Learning Center

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

XXXXX☑ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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 OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

J. Cuviazzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CERTIFICATE

Date Issued 11-13-96
Control #
Permit # 2662-95

IDENTIFICATION

Block 701.12 Lot 1
Work Site Location 224 Chambersbridge Road

Owner in Fee Brick Township Board of Education
Address 101 Hendrickson Road
Brick, NJ 08723
Tele. ( )
Contractor Thomas & Sons Building Contractors
Address 1 Locust St.
Lakehurst, NJ 08733
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group E
Maximum Live Load
Description of Work/Use:

Early Learning Center

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

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XXXX☑ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than November 22, 19 96 or the owner will be subject to a fine or order to vacate: Pending compliance with Engineering, Building and Plumbing. Subject to insulation inspection.

PLEASE NOTE:

Trailer wiring to classrooms will be removed. Rear vestibule area pipes and wiring to be made safe and secure.

Joseph P. Cuniangza
CONSTRUCTION OFFICIAL

5/14/97 OK 1-7-97

OK 12/9/96

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CERTIFICATE

Date Issued 8-30-96
Control #
Permit # 2662-95

IDENTIFICATION

Block 701.12 Lot 1
Work Site Location 224 Chambersbridge Road

Owner in Fee Brick Township Board of Education
Address 101 Hendrickson Rd.
Brick, NJ 08723
Tele. ( )
Contractor Thomas & Sons Building Contractors
Address 1 Locust St.
Lakehurst, NJ 08733
Tele. ( )
Lic. No. or Bidrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group E
Maximum Live Load
Description of Work/Use:

Early Learning Center

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

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If this is a Temporary Certificate of Occupancy the following conditions must be met no later than October 30, 19 96 or the owner will be subject to a fine or order to vacate: Pending compliance with Engineering, Building and Plumbing. Subject to insulation inspection

PLEASE NOTE:

Trailer wiring to classrooms will be removed. Rear vestibule area pipes and wiring to be made safe and secure.

1-12/9/96

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CERTIFICATE

Date Issued 7-15-97
Control #
Permit # 2662-95

IDENTIFICATION

Block 701.12 Lot 1
Work Site Location 224 Chamberbridge Road
Owner in Fee Brick Township Board of Education
Address 101 Hendrickson Road
Brick, New Jersey 08724
Tele. ( )
Contractor Thomas E Sons Building Contractors
Address 1 Locust Street
Lakehurst, New Jersey 08733
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group E
Maximum Live Load
Description of Work/Use:

Early Learning Center

Type of Warranty Plan: [ ] State [ ] Private
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CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CERTIFICATE

Date Issued 11-13-96
Control #
Permit # 2662-95

IDENTIFICATION

Block 701.12 Lot 1
Work Site Location 224 Chambersbridge Road
Owner in Fee Brick Township Board of Education
Address 101 Hendrickson Road
Brick, NJ 08723
Tele. ( )
Contractor Thomas & Sons Building Contractors
Address 1 Locust St.
Lakehurst, NJ 08733
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp No.
or Social Security No.

Home Warranty No. N/A
Use Group E
Maximum Live Load
Description of Work/Use:

Early Learning Center

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

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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.

XXXXX ☑ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than November 22, 1996 or the owner will be subject to a fine or order to vacate: Pending compliance with Engineering, Building and Plumbing. Subject to insulation inspection.

PLEASE NOTE:

Trailer wiring to classrooms will be removed. Rear vestibule area pipes and wiring to be made safe and secure.

Joseph P. Cuniangza
CONSTRUCTION OFFICIAL

5/14/97 OK
1-7-97 OK
12/9/96 OK

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CERTIFICATE

Date Issued 8-30-95
Control #
Permit # 2662-95

IDENTIFICATION

Block 701.12 Lot 1
Work Site Location 224 Chambersbridge Road

Owner in Fee Brick Township Board of Education
Address 101 Hendrickson Rd.
Brick, NJ 08723
Tele. ( )
Contractor Thomas & Sons Building Contractors
Address 1 Locust St.
Lakehurst, NJ 08733
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group E
Maximum Live Load
Description of Work/Use:

Early Learning Center

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

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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.

XXXX☒ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than October 30, 19 96 or the owner will be subject to a fine or order to vacate: Pending compliance with Engineering, Building and Plumbing. Subject to insulation inspection

PLEASE NOTE:
Trailer wiring to classrooms will be removed. Rear vestibul area pipes and wiring to be made safe and secure.

1 - 7/2/9/96

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

INSPECTOR: Nick Mergos

DATE: 5/12/97

JOB: Brick Learning Center

SECTION:

TYPE OF WORK: Final

WEATHER: Sunny

LOCATION: 224 Chambers Bridge Rd

TEMPERATURE: 50s

BLOCK: 701.12

LOT: 1

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	X	
2. Grading	X	
3. Sidewalk	X	
4. Road Pavement	X	
5. Landscaping & Sodding	X	
6. Clean-up Procedures	X	
7. Note on going construction in immediate area	X	
8. Safety	X	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

INSPECTOR: Nick Mangold

DATE: 8-30-96

JOB: Brick Two SECTION: Learning Center

TYPE OF WORK: Temp C/O

WEATHER: 70°

LOCATION: Chambers Bridge Rd.

TEMPERATURE: Sunny

BLOCK: 701.12 LOT: 1

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	X	
2. Grading		X
3. Sidewalk	X	
4. Road Pavement	X	
5. Landscaping & Sodding		X
6. Clean-up Procedures		X
7. Note on going construction in immediate area		
8. Safety		X

COMMENTS REFERENCING ITEM NUMBER:

All work to be completed by 10/15/96

RECOMMENDATIONS:

- [X] TEMP. C.O.
- [ ] FINAL C.O.
- [ ] DETAILED REINSPECTION
- [ ] HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

INSPECTOR: K Shafer

JOB: Primary Learning Center SECTION: Bd. of Ed

WEATHER: Sunny

TEMPERATURE: 20°'s

DATE: 1-11-97

TYPE OF WORK: Final (3rd)

LOCATION: 224 Chambersbridge Rd

BLOCK: 701.12 LOT: 1

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway		✓
2. Grading	✓	
3. Sidewalk		✓
4. Road Pavement		✓
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety		✓

COMMENTS REFERENCING ITEM NUMBER: 1, 3, 4, 8

(A) Handi. cap ramps not accepted @ 3 locations per 1-11-97 report

(B) Need release letters for parking in Parking lot/Driveway

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☑ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[Thomas K. Hopp] MUNICIPAL ENGINEER

I _____, Authorized representative of

_____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

Easly Learning Center

CONSTRUCTION PERMIT

Date Issued 10/23/95
Control #
Permit # 2662-95

IDENTIFICATION Block 701.12 Lot 1

Work Site Location Chanhassbridge Rd. Contractor Thomas & Sons Bldg Const.

Address

Owner in Fee Brick Bd. of Edc.

Address 101 Jeffersontown Rd. Tele. ( )

Brick, NJ Lic. No. or Bldrs. Reg. No. Exp. Date

Tele. ( ) 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:

Convert plays to "Easly Learning Cater"

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 $ 1,900,000.-

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

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

PERMIT UPDATE

Date Update Issued 12/18/95
Control #
Permit #
Date Permit Issued 2662-95

IDENTIFICATION Block 201.12 Lot 1
Work Site Location Chambers Bridge Rd

Owner in Fee
Address
Tele. ( )

Contractor Amese Mechanical
Address 1800 Lakewood Rd Unit 2
Toms River NJ
Tele. (908) 240-4893
Lic. No. or Bldrs. Reg. No. 7029
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:

Exempt

Estimated Cost of Work $ 600.00

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-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

Date Update Issued 1/10/96
Control #
Permit # 2662-95
Date Permit Issued

IDENTIFICATION Block 701.12 Lot 2
Work Site Location CHAMBERS BRIDGE ROAD BRICK, N.J.
Owner in Fee BOARD OF EDUCATION
Address 101 HENDRICKSON ROAD BRICK, N.J. 08724
Tele. ( ) _____

Contractor FOUR STAR FIRE PROTECTION INC.
Address 597 OLD SHORE RD. TOMS RIVER, N.J. 08753
Tele. (609) 305-0045 223-0500
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-3305645
or Social Security No. _____

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] Other _____
[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:
INSTALLATION OF NEW FIRE PROTECTION SPRINKLER SYSTEMS

Estimated Cost of Work $ 13,656

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	
Plumbing	
Electrical	
Fire Protection	185
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

U.C.C. Form F-180A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

Date Update Issued 10/26/95
Control #
Permit # 2662-95
Date Permit Issued

IDENTIFICATION Block 701.12 Lot 1
Work Site Location 224-226 Grandview Blvd
Paulsboro NJ
Owner In Fee Paulsboro Board of Ed
Address 101 Hendrickson Ave
Paulsboro NJ
Tele. (609) 467-2800

Contractor Annese Mechanical
Address 1889 Lakeland Rd Unit 28
Iona River NJ 08755
Tele. (908) 2411-4893
Lic. No. or Bldrs. Reg. No. 7074
Federal Emp. No. 22-2966462
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Estimated Cost of Work $ 422,000

Angelo D'Amico
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	T. 177.77
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

RECEIVED
OCT 20 1995
DIV. OF INSPECTION

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10-23-95
Date Issued
Control #
Permit # 2662-95

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
Work Site Location Early Learning Center Chambersbridge Rd.

Owner in Fee Brick Twp. Board of Education
Address 101 Hendrickson Rd. Brick NJ. 08723

Tele. (908) 477-2800.
Contractor Thomas + Sons Bldg. Cont.
Address 1 Locust St Lakehurst NJ 08733

Tele. (908) 657 6479
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-208-3987. 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

as per plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Approval	Initial
[ ] No Plans Req.	9/16/95	RK	Type			
[✓] All	10/10/95		Footing		1-16-96	[initials]
[ ] Footing			Foundation			
[ ] Foundation			Slab			
[ ] Frame			Frame A SECTION OK 2-13-96			
[ ] Other			Insulation D-SECT [illegible] 2-23-96 OK			
Joint Plan Review Required:			Finishes:			
[ ] Elec. [ ] Plumb. [ ] Fire			Energy C SECT. RK OK			
SUBCODE APPROVAL			Mechanical			
[✓] CO [ ] CCO [✓] CA			TCO			
Date: 1-1997			Other 2 FOOTINGS REMAINING DONE 1-25-96			
Approved By: [signature]			Final 8/28/96 [illegible] only — 1-7-97 [initials]			

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

(Office Use Only)
FEE
$ ______

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class 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.
Total Land Area Disturbed ______ Sq. Ft.

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

Paid [ ] Check # ______
Collected by: ______

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

U.C.C. Form F-110B

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

1/16 – all interior footings except 21' wall (teachers prep) and new column footing ~~[illegible]~~ in corridor JG

↑ DONE 1-25-96 ~~[illegible]~~

7/22/96 Walk thru w/ Super Mr. Thomas prior to ceiling ~~[illegible]~~ installation. Corridor penetrations at top of sheetrock & bottom of roof deck need to be closed.

7/29/96

8/28/96 ~~Cold weather ceiling insulation is required in Bath - add~~ ~~Lolly column outside near by gas meters etc.~~ OK ~~one class room were running out w/ window to trailer~~ OK, some caulking needed, Pipe shutoffs exposed by rear entrance doors. J. Gaas Needs re-inspection.

11/13/96 ~~Re-Inspect for ceiling insulation over bathrooms~~ as per ~~detail~~ A13 and ~~Section D Corridor 181 needed cabinet heater Mod. #30~~ which ~~is what the shutoffs noted above were for.~~ J. Gaas OK.

11/13/96 Need covers over pipes (exposed heating pipes in classrooms) and also metal collars around pipes to radiators. J Gaas

(ESCUTCHEONS) 1-7-97 Corrected J. Gaas

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-23-95
Control #
Permit # 2662-95

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
Work Site Location Foxly Landing Circle
Owner in Fee Rock Two. Bird of Country
Address [illegible] VT. 05733
Tele. (802) 877-3500
Contractor Thom + Sons Bldg Const.
Address 1 Locust St Essex Jct VT 05452
Tele. (802) 651 6479
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-205-3957 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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

as per plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	9/14/95	KN
[ ] Footing	10/11/95	
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

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

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

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

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

→ Brian
→ Kenny
Bill

ELECTRICAL SUBCODE TECHNICAL SECTION

*205-319 416 419 723 908

Date Received
Date Issued
Control # DEC 13 95 0 1 1 1 2 4
Permit #

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

Block 701, 3006 Lot 1
Work Site Location Brick Early Learning Center
Chambers Bridge Rd Brick NJ
Owner in Fee Brick Bd of Education
Address 101 Hendrickson Rd
Brick NJ
Tele. ( )
Contractor Lubeck Co South Inc
Address 235 Drum Pt Rd
Brick NJ 08723
Tele. (908) 920 6611
Lic. No. 8414
Federal Emp. No. 222 207 329 or Social Security No.

B. ELECTRICAL CHARACTERISTICS see attached

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 389,000-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved As noted
Date: 9/12/95
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 8/28/96
Approved By: Brick 5493

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough	4/11/96 overall		5/3/96	5493 OVER
Temporary	4/10/96 OVER		4/11/96	5493
Constr. Serv.				
TCO				
Other SEE ATTACHED			9608021M1655	
Service				
Final				

Dates (Month/Day)
Temp. Cut-in-Card Date Issued 4/22/96 5493
Final Cut-in-Card Date Issued 8/28/96 5493

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.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
914		Fixtures (1)
532		Receptacles (2)
163		Switches (3)
1609		Total 1 + 2 + 3
	___ Kw	Range
	___ Kw	Oven(s)
	___ Kw	Surface Unit
	___ hp	Dishwasher
	___ hp	Garbage Disposal
	___ Kw	Dryer
	___ Kw	A/C Unit
		Burglar Alarms
		Intercoms Panels
1160		Smoke Detectors
	___ hp	Whirlpool/spa
		Pool Bonding
	___ hp	Pool Filter Motor
		Pool Lights
	___ Kw	Water Heater(s)
	___ Kw	Central heat:
		oil, gas or elec.
	___ Kw	Baseboard Heat Units
		Thermostats
	___ hp	Heat Pump
	___ hp	Pump(s)
6-225 3φ 3φ 125 3φ	___ Amp	~~Motor Control~~ Center/Sub Panels
		Signs
	___	Light Standards
	___ hp	Motors—Fractional H.P.
	___ hp	Motors—All Others
	___ Kw	Transformers
	___ Kw	Generators
3φ 1600A	___ Amp	Service Entrance
	___	Other

FEE (Office Use Only)

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ No Fee

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

Brick → Brian → Kenny

Bill

205 319 410 419 723 856

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # DEC 13 95 0 1 1 1 2 4
Permit #

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

Block 701, 306 Lot
Work Site Location Brick Early Learning Center
Chambers Bridge Rd Brick NJ
Owner in Fee Brick Bd of Education
Address 101 Hendrickson Rd
Brick NJ
Tele. ( ) Lubeck Co South Inc
Contractor
Address 235 Drum Pt Rd
Brick NJ 08723
Tele. (908) 920 6611
Lic. No. 8414
Federal Emp. No. 222 207 329 or Social Security No.

see attached

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 389,000-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved As noted
Date: 9/16/96
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 8/28/96
Approved By:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough	4/11 Approved		5/3/96	54933 OVER
Temporary	4/10 96 OVER		4/[illegible]/96	54933
Constr. Serv.				
TCO				
Other SEE ATTACHED			960802 [illegible]	
Service				
Final				

Temp. Cut-in-Card Date Issued 4/22/96 54933
Final Cut-in-Card Date Issued 8/28/96 54933

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.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
914		Fixtures (1)
532		Receptacles (2)
163		Switches (3)
1609		Total 1 + 2 + 3
	___ Kw	Range
	___ Kw	Oven(s)
	___ Kw	Surface Unit
	___ hp	Dishwasher
	___ hp	Garbage Disposal
	___ Kw	Dryer
	___ Kw	A/C Unit
		Burglar Alarms
		Intercoms Panels
1166		Smoke Detectors
	___ hp	Whirlpool/spa
		Pool Bonding
	___ hp	Pool Filter Motor
		Pool Lights
	___ Kw	Water Heater(s)
	___ Kw	Central heat:
		oil, gas or elec.
	___ Kw	Baseboard Heat Units
		Thermostats
	___ hp	Heat Pump
	___ hp	Pump(s)
6-225 3φ	___ Amp	~~Meter Control~~ Center/Sub Panels
36 125 ~~$~~		Signs
		Light Standards
	___ hp	Motors—Fractional H.P.
	___ hp	Motors—All Others
	___ Kw	Transformers
	___ Kw	Generators
3φ 1500A	~~Fuse~~ Amp	Service Entrance 1500
		Other

FEE (Office Use Only)

Paid [ ] Check #
Collected by:

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ No Fee

U.C.C. Form F-120B

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

B & C.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/10/96
Date Issued
Control #
Permit # update 2662-95

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

Block 701 ~~800~~ 12 Lot 1
Work Site Location Brick Early Learning Center
Chambers Bridge Rd Brick
Owner in Fee Brick B of E
Address Hendricksn Ave
Brick NJ
Tele. ( )
Contractor Lubeck Co South Inc
Address 235 Drum Pt Rd
Brick NJ 08723
Tele. (908) 920 6611
Lic. No. 8414
Federal Emp. No. 222 209 529 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Sprk Hook up to Central Sta 24 hrs

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 45000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 11/13/95
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 8/28/96
Approved by:

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test				
Fire Alarm Test			8/28/96	
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other			8/28/96	

S.D. Fire Alarm & S D Door. Closing Check o/k JE.

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL Pull Sta.		
Smoke Detectors	121	163
Heat Detectors Smoke Det	165	
TOTAL Central Sta	286	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems	Exempt	
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 163-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BAC

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/10/96
Date Issued
Control #
Permit # 2662-95

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

Block 70.10 ~~Lot 12~~ Lot 1
Work Site Location Brick Early Learning Center
Chambers Bridge Rd Brick
Owner in Fee Brick B of E
Address Hendricksen Ave
Brick NJ
Tele. ( )
Contractor Lubeck Co South Inc
Address 235 Drum Pt Rd
Brick NJ 08723
Tele. (908) 920 6611
Lic. No. 8414
Federal Emp. No. 222 209 321 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 45 000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 11/13/95
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

	Number
Wet Sprinkler Heads	
Dry Sprinkler Heads	
TOTAL Pull Sta	
Smoke Detectors	121
Heat Detectors	165
TOTAL Smoke Det's Central Sta	286
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
CO_2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
OTHER	

Exempt

FEE (Office Use Only)

163

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 163

U.C.C. Form F-140B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

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OCT 2 0 1995

DIV. OF INSPECTION

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-23-95
Control #
Permit # 2662-95

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

Work Site Location Early Learning Center.

Owner in Fee Brick Twp. Board of Education

Address 101 Hendrickson Rd. Brick NJ. 08723.

Tele. (908) 477-2800.

Contractor Thomas & Sons Bldg Const. Inc.

Address 1 Locust ST Lakehurst NJ. 08733

Tele. (908) 657-6479.

Lic. No.

Federal Emp. No. 22-208-3987. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed

Constr. Class. Present Proposed

Heating Systems [ ] New [ ] Existing

Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar

[ ] Other

Location:

Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 8/8/96
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Fire Stop in Corridors 8/96				
Other				
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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical Fire Stop Fire Curtains		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

A & D.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11/10/96
Date Issued
Control #
Permit # 2662-95
Update

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
Work Site Location CHAMBERS BRIDGE ROAD
BRICK TOWNSHIP N.J.
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON ROAD
BRICK, N.J. 08724
Tele. (____)
Contractor FOUR STAR FIRE PROT. INC.
Address 593 OVERBROOK ROAD
VINELAND, N.J. 08360
Tele. (609) 205-0045
Lic. No.
Federal Emp. No. 22-3305648 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

200/pps/ for 2 hrs. OK

Use Group Present ____ Proposed ____
Constr. Class. Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ____
Location: ____
Total Est. Cost of Fire Prot. Work $ 73,656 — [ ] Other ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 11/13/95
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 8/1/96
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test			8/1/96	
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

11/10/95

Salvatore D'Amico
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source: Township
Method of Valve Supervision: Tamper Switch
Local Alarm Supervision: Flow Switch
Central Supervision: N/A
Proprietary Supervision: N/A

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 ____

water gong.

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	629	585.
Dry Sprinkler Heads		
TOTAL	629	
water flow Tamper Switch		
Smoke Detectors	N/A	
Heat Detectors	N/A	
TOTAL	N/A	
Stand Pipes	N/A	
Kitchen Hood Exhaust Systems	N/A	
Pre-Engineered Systems		
CO_2 Suppression	N/A	
Halon Suppression	N/A	
Foam Suppression	N/A	
Dry Chemical	N/A	
Wet Chemical	N/A	
Gas or Oil Fired Appliance	N/A	
OTHER ____		

Exempt
11/10/96

Administrative Surcharge $ 585
Paid [ ] Check # ____ Minimum Fee $ ____
DCA Training Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-140B
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A & D.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11/10/96
Date Issued
Control #
Permit # 2662-95

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
Work Site Location CHAMBERS BRIDGE ROAD
BRICK TOWNSHIP N.J.
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON ROAD
BRICK, N.J. 08724
Tele. ( )
Contractor FOUR STAR FIRE PROT. ENG.
Address 593 OVERBROOK ROAD
VINELAND, N.J. 08360
Tele. (609) 205-0045
Lic. No.
Federal Emp. No. 22-133 05648 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 23,656 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 11/13/95
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

11/10/95

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source	TOWNSHIP		
Method of Valve Supervision	TAMPER SWITCH		
Local Alarm Supervision	FLOW SWITCH		
Central Supervision	N/A		
Proprietary Supervision	N/A		
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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	629	585
Dry Sprinkler Heads		
TOTAL	629	
Smoke Detectors	N/A	
Heat Detectors	N/A	
TOTAL	N/A	
Stand Pipes	N/A	
Kitchen Hood Exhaust Systems	N/A	
Pre-Engineered Systems		
CO_2 Suppression	N/A	
Halon Suppression	N/A	
Foam Suppression	N/A	
Dry Chemical	N/A	
Wet Chemical	N/A	
Gas or Oil Fired Appliance	N/A	
OTHER		

water flow
Temper Switch

Exempt

11/10/96

Administrative Surcharge $ 585
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
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FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 12/18/95
Control #
Permit # 2662-95

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
Work Site Location Chambers Bridge Rd
Owner in Fee Early Learning Center
Address
Tele. (908) 240-4893
Contractor Annese Mechanical
Address 1800 Lakewood Rd Unit 2
Toms River NJ
Tele. (___)
Lic. No. 7079
Federal Emp. No. ___ or Social Security No. ___

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present / Proposed
Constr. Class. Present / Proposed
Heating Systems [ ] New [✓] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Roof Top Units
Total Est. Cost of Fire Prot. Work $ 600.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 12/18/95
Approved by:
SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 8/28/96
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			8/26/96	
TCO				
Other				
Other				
Other				

8/28/96 Existing units tested. Clearance & Shut offs OK

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.

Frank Annese
SIGNATURE

D. TECHNICAL SITE DATA

Exempt

Description of Work

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Roof Top Units Existing ✓		
Gas or Oil Fired Appliance	4	
OTHER		

Administrative Surcharge $ 00
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
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PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8/9/96
Control #
Permit # 2662-95

Change plb.

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

Block 201.12 Lot 1
Work Site Location Early Learning Center
Chamberlain Ridge Rd.
Owner in Fee Brick Board of Education
Address 101 Hendrickson Road
Brick
Tele. ( ) 477 2800
Contractor Swan Plumbing
Address 69 N Main St
Pleasantville NJ
Tele. (609) 641-7586
Lic. No. 7062
Federal Emp. No. 22-3340570 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 12-24-96

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO			8-28-96	DM

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.

Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
7	Sink	
1	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
3	Other Connect Stove Line	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-1308

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PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10/26/95
Control #
Permit # 2662-95

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
Work Site Location BRICK LEARNING CENTER
224-226 Cranberry Bridge Road
Owner in Fee BRICK BOARD of Education
Address 101 Hendrickson Ave
BRICK NJ
Tele. (908) 477-2800
Contractor ANNESE Mechanical Inc.
Address 1889 Lakewood Rd. Unit 28
Toms River NJ 08755
Tele. (908) 240-4823
Lic. No. 7079
Federal Emp. No. 22-2964462 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 6" & 4" Public Sewer Private Septic
Water Service Size 4" Public Water Private Well
Estimated Cost of Plumbing Work $ 422,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9/16/95
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			12-13-95	
Rough			3-22-96	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			3-22-96	already done on 12-18-95
Solar				
TCO				

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.

Signature—Contractor ~~Seal~~

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
37	Water Closet	
2	Urinal/Bidet	
	Bath Tub	
38	Lavatory	
	Shower	
39	Floor Drain	
8	Sink	
	Dishwasher	
24	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
2	Water Heater (GAS)	
	Fuel Oil Piping	
✓	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
1	Interceptor/Separator	
1	Backflow Preventer	
1	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
1	Water Service Connection	
	Active Solar System	
	Other Exempt	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-130B

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4 Gold = Applicant Copy

11-21-95 - Sec A col. 4 - slab Ok DN

11-29-95 - Sec B slab Ok DN

12-6-95 - Sec C slab Ok DN

12-13-95 - Sec D slab Ok DN
kit Ok except grease trap DN

1-23-96 - PARTIAL Rough - Sec A Ok DN

2-6-96 - PARTIAL Sec B front - Not kit or teacher prep.
Sec C front only - NO classrooms at back of building.
Sec D complete.
NO Roof penetrations

2-20-96 - kit grease trap slab OK
- rough on kit ok - Except vents on grease trap not finished and still NO roof penetrations

3-22-96 - Rough Ok on all except sec B in Back

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10/26/95
Control #
Permit # 2662-95

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

Block 101.12 Lot 1
Work Site Location BRICK LEARNING CENTER
224-226 CHAMBERS BRIDGE ROAD
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ
Tele. (908) 477-2800
Contractor FINNESE MECHANICAL INC.
Address 1889 LAKEWOOD RD., UNIT 28
TOMS RIVER, NJ 08755
Tele. (908) 240-4843
Lic. No. 7079
Federal Emp. No. 22-2964462 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 6", 4" Public Sewer Private Septic
Water Service Size 4" Public Water Private Well
Estimated Cost of Plumbing Work $ 420,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 4/16/96
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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.

Signature—Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
37	Water Closet	
2	Urinal/Bidet	
	Bath Tub	
18	Lavatory	
	Shower	
24	Floor Drain	
8	Sink	
	Dishwasher	
24	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
2	Water Heater (GAS)	
	Fuel Oil Piping	
✓	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
1	Interceptor/Separator	
1	*Backflow Preventer*	
1	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	
1	Water Service Connection	
	Active Solar System	
	Other Exempt	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-130B

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3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 12/18/95
Date Issued
Control #
Permit # 2662-95 Exempt

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
Work Site Location Chambers Bridge Rd

Owner in Fee
Address Chambers Bridge Rd

Tele. (908) 240-4893
Contractor Annese Mechanical
Address 1800 Lakewood Rd Unit 2
Toms River NJ
Tele. ( )
Lic. No. 7079
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12/18/95
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			2-19-96	
Solar				
TCO				

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.

Frank Annese
Signature—Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
4	Other Roof Top Units Existing	

Administrative Surcharge $ 00
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-1308 — 1 White = Inspector Copy; 2 Canary = Office Copy; 3 Pink = Office Copy; 4 Gold = Applicant Copy

8-28-96 - Temp - Kit - ① Steam kettle has loose handle
② Buttons on handle of sink backwards.
③ HAND SINKS need tempering valves
Mechanical room - Boilers not fired.

BOCA
PLAN REVIEW RECORD

Plan Review.# _____

Date _____

Valuation =

Fee _____

BASIC/NATIONAL BUILDING CODE

(All Articles except 15, 22 and 24)

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION (1) Lake Reserve School
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY (3) Early Learning Center

*Numerals indicated in parentheses are applicable code sections of 1984 Basic/National Building Code.

CORRECTION LIST

No.	(2) DESCRIPTION	Code Section
	permit for 2 Boilers & Work. sys. AR needs Sprinklers in Boiler Room Pull Sta at all Exits Heat Det. Paint & S.D. Needs Suppression sys. Pools Dunn in School. Panic Hardware Smoke & Fire Spread on Carpets Storage areas, also must go by Specs Book Sprinklers in	
	(3) EARLY Learning Center.	
	Desert Shore Equity Sprinkler syst.	
	Needs pull Sta at all Exit Doors &	
	needs Strobe lites & Horns.	
	needs Heat & Smoke detectors needs Panic Hardware	
	on Exits if Cooking on site needs Suppression Syst.	
	Storage Rooms need Sprinklers needs Central Sta Location	
	Exit Signs & Emergency Lites Battery Back up.	
	~~Smoke & Fire & Ratings~~ Spread on Carpets.	

The plan review accomplished as indicated in the record is limited to those code sections specifically identified herein. Copyright, 1984, Building Officials and Code Administrators International, Inc. Reproduction by any means is prohibited. NOTE: In order that we might develop other programs and provide additional services of benefit to the Code Administration profession, please re-order additional copies of this form from: also must Comply with Specs. Book.

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477

RECORD

BOCA BASIC/NATIONAL BUILDING CODE

Plan Review # _____

Date _____

Sq. Feet _____

JURISDICTION _____ (City, County, Township, etc.)

BUILDING LOCATION Early Learning Center (Street address)

Job Name _____

New Building ☐ Addition ☐ Alteration ☐ Other ☐ _____

Construction Classification _____ Use Group _____ Block _____ Lot _____

CORRECTION LIST

No.	DESCRIPTION	Page	Re-viewed By	Code Sect.	C Ch
1	Exit Sign & Emg. Lite Can't be				
2	removed only Life Safety Bureau Can.				
3	Above Item to be removed.				
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Other Comments:

Veteran Memorial School

LAKE Riverside Middle School

Domestic cold & Hot Lines are to be tied into existing bldg. - is existing lines sized for property? - No details on plan for existing -

TOWNSHIP OF BRICK

DIVISION OF HEALTH

OCEAN COUNTY, NEW JERSEY

No. 3236

SEWERAGE DATA

Property Owner: ..... Date .....

Number of people who occupy unit .....

Street: ..... No. ..... Lot: ..... Block: .....
(From Your Tax Bill)

Mailing Address: .....

Sewer Connection: ..... Size: ..... Number: .....

STRUCTURES: Type: ..... Private: .....

Use: ..... Public: .....

CLASSIFICATION Place (x) opposite

Domestic ..... ☐ Mercantile ..... ☐ Industrial ..... ☐

Type: .....

Place number of units opposite fixtures and items below:

Public Toilets	Restaurant Sinks	No. Family Units .....
Private Toilets	Wash Racks	No. Rooms, each .....
Bath or Showers	Barber Chairs	Hosp. Rooms .....
Lavoratories	Air Conditioning gallons per day	Hospital or Institutional
Kitchen Sinks	Refrigeration gallons per day	Occupants .....
Floor Drains	Condensers gallons per day	Hotel Rooms .....
Slop Sinks	Urinals	No. Employees .....
Laundry Tubs		No. Pupils .....
Drinking Fountains		

DOMESTIC		MERCANTILE		INDUSTRIAL	
Residential	☐	Store	☐	Factory	☐
Church	☐	Office	☐	Shop	☐
Hospital	☐	Barber or Beauty Shop	☐	Greenhouses	☐
Hotel	☐	Garage or Service Sta.	☐	Laundry	☐
Rooming House	☐	Restaurant	☐	Warehouse	☐
Lodge Rooms	☐	Tavern	☐	Car Wash	☐
Garage	☐	Soda Fountain	☐	.....	☐
School	☐	Bank	☐	.....	☐
Public Buildings	☐	Theater	☐	.....	☐
Apartment Houses	☐	.....	☐	.....	☐
.....	☐			.....	☐

Brick Twp. Sewer Connection Fee $..... Plumber .....

Plumbing Inspector's Fee $..... Plumbing Inspector .....

Plumbing

Floor drain outside of walk in Refrig.

2) (A) Size of Grease Interceptor 6.2.3
   (B) RATE of flow of fixtures going into interceptor.
   (C) Flow control device for interceptors to control rate of flow
   (D) position of grease trap - outside of building - is trap protected from freezing -

Early learning Cent.

Interceptors

6.1 INTERCEPTORS — GENERAL

6.1.1 When Required

Interceptors (including grease, oil, and sand interceptors, etc.) shall be provided when, in the opinion of the Administrative Authority, they are necessary for the proper handling of liquid wastes containing grease, flammable wastes, sand, solids, and other ingredients harmful to the building drainage system, the public sewer or sewage-treatment plant or process.

6.1.2 Design of Interceptors

a. The size and type of each interceptor shall be determined according to maximum volume and rate of discharge and shall be approved by the Administrative Authority.
b. Only wastes requiring treatment or separation shall be discharged into any interceptor.

6.1.3 All Interceptors to Follow Type Approved

See Section 3.3.7.

6.1.4 Separation of Liquids

A mixture of light and heavy liquids having various specific gravities may be treated and then separated in a receptor as approved by the Administrative Authority.

6.1.5 Venting of Interceptors

Interceptors shall be so designed that they will not become air bound if tight covers are used. Each interceptor shall be properly vented if loss of trap seal is possible.

6.1.6 Interceptors to Be Accessible

Each interceptor shall be so installed that it is readily accessible for removal of the cover, servicing and maintenance. Need for use of ladders or moving of bulky objects in order to service interceptors shall constitute a violation of accessibility.

6.1.7 Maintenance of Interceptors

Interceptors shall be maintained in efficient operating condition by periodic removal of accumulated grease, scum, oil, or other floating substances, and solids deposited in the interceptor.

6.1.8 Discharge

The waste pipe from oil and sand interceptors shall not discharge into the storm sewer, but shall discharge as approved by the Administrative Authority.

6.2 GREASE INTERCEPTORS (If Required)

6.2.1 Prohibited Connections

Food waste grinders and commercial dishwashers shall not discharge through a grease interceptor.

EXCEPTION: Commercial dishwashers may discharge through a grease interceptor where the temperature of the waste or action of detergents will not affect the operation of the interceptor and the installation is approved by the Administrative Authority.

6.2.2 Water-Cooled Grease Interceptors

The installation of water-cooled grease interceptors shall be prohibited.

6.2.3 Grease Interceptor Capacity

Grease interceptors, if installed, shall have a grease retention capacity of not less than 2 pounds for each gpm of flow.

6.2.4 Rate of Flow Controls

Grease interceptors shall be equipped with devices to control the rate of water flow through the interceptors so that it does not exceed the rated flow of the interceptors.

6.2.5 Interceptors Not Required

A grease interceptor shall not be required for individual dwelling units or any private living quarters.

6.2.6 Trap Equivalent

Each fixture discharging into a grease interceptor shall be individually trapped and vented in an approved manner. An approved type grease interceptor may be used as a fixture trap for a single fixture when the horizontal distance between the fixture outlet and the grease interceptor does not exceed four feet and the vertical tailpipe or drain does not exceed two and one-half feet.

6.2.7 Location

Grease interceptors shall not be located within buildings unless the installation is approved by the Administrative Authority. Where interceptors are remote from the fixtures served, drainage piping from the fixtures to the interceptor shall be as direct as possible and shall include provisions for periodic cleaning.

6.3 OIL INTERCEPTORS (If Required)

6.3.1 Where Required

a. If required by the Administrative Authority, service and repair garages, gasoline stations with grease racks, grease pits or wash racks, and all factories which have oily and/or flammable wastes as a result of manufacturing, storage, maintenance, repair or testing processes, shall be provided with all necessary floor drains, sand interceptors, catch basins and oil interceptors when an approved point of disposal is available. Oil interceptors shall be properly vented through the roof on the sewer side of the interceptor. The waste line shall not be less than 3 inches in diameter with a full size cleanout to grade and the vent pipe not less than 2 inches. The oil interceptor shall be provided with an overflow line to a waste oil tank, UL approved, of adequate size, minimum capacity 550 gallons, and such a tank shall be vented with a minimum 1-1/2" vent

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b. The gravity waste o
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6.3.2 Design of Oi

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b. Motor Vehicle Gara
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6.3.3 Vapor Vend

Oil interceptors shall
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6.3.4 Combinatio

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6.4 SAND INTE

6.4.1 Where Requ

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6.4.2 Constructio

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RECORD

HOCA BASIC/NATIONAL BUILDING CODE

Plan Review

Sq. Feet

Date

JURISDICTION Brisbane (City, County, Township, etc.) 877-6788

BUILDING LOCATION 1551 Hwy 88 West. (Street address)

Job Name BRICK MVA

New Building ☐ Addition ☐ Alteration ☐ Other ☐

Construction Classification Use Group Block Lot

Fire !

CORRECTION LIST

No.	DESCRIPTION	Page	Review By	Code Sect.	Code Ch.
1	~~Need Occupancy Load and~~				
2	~~Bldg.~~				
3	need permits for Two Seperate				
4	Bldg. Hvac if 2000CFM or more up				
5	To 150,000 CFM need SD Shutoff on Supply Side				
6	if 150,000 CFM up need SD Shutoff on Return Side				
7	Need Exit Signs & Emergency Lites Battery Back up				
8	Carpet must Have Smoke & Fire Rated & Flame spread.				
9	all Wall Penetration must be Fire Stopped.				
10	if Cooking or Stove in Kitchen must Have Suppression				
11	Syst. over it. Typing of Bld together with may				
12	required Sprinklers BOCA Chapter 9				
13	Need Exit Signs Emergency Lites Battery Back up.				
14	Sprinklers over Furnace in Bldg. must apply to Many Stairs				
15	Fire Extinguishers as Shown on Plans Near Tanks must				

Have permits Tanks must & Permit for Tanks

Other Comments:

Plumbing

① Floor drain outside of walk in Refrig.

② (a) Size of Grease Interceptor 6.2.3
- (b) RATE of flow of fixtures going into interceptor.
- (c) Flow control device for interceptors to control rate of flow
- (d) position of grease trap - outside of building - is trap protected from freezing -

Early learning Cent.

TOWNSHIP OF BRICK

DIVISION OF HEALTH

OCEAN COUNTY, NEW JERSEY

Nº 3236

SEWERAGE DATA

Property Owner: ..... Date .....

Number of people who occupy unit .....

Street: ..... No. ..... Lot: ..... Block: .....
(From Your Tax Bill)

Mailing Address: .....

Sewer Connection: ..... Size: ..... Number: .....

STRUCTURES: Type: ..... Private: .....

Use: ..... Public: .....

CLASSIFICATION Place (x) opposite

Domestic ..... ☐ Mercantile ..... ☐ Industrial ..... ☐

Type: .....

Place number of units opposite fixtures and items below:

Public Toilets	Restaurant Sinks	No. Family Units .....
Private Toilets	Wash Racks	No. Rooms, each .....
Bath or Showers	Barber Chairs	Hosp. Rooms .....
Lavoratories	Air Conditioning gallons per day	Hospital or Institutional
Kitchen Sinks	Refrigeration gallons per day	Occupants .....
Floor Drains	Condensers gallons per day	Hotel Rooms .....
Slop Sinks	Urinals	No. Employees .....
Laundry Tubs		No. Pupils .....
Drinking Fountains		

DOMESTIC		MERCANTILE		INDUSTRIAL	
Residential	☐	Store	☐	Factory	☐
Church	☐	Office	☐	Shop	☐
Hospital	☐	Barber or Beauty Shop	☐	Greenhouses	☐
Hotel	☐	Garage or Service Sta.	☐	Laundry	☐
Rooming House	☐	Restaurant	☐	Warehouse	☐
Lodge Rooms	☐	Tavern	☐	Car Wash	☐
Garage	☐	Soda Fountain	☐	.....	☐
School	☐	Bank	☐	.....	☐
Public Buildings	☐	Theater	☐	.....	☐
Apartment Houses	☐	.....	☐	.....	☐
.....	☐			.....	☐

Brick Twp. Sewer Connection Fee $..... Plumber .....

Plumbing Inspector's Fee $..... Plumbing Inspector .....

6.2 GREASE INTERCEPTORS (If Required)

6.2.1 Prohibited Connections

Food waste grinders and commercial dishwashers shall not discharge through a grease interceptor.

EXCEPTION: Commercial dishwashers may discharge through a grease interceptor where the temperature of the waste or action of detergents will not affect the operation of the interceptor and the installation is approved by the Administrative Authority.

6.2.2 Water-Cooled Grease Interceptors

The installation of water-cooled grease interceptors shall be prohibited.

6.2.3 Grease Interceptor Capacity

Grease interceptors, if installed, shall have a grease retention capacity of not less than 2 pounds for each gpm of flow.

6.2.4 Rate of Flow Controls

Grease interceptors shall be equipped with devices to control the rate of water flow through the interceptors so that it does not exceed the rated flow of the interceptors.

6.2.5 Interceptors Not Required

A grease interceptor shall not be required for individual dwelling units or any private living quarters.

6.2.6 Trap Equivalent

Each fixture discharging into a grease interceptor shall be individually trapped and vented in an approved manner. An approved type grease interceptor may be used as a fixture trap for a single fixture when the horizontal distance between the fixture outlet and the grease interceptor does not exceed four feet and the vertical tailpipe or drain does not exceed two and one-half feet.

6.2.7 Location

Grease interceptors shall not be located within buildings unless the installation is approved by the Administrative Authority. Where interceptors are remote from the fixtures served, drainage piping from the fixtures to the interceptor shall be as direct as possible and shall include provisions for periodic cleaning.

6.3 OIL INTERCEPTORS (If Required)

6.3.1 Where Required

a. If required by the Administrative Authority, service and repair garages, gasoline stations with grease racks, grease pits or wash racks, and all factories which have oily and/or flammable wastes as a result of manufacturing, storage, maintenance, repair or testing processes, shall be provided with all necessary floor drains, sand interceptors, catch basins and oil interceptors when an approved point of disposal is available. Oil interceptors shall be properly vented through the roof on the sewer side of the interceptor. The waste line shall not be less than 3 inches in diameter with a full size cleanout to grade and the vent pipe not less than 2 inches. The oil interceptor shall be provided with an overflow line to a waste oil tank, UL approved, of adequate size, minimum capacity 550 gallons, and such a tank shall be vented with a minimum 1-1/2" vent

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Interceptors

6.1 INTERCEPTORS — GENERAL

6.1.1 When Required

Interceptors (including grease, oil, and sand interceptors, etc.) shall be provided when, in the opinion of the Administrative Authority, they are necessary for the proper handling of liquid wastes containing grease, flammable wastes, sand, solids, and other ingredients harmful to the building drainage system, the public sewer or sewage-treatment plant or process.

6.1.2 Design of Interceptors

a. The size and type of each interceptor shall be determined according to maximum volume and rate of discharge and shall be approved by the Administrative Authority.

b. Only wastes requiring treatment or separation shall be discharged into any interceptor.

6.1.3 All Interceptors to Follow Type Approved

See Section 3.3.7.

6.1.4 Separation of Liquids

A mixture of light and heavy liquids having various specific gravities may be treated and then separated in a receptor as approved by the Administrative Authority.

6.1.5 Venting of Interceptors

Interceptors shall be so designed that they will not become air bound if tight covers are used. Each interceptor shall be properly vented if loss of trap seal is possible.

6.1.6 Interceptors to Be Accessible

Each interceptor shall be so installed that it is readily accessible for removal of the cover, servicing and maintenance. Need for use of ladders or moving of bulky objects in order to service interceptors shall constitute a violation of accessibility.

6.1.7 Maintenance of Interceptors

Interceptors shall be maintained in efficient operating condition by periodic removal of accumulated grease, scum, oil, or other floating substances, and solids deposited in the interceptor.

6.1.8 Discharge

The waste pipe from oil and sand interceptors shall not discharge into the storm sewer, but shall discharge as approved by the Administrative Authority.

CALCULATED BY: SHIELD FIRE PROTECTION INC.
235 RIVER AVE., LAKEWOOD, NJ 08701

DATE: 12/04/95

FILE: ANN1678

PROJECT: EARLY LEARNING CENTER
LOCATION: CHAMBERS BRIDGE ROAD
BRICK, N.J.

SYS.# ONE

AREA: A & B

OCCUPANCY/HAZARD: LIGHT HAZARD

N.F.P.A.STANDARD: # 13 SYSTEM TYPE: WET - TREE

DENSITY / AREA: .10 gpm/sq.ft. over 1500 sq.ft. area.

AREA/SPRINKLER: 168 sq.ft./sp. used 225 sq.ft. allowed.

SPRINKLER DATA: 1/2 inch orifice 5.6 k-factor 165 degree

SPKR'S FLOWING: 15 heads. HOSE: 100 gpm allowance.

SUMMARY OF FLOW | END SPRINKLER REQUIREMENT = 16.8 gpm @ 9.0 psi
DISCHARGE FROM FLOWING SPRINKLERS: 302.7 gpm
W/HOSE: 402.7 gpm. W/RACK: N/A gpm.

FLOW & PRESS:	(at base of riser)	(at source connection)
	302.7 gpm @ 56.7 psi	402.7 gpm @ 57.2 psi

SUPPLY DATA | LOCATION: ON SITE MAIN

CITY WATER: STATIC: 66 psi; RESIDUAL: 47 psi; FLOW: 1080 gpm.
FIRE PUMP - RATING: N/A gpm at psi
FIRE PUMP - CURVE : N/A psi(120%); psi(65%); gpm(150%)
COMBINED - STATIC: N/A psi; RESIDUAL: psi; FLOW:

PIPE DATA: | C-FACTOR: ABOVEGROUND = 120 ; UNDERGROUND = 140
SCHEDULE: LINES: # 40 MAINS: # 10

CONTRACTOR: FOUR STAR FIRE PROTECTION INC., VINELAND, N.J.

LAYOUT BY: J.P.R.

REVIEW BY: LOCAL FIRE BUREAU / ARCH. & ENG. / INS. UNDERWRITER

COMMENTS: CALCULATED MOST REMOTE/DEMANDING AREA IN BUILDING.
THIS CALC ALSO PROVES SECOND SYSTEM WHICH IS LESS REMOTE.

RACKS: COMMODITY CLASS: N/A STORAGE HGT. FT.; NO.OF SPK:
FIG.NO.(231-C): CURVE: ; SPK/LEVEL:
RACK DEMAND: gpm @ psi @ ref. pt. NO.OF LEV:

CALCULATIONS BY:
HASS COMPUTER PROGRAM
(LICENSE # 327L117)
HRS SYSTEMS, INC.
ATLANTA, GA.

P.E. SEAL:

N.J.# 23944
DATE SEALED: 12/11/95

Date: 12/04/1995 ANN1678.SDF

JOB TITLE: BRICK EARLY LEARNING CTR. - AREA "A" - LT.HAZ. .10/1500

WATER SUPPLY DATA

SOURCE NODE TAG	STATIC PRESS. (PSI)	RESID. PRESS. @ (PSI)	FLOW (GPM)	AVAIL. PRESS. @ (PSI)	TOTAL DEMAND (GPM)	REQ'D PRESS. (PSI)
25	66.0	47.0	1080.0	62.9	402.7	57.2

AGGREGATE FLOW ANALYSIS:

TOTAL FLOW AT SOURCE	402.7 GPM
TOTAL HOSE STREAM ALLOWANCE AT SOURCE	100.0 GPM
OTHER HOSE STREAM ALLOWANCES	0.0 GPM
TOTAL DISCHARGE FROM ACTIVE SPRINKLERS	302.7 GPM

NODE ANALYSIS DATA

NODE TAG	ELEVATION (FT)	NODE TYPE	PRESSURE (PSI)	DISCHARGE (GPM)
1	13.0	K= 5.60	9.0	16.8
2	13.0	K= 5.60	9.9	17.7
3	13.0	K= 5.60	13.5	20.6
4	13.0	K= 5.60	15.4	22.0
5	13.0	K= 5.60	17.3	23.3
6	13.0	- - - -	21.2	- - -
7	13.0	- - - -	21.3	- - -
8	13.0	K= 5.60	17.5	23.4
9	13.0	K= 5.60	15.5	22.0
10	13.0	K= 5.60	13.6	20.6
11	13.0	K= 5.60	10.0	17.7
12	13.0	K= 5.60	9.1	16.9
13	13.0	- - - -	21.7	- - -
14	13.0	K= 5.60	17.8	23.6
15	13.0	K= 5.60	15.8	22.3
16	13.0	K= 5.60	13.4	20.5
17	13.0	K= 5.60	10.4	18.1
18	13.0	K= 5.60	9.4	17.2
19	13.0	- - - -	38.4	- - -
20	13.0	- - - -	43.0	- - -
21	1.5	- - - -	51.3	- - -
22	1.5	- - - -	51.3	- - -
23	1.5	- - - -	55.8	- - -
24	0.5	- - - -	56.7	- - -
25	0.0	SOURCE	57.2	302.7

PIPE DATA

PIPE TAG / END NODES	ELEV. (FT)	NOZ. (K)	PT (PSI)	DISC. (GPM)	Q(GPM) VEL(FPS)	DIA(IN) HW(C) F.L./FT		LENGTH (FT)		PRESS. SUM. (PSI)
Pipe: 1					-16.8	1.049	PL	10.00	PF	0.9
1	13.0	5.6	9.0	16.8	6.2	120	FTG	----	PE	0.0
2	13.0	5.6	9.9	17.7		0.094	TL	10.00	PV	0.3
Pipe: 2					-34.5	1.049	PL	10.00	PF	3.6
2	13.0	5.6	9.9	17.7	12.8	120	FTG	----	PE	0.0
3	13.0	5.6	13.5	20.6		0.356	TL	10.00	PV	1.1
Pipe: 3					-55.0	1.380	PL	8.50	PF	1.9
3	13.0	5.6	13.5	20.6	11.8	120	FTG	----	PE	0.0
4	13.0	5.6	15.4	22.0		0.223	TL	8.50	PV	0.9
Pipe: 4					-77.0	1.610	PL	10.00	PF	2.0
4	13.0	5.6	15.4	22.0	12.1	120	FTG	----	PE	0.0
5	13.0	5.6	17.3	23.3		0.196	TL	10.00	PV	1.0
Pipe: 5					-100.3	1.610	PL	4.00	PF	3.8
5	13.0	5.6	17.3	23.3	15.8	120	FTG	T	PE	0.0
6	13.0	0.0	21.2	0.0		0.319	TL	12.00	PV	1.7
Pipe: 6					-100.3	3.260	PL	12.00	PF	0.1
6	13.0	0.0	21.2	0.0	3.9	120	FTG	----	PE	0.0
7	13.0	0.0	21.3	0.0		0.010	TL	12.00	PV	0.1
Pipe: 7					-16.9	1.049	PL	10.00	PF	0.9
12	13.0	5.6	9.1	16.9	6.3	120	FTG	----	PE	0.0
11	13.0	5.6	10.0	17.7		0.095	TL	10.00	PV	0.3
Pipe: 8					-34.6	1.049	PL	10.00	PF	3.6
11	13.0	5.6	10.0	17.7	12.8	120	FTG	----	PE	0.0
10	13.0	5.6	13.6	20.6		0.358	TL	10.00	PV	1.1
Pipe: 9					-55.2	1.380	PL	8.50	PF	1.9
10	13.0	5.6	13.6	20.6	11.8	120	FTG	----	PE	0.0
9	13.0	5.6	15.5	22.0		0.224	TL	8.50	PV	0.9
Pipe: 10					-77.2	1.610	PL	10.00	PF	2.0
9	13.0	5.6	15.5	22.0	12.2	120	FTG	----	PE	0.0
8	13.0	5.6	17.5	23.4		0.197	TL	10.00	PV	1.0
Pipe: 11					-100.6	1.610	PL	4.00	PF	3.9
8	13.0	5.6	17.5	23.4	15.9	120	FTG	T	PE	0.0
7	13.0	0.0	21.3	0.0		0.321	TL	12.00	PV	1.7
Pipe: 12					-201.0	3.260	PL	12.00	PF	0.4
7	13.0	0.0	21.3	0.0	7.7	120	FTG	----	PE	0.0
13	13.0	0.0	21.7	0.0		0.037	TL	12.00	PV	0.4
Pipe: 13					-17.2	1.049	PL	10.00	PF	1.0
18	13.0	5.6	9.4	17.2	6.4	120	FTG	----	PE	0.0
17	13.0	5.6	10.4	18.1		0.099	TL	10.00	PV	0.3

PIPE DATA (cont.)

PIPE TAG / END NODES	ELEV. (FT)	NOZ. (K)	PT (PSI)	DISC. (GPM)	Q(GPM) VEL(FPS)	DIA(IN) HW(C) F.L./FT	LENGTH (FT)		PRESS. SUM. (PSI)
Pipe: 14					-35.3	1.049	PL 8.00	PF	3.0
17	13.0	5.6	10.4	18.1	13.1	120	FTG ----	PE	0.0
16	13.0	5.6	13.4	20.5		0.372	TL 8.00	PV	1.2
Pipe: 15					-55.8	1.380	PL 10.50	PF	2.4
16	13.0	5.6	13.4	20.5	12.0	120	FTG ----	PE	0.0
15	13.0	5.6	15.8	22.3		0.228	TL 10.50	PV	1.0
Pipe: 16					-78.1	1.610	PL 10.00	PF	2.0
15	13.0	5.6	15.8	22.3	12.3	120	FTG ----	PE	0.0
14	13.0	5.6	17.8	23.6		0.201	TL 10.00	PV	1.0
Pipe: 17					-101.7	1.610	PL 4.00	PF	3.9
14	13.0	5.6	17.8	23.6	16.0	120	FTG T	PE	0.0
13	13.0	0.0	21.7	0.0		0.327	TL 12.00	PV	1.7
Pipe: 18					-302.7	3.260	PL 210.00	PF	16.6
13	13.0	0.0	21.7	0.0	11.6	120	FTG ----	PE	0.0
19	13.0	0.0	38.4	0.0		0.079	TL 210.00	PV	0.9
Pipe: 19					-302.7	4.260	PL 160.00	PF	4.6
19	13.0	0.0	38.4	0.0	6.8	120	FTG 2ET	PE	0.0
20	13.0	0.0	43.0	0.0		0.022	TL 212.00	PV	0.3
Pipe: 20					-302.7	4.260	PL 75.00	PF	3.4
20	13.0	0.0	43.0	0.0	6.8	120	FTG 2ETGA	PE	5.0
21	1.5	0.0	51.3	0.0		0.022	TL 156.00	PV	0.3
Pipe: 21					-302.7	4.260	PL 2.00	PF	0.0
21	1.5	0.0	51.3	0.0	6.8	120	FTG ----	PE	0.0
22	1.5	0.0	51.3	0.0		0.022	TL 2.00	PV	0.3
Pipe: 22					FIXED PRESSURE LOSS DEVICE				
23	1.5	0.0	55.8	0.0	4.5 psi, 302.7 gpm				
22	1.5	0.0	51.3	0.0					
Pipe: 23					-302.7	4.260	PL 2.00	PF	0.4
23	1.5	0.0	55.8	0.0	6.8	120	FTG EG	PE	0.4
24	0.5	0.0	56.7	0.0		0.022	TL 18.00	PV	0.3
Pipe: 24					-302.7	6.400	PL 40.00	PF	0.3
24	0.5	0.0	56.7	0.0	3.0	140	FTG ETG	PE	0.2
25	0.0	SRCE	57.2	(N/A)		0.002	TL 121.00	PV	0.1

NOTES:
(1) Calculations were performed by the HASS 6.0.0 computer program under license no. 327L117 granted by
HRS Systems, Inc.
2193 Ranchwood Dr., N.E.
Atlanta, GA 30345

(2) The system has been balanced to provide an average imbalance at each node of 0.006 gpm and a maximum imbalance at any node of 0.155 gpm.

(3) Velocity pressures are printed for information only, and are not used in balancing the system. Maximum water velocity is 16.0 ft/sec at pipe 17.

(4) PIPE FITTINGS TABLE

Pipe Table Name: STANDARD.PIP

PAGE: A MATERIAL: S40 HWC: 120

Diameter (in)	E Ell	T Tee	L LngEll	C ChkVlv	B BfyVlv	G GatVlv	A AlmChk	D DPVlv
	Equivalent Fitting Lengths in Feet							
1.049	2.00	5.00	2.00	5.00	6.00	1.00	10.00	10.00
1.380	3.00	6.00	2.00	7.00	6.00	1.00	10.00	10.00
1.610	4.00	8.00	2.00	9.00	6.00	1.00	10.00	10.00

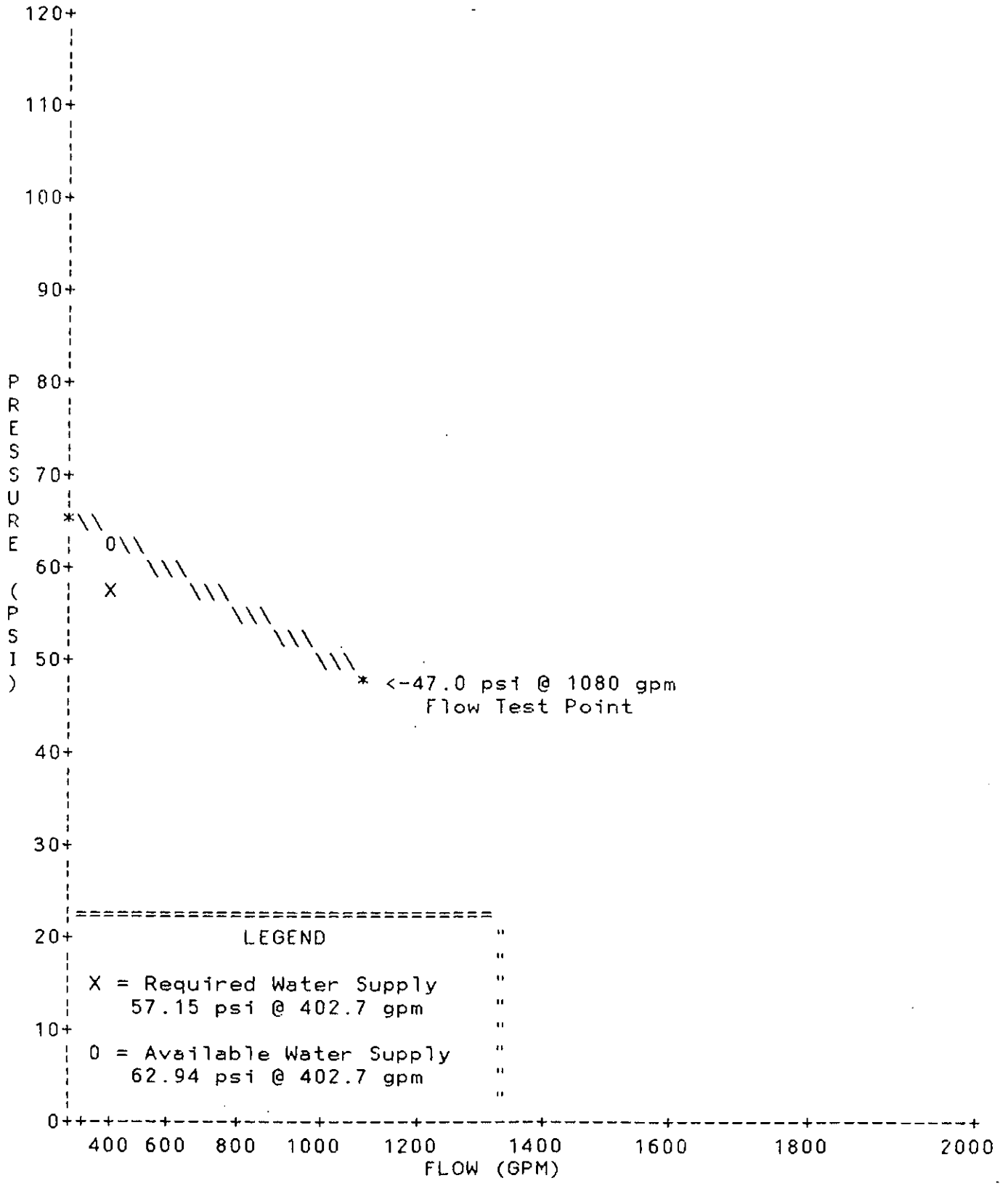
PAGE: B MATERIAL: THNWL HWC: 120

Diameter (in)	E Ell	T Tee	L LngEll	C ChkVlv	B BfyVlv	G GatVlv	A AlmChk	D DPVlv
	Equivalent Fitting Lengths in Feet							
3.260	9.00	20.00	7.00	22.00	13.00	1.00	18.00	13.00
4.260	13.00	26.00	8.00	29.00	16.00	3.00	26.00	13.00

PAGE: D MATERIAL: DIRON HWC: 140

Diameter (in)	E Ell	T Tee	L LngEll	C ChkVlv	B BfyVlv	G GatVlv
	Equivalent Fitting Lengths in Feet					
6.400	24.00	52.00	16.00	55.00	17.00	5.00

JOB TITLE: BRICK EARLY LEARNING CTR. - AREA "A" - LT.HAZ. .10/1500
WATER SUPPLY CURVE



BLOCK 755

LOT 40

DATE 8-12-95

PLUMBING & MECHANICAL CHECK LIST

✓ TECHNICAL SECTION ~~INCOMPLETE~~

PLUMBER'S IDENTIFICATION & SEAL

ISOMETRIC SKETCH

LIST OF EXISTING FIXTURES

✓ GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS) ✓

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

✓ OTHER Separate locker/shower facility from maintenance garage and make 2 plumbing applications

TOWNSHIP OF BRICK

DIVISION OF HEALTH

OCEAN COUNTY, NEW JERSEY

Nº 3235

SEWERAGE DATA

Property Owner: ..... Date .....

Number of people who occupy unit .....

Street: ..... No. ..... Lot: ..... Block: .....
(From Your Tax Bill)

Mailing Address: .....

Sewer Connection: ..... Size: ..... Number: .....

STRUCTURES: Type: ..... Private: .....

Use: ..... Public: .....

CLASSIFICATION Place (x) opposite

Domestic ..... ☐ Mercantile ..... ☐ Industrial ..... ☐

Type: .....

Place number of units opposite fixtures and items below:

Public Toilets	Restaurant Sinks	No. Family Units .....
Private Toilets	Wash Racks	No. Rooms, each .....
Bath or Showers	Barber Chairs	Hosp. Rooms .....
Lavoratories	Air Conditioning gallons per day	Hospital or Institutional
Kitchen Sinks	Refrigeration gallons per day	Occupants .....
Floor Drains	Condensers gallons per day	Hotel Rooms .....
Slop Sinks	Urinals	No. Employees .....
Laundry Tubs		No. Pupils .....
Drinking Fountains		

DOMESTIC	MERCANTILE	INDUSTRIAL
Residential ..... ☐	Store ..... ☐	Factory ..... ☐
Church ..... ☐	Office ..... ☐	Shop ..... ☐
Hospital ..... ☐	Barber or Beauty Shop ..... ☐	Greenhouses ..... ☐
Hotel ..... ☐	Garage or Service Sta. ..... ☐	Laundry ..... ☐
Rooming House ..... ☐	Restaurant ..... ☐	Warehouse ..... ☐
Lodge Rooms ..... ☐	Tavern ..... ☐	Car Wash ..... ☐
Garage ..... ☐	Soda Fountain ..... ☐	..... ☐
School ..... ☐	Bank ..... ☐	..... ☐
Public Buildings ..... ☐	Theater ..... ☐	..... ☐
Apartment Houses ..... ☐	..... ☐	..... ☐
..... ☐		..... ☐

Brick Twp. Sewer Connection Fee $..... Plumber .....

Plumbing Inspector's Fee $..... Plumbing Inspector .....

Stone Mill Report -

1) p. 12 #9 - CABO Not Approved code As per UEC - only NSPC Acceptable NJAC 5:23.3.21(b)10

2) p20 #20 - plastic pipe - OK - according to NSPC 3.4.1 (See ATTACHED)

3) p36 #6 - Fixtures ~~meet~~ NSPC code at time of inspection

p54 #8 - NSPC does not require Shower Head on tubs - N/A

P58 and 73

#9 - Loud fixtures - preventive Maintance - N/A - NSPC chapter 15 limits the required tests

P63 #4 - property maintance - draining water lines for Hose bibs responsibilty of Homeowner. BOCA 2800.1 deleted by UCC NJAC 5:23-3.14(b) 14

P67 #7 - At time of inspection sink and bathtub ~~were~~ were in acceptable condition

P73 - #3 and #7 - diswashe and stoves are Manufactures responsibilty. This falls under the Appliances warranties.

P78 #4 - same as p73 #3 and #7

P78 #9 - Bathroom fixtures scratched - Fixtures were ~~not~~ ~~scratched~~ Meet Code when inspection MADE -

TOWNSHIP OF BRICK

DIVISION OF HEALTH

OCEAN COUNTY, NEW JERSEY

No. 3235

SEWERAGE DATA

Property Owner: ..... Date .....

Number of people who occupy unit .....

Street: ..... No. ..... Lot: ..... Block: .....
(From Your Tax Bill)

Mailing Address: .....

Sewer Connection: ..... Size: ..... Number: .....

STRUCTURES: Type: ..... Private: .....

Use: ..... Public: .....

CLASSIFICATION Place (x) opposite

Domestic ..... ☐ Mercantile ..... ☐ Industrial ..... ☐

Type: .....

Place number of units opposite fixtures and items below:

Public Toilets	Restaurant Sinks	No. Family Units .....
Private Toilets	Wash Racks	No. Rooms, each .....
Bath or Showers	Barber Chairs	Hosp. Rooms .....
Lavoratories	Air Conditioning gallons per day	Hospital or Institutional
Kitchen Sinks	Refrigeration gallons per day	Occupants .....
Floor Drains	Condensers gallons per day	Hotel Rooms .....
Slop Sinks	Urinals	No. Employees .....
Laundry Tubs		No. Pupils .....
Drinking Fountains		

DOMESTIC		MERCANTILE		INDUSTRIAL	
Residential	☐	Store	☐	Factory	☐
Church	☐	Office	☐	Shop	☐
Hospital	☐	Barber or Beauty Shop	☐	Greenhouses	☐
Hotel	☐	Garage or Service Sta.	☐	Laundry	☐
Rooming House	☐	Restaurant	☐	Warehouse	☐
Lodge Rooms	☐	Tavern	☐	Car Wash	☐
Garage	☐	Soda Fountain	☐	.....	☐
School	☐	Bank	☐	.....	☐
Public Buildings	☐	Theater	☐	.....	☐
Apartment Houses	☐	.....	☐	.....	☐
.....	☐			.....	☐

Brick Twp. Sewer Connection Fee $..... Plumber .....

Plumbing Inspector's Fee $..... Plumbing Inspector .....

3.3.9 Roof Drains

Roof drains shall be of cast-iron, copper, lead, or other approved corrosion-resisting materials.

3.3.10 Safety Devices for Pressure Tanks

Safety devices shall meet the requirements of the American National Standards Institute, American Society of Mechanical Engineers, or the Underwriters Laboratories. Listing by Underwriters Laboratories, American Gas Association or National Board of Boiler and Pressure Vessel Inspectors shall constitute evidence of conformance with these standards. Where a device is not listed by any of these, it shall have certification by an approved laboratory as having met these requirements.

3.3.11 Septic Tanks

a. Plans for all septic tanks shall be submitted to the Administrative Authority for approval. Such plans shall show all dimensions, reinforcing, structural calculations and such other pertinent data as may be required.

b. Septic tanks shall be constructed of sound durable materials, not subject to excessive corrosion or decay and shall be watertight. (See Sections 16.6.5 and 16.6.6.)

3.4 POTABLE WATER PIPING

3.4.1 Plastic Piping

Plastic piping materials used for the conveyance of potable water shall comply with NSF 14 and be marked accordingly. Piping shall be water pressure rated for not less than 160 psi at 73°F.

3.4.2 Water Service Piping

Water service piping to the point of entrance into the building shall be of materials listed in Table 3.4.

3.4.3 Water Distribution Piping

Water piping for the distribution of hot or cold water within buildings shall be of materials listed in Table 3.4.

3.4.4 Fittings

Fittings for water supply piping shall be compatible with the pipe material used.

3.4.5 Material Ratings and Installation

a. Piping used for domestic water shall be suitable for the maximum temperature, pressure, and velocity that may be encountered, including temporary increases and surges.

b. Relief valve temperature and pressure relief settings shall not exceed the approved standard rating for hot and cold water distribution piping.

c. Pipe and fittings shall be installed in accordance with the manufacturer's installation instructions and the applicable material standards, recognizing any limitations in use.

3.4.6 Limit on Lead Con

Piping materials used in the p
not contain more than 8 percen

3.5 SANITARY DRA

3.5.1 Aboveground Pipir

Aboveground soil and waste

3.5.2 Underground Buil

Underground building drains
buildings shall be of materials l

3.5.3 Building Sanitary S

Sanitary sewer piping outside
be watertight and root proof.

3.5.4 Plastic Piping

Plastic piping classified by sta
number). Plastic sewer pipe cla
number).

3.5.5 Vitrified Clay Pipe

Vitrified clay pipe shall be joi
installed underground within buil
cover.

3.5.6 Fittings

Fittings in drainage systems sh
shoulders, or reductions which ca
drainage type.

3.6 VENT PIPING

3.6.1 Aboveground Piping

Aboveground vent piping in b
shall be of materials listed in Tab

3.6.2 Underground Piping

Vent piping installed undergro

BOCA
PLAN REVIEW RECORD

Plan Review # _____

Date _____

Valuation = _____

Fee _____

BASIC/NATIONAL BUILDING CODE

(All Articles except 15, 22 and 24)

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION Veterans Memorial School
(Street address)

BUILDING DESCRIPTION _____

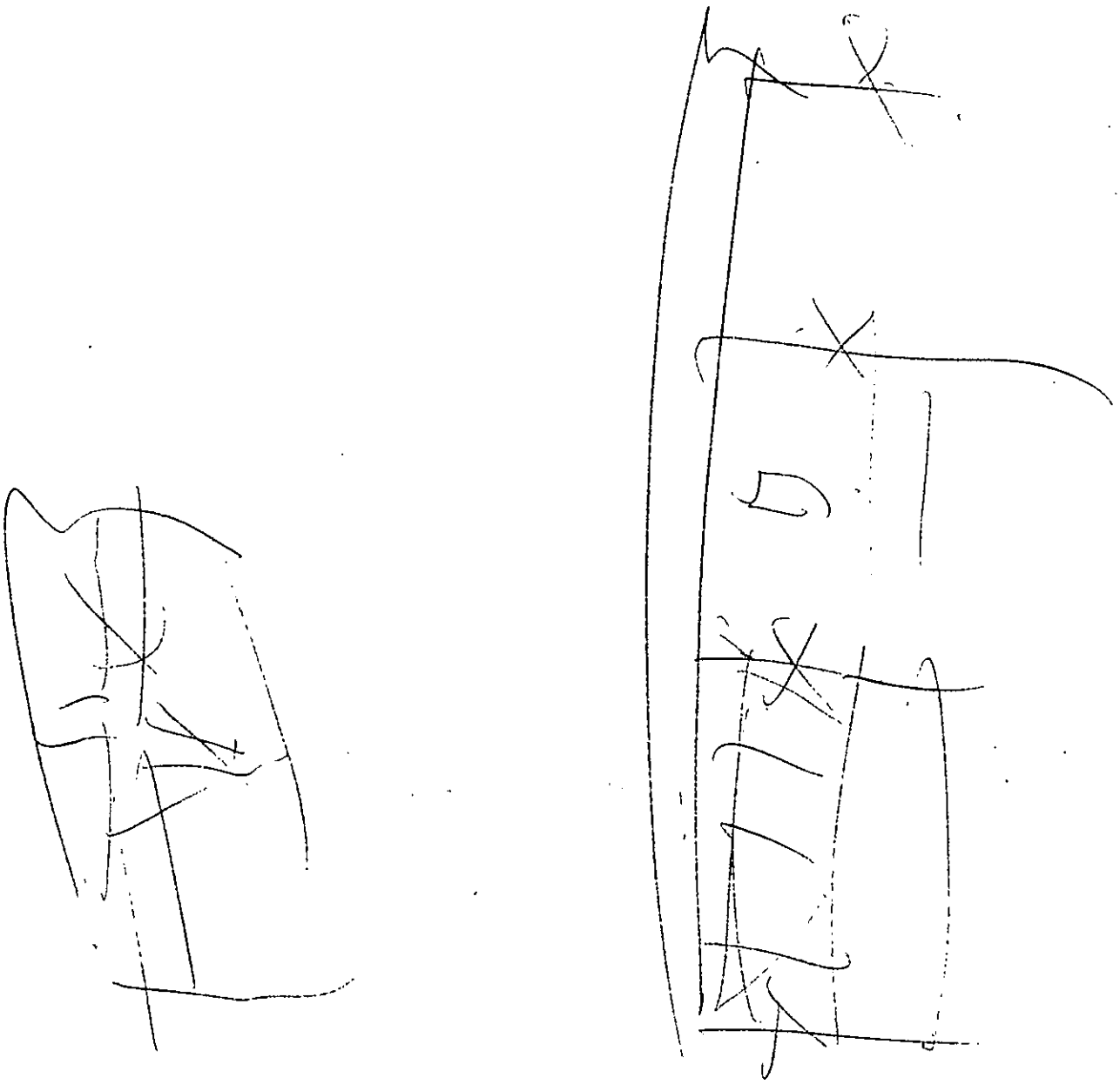
REVIEWED BY _____

**Numerals indicated in parentheses are applicable code sections of 1984 Basic/National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
	(1)	
	permit 2 Boilers needs Make up air needs Sprinkler over Boiler in Room	Jure 1c
	Furnaces over 2000 CFM or more S.D. Shutoff on Supply side	
	over 150,000 on Return Side.	
	Please Heat of Rise & S.D. & as per Specs Book.	
	Sprinklers in Storage Rooms - Panic Hardware on Exit	
	Doors. Suppression Syst ok if Cooking done in School.	
	Flame & Smoke Spread on Carpets Pull Sta & Strobe lites	
	all Exits	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477



```
**************************************
08-28-1996 15:26:28
ALARM: 0603 @15:26 SPRINKLER WATERFLOW SOUTH
|
~9**************************************
08-28-1996 15:27:04
 Message acknowledged:
ALARM: 0603 @15:27 SPRINKLER WATERFLOW SOUTH
|
~4**************************************
08-28-1996 15:27:59
Alarm Restored: 0603 @15:27 SPRINKLER WATERFLOW SOUTH
|
~9**************************************
08-28-1996 15:28:02
 Message acknowledged:
Alarm Restored: 0603 @15:28 SPRINKLER WATERFLOW SOUTH
|
~0#0000
**************************************
08-28-1996 15:33:12
ALARM: 0603 @15:33 SPRINKLER WATERFLOW SOUTH
|
~9**************************************
08-28-1996 15:33:52
 Message acknowledged:
ALARM: 0603 @15:33 SPRINKLER WATERFLOW SOUTH
|
~4**************************************
08-28-1996 15:35:00
Alarm Restored: 0603 @15:35 SPRINKLER WATERFLOW SOUTH
|
~9**************************************
08-28-1996 15:35:01
 Message acknowledged:
Alarm Restored: 0603 @15:35 SPRINKLER WATERFLOW SOUTH
|
~0#0000
**************************************
08-28-1996 15:39:18
ALARM: 0604 @15:39 SPRINKLER WATERFLOW NORTH
|
~9**************************************
08-28-1996 15:39:35
 Message acknowledged:
ALARM: 0604 @15:39 SPRINKLER WATERFLOW NORTH
|
~4**************************************
08-28-1996 15:40:24
Alarm Restored: 0604 @15:40 SPRINKLER WATERFLOW NORTH
|
~9**************************************
08-28-1996 15:40:26
 Message acknowledged:
Alarm Restored: 0604 @15:40 SPRINKLER WATERFLOW NORTH
```

YEZZI ASSOCIATES
ARCHITECTS PLANNERS

December 20, 1996

Building Department
Township of Brick
401 Chambers Bridge Road
Brick, New Jersey 08723

REF: Brick Board of Education Primary Learning Center - YC95100
Chambers Bridge Road, Brick, NJ
Final Certificate of Occupancy

Dear Sir or Madam:

As the Architect of Record for the above referenced project, we are writing to inquire if a Final Certificate of Occupancy has been issued for this school.

If it has not been issued, please advise what is outstanding so we may close out this project.

Thank you for your cooperation in this matter.

Yours truly,

Massimo F. Yezzi, Jr.
NCARB, R.A., P.P.

cc. Dr. P. Nicastro, Business Administrator

Eng Final medg
Bldg

Massimo Francis Yezzi, Jr., NCARB, RA, PP
18 Washington Street
P.O. Box 1638, Toms River, N.J. 08754

Tel: 908-240-3433
Fax: 908-240-3463
1-800-376-3433

ARCHITECTURE PLANNING INTERIOR DESIGN

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Office of the Business Administrator
Scott R. MacFadden
Business Administrator
(908) 262-1052
Fax: (908) 920-4850

TO: Carol A. Wolfe,
Affordable Housing Administrator

FROM: Scott R. MacFadden,
Business Administrator

RE: Collection of Mandatory Developer Fees
Block: 701.12 Lot: 1

DATE: May 3, 1996

In response to your inquiry relative to the collection of mandatory developer fees as they pertain to the construction permit application for the Early Learning Center, be advised that it is not our intention to levy these fees against any governmental entities.

Therefore, please consider this as an administrative directive to waive mandatory developer fees in connection with the above site.

SRM/mjr

cc: Joseph C. Scarpelli, Mayor
Michael A. Thulen, Council President
and Council Members
File

450 East Main St.
Manasquan N.J.
08736
(908) 223-0500

593 Overbrook Rd.
Vineland, N.J.
08360
(609) 205-0045

FOUR STAR FIRE PROTECTION, INC.

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME: EARLY LEARNING CENTER — DATE: Aug. 1, 1996

PROPERTY ADDRESS: CHAMBERS BRIDGE ROAD, BRICK, NEW JERSEY

PLANS

ACCEPTED BY APPROVING AUTHORITY('S) NAMES:

ADDRESS:

INSTALLATION CONFORMS TO ACCEPTED PLANS — [X] YES [ ] NO

EQUIPMENT USED IS APPROVED — [X] YES [ ] NO

IF NO, EXPLAIN DEVIATIONS

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT — [ ] YES [ ] NO

IF NO, EXPLAIN

HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES:

1. SYSTEM COMPONENTS INSTRUCTIONS — [ ] YES [ ] NO
2. CARE AND MAINTENANCE INSTRUCTIONS — [ ] YES [ ] NO
3. NFPA 13A — [ ] YES [ ] NO

LOCATION OF SYSTEM

SUPPLIES BLDGS. System # 2 supplies areas "C&D"

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
Central	Concealed	1996	1/2"	227	165°
Central	Upright	1996	1/2"	7	212°

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA STANDARD — [X] YES [ ] NO

FITTINGS CONFORM TO NFPA STANDARD — [X] YES [ ] NO

IF NO, EXPLAIN

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE TYPE	ALARM DEVICE MAKE	ALARM DEVICE MODEL	MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION MIN.	MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION SEC.
Vane	Potter	VSR-F	0	50 sec.

DRY PIPE OPERATING TEST

DRY VALVE MAKE	DRY VALVE MODEL	DRY VALVE SERIAL NO.	O.O.D. MAKE	O.O.D. MODEL	O.O.D. SERIAL NO.

	TIME TO TRIP THRU TEST CONNECTION* MIN.	TIME TO TRIP THRU TEST CONNECTION* SEC.	WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET* MIN.	TIME WATER REACHED TEST OUTLET* SEC.	ALARM OPERATED PROPERLY YES	ALARM OPERATED PROPERLY NO
Without O.O.D.									
With O.O.D.									

IF NO, EXPLAIN

*MEASURED FROM TIME INSPECTOR'S TEST CONNECTION IS OPENED.

85A (0-90) PRINTED IN USA

DELUGE & PREACTION VALVES

OPERATION ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC

PIPING SUPERVISED ☐ YES ☐ NO | DETECTING MEDIA SUPERVISED ☐ YES ☐ NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS ☐ YES ☐ NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING ☐ YES ☐ NO | IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE	
		YES	NO	YES	NO	MIN.	SEC.

TEST DESCRIPTION

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.
FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.
PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-½ psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1-½ psi (0.1 bars) in 24 hours.

TESTS

ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HRS. | IF NO, STATE REASON

DRY PIPING PNEUMATICALLY TESTED ☐ YES ☐ NO

EQUIPMENT OPERATES PROPERLY ☐ YES ☐ NO

DRAIN TEST | READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: _____ PSI | RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE _____ PSI

Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping.

VERIFIED BY COPY OF THE U FORM NO. 85B ☐ YES ☐ NO | OTHER EXPLAIN

FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING ☐ YES ☐ NO

BLANK TESTING GASKETS

NUMBER USED	LOCATIONS	NUMBER REMOVED
none		

WELDING

WELDED PIPING ☐ YES ☒ NO

IF YES . . .

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 ☐ YES ☐ NO

DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 ☐ YES ☐ NO

DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED ☐ YES ☐ NO

CUTOUTS (DISCS)

DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? XX YES ☐ NO

HYDRAULIC DATA NAMEPLATE

NAMEPLATE PROVIDED ☐ YES ☐ NO | IF NO, EXPLAIN

REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:

SIGNATURES

NAME OF SPRINKLER CONTRACTOR
FOUR STAR FIRE PROTECTION INC.

TESTS WITNESSED BY

FOR PROPERTY OWNER (SIGNED)	TITLE	DATE

FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE
Ralph Lang	OWNER	8/1/96

ADDITIONAL EXPLANATION AND NOTES

Witnessed By: Joe Evanski Fire Sub. Code.

450 East Main St.
Manasquan N.J.
08736
(908) 223-0500

593 Overbrook Rd.
Vineland, N.J.
08360
(609) 205-0045

FOUR STAR FIRE PROTECTION, INC.

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME: EARLY LEARNING CENTER

DATE: Aug. 1,1996

PROPERTY ADDRESS: CHAMBERS BRIDGE ROAD,BRICK,NEW JERSEY

PLANS

ACCEPTED BY APPROVING AUTHORITY(S) NAMES

ADDRESS

INSTALLATION CONFORMS TO ACCEPTED PLANS — [X] YES [ ] NO

EQUIPMENT USED IS APPROVED — [X] YES [ ] NO

IF NO, EXPLAIN DEVIATIONS

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT — [ ] YES [ ] NO

IF NO, EXPLAIN

HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES:

1. SYSTEM COMPONENTS INSTRUCTIONS — [ ] YES [ ] NO
2. CARE AND MAINTENANCE INSTRUCTIONS — [ ] YES [ ] NO
3. NFPA 13A — [ ] YES [ ] NO

LOCATION OF SYSTEM

SUPPLIES BLDGS. System #1 supplies areas "A&B"

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
Central	Concealed	1996	1/2"	379	165°
Central	Dry Pend	1996	1/2"	2	165°

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA STANDARD — [X] YES [ ] NO

FITTINGS CONFORM TO NFPA STANDARD — [X] YES [ ] NO

IF NO, EXPLAIN

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE TYPE	ALARM DEVICE MAKE	ALARM DEVICE MODEL	MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION MIN.	MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION SEC.
Vane	Potter	VSR-F	0	50 sec.

DRY PIPE OPERATING TEST

DRY VALVE MAKE	DRY VALVE MODEL	DRY VALVE SERIAL NO.	Q.O.D. MAKE	Q.O.D. MODEL	Q.O.D. SERIAL NO.

	TIME TO TRIP THRU TEST CONNECTION* MIN.	TIME TO TRIP THRU TEST CONNECTION* SEC.	WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET* MIN.	TIME WATER REACHED TEST OUTLET* SEC.	ALARM OPERATED PROPERLY YES	ALARM OPERATED PROPERLY NO
Without Q.O.D.									
With Q.O.D.									

IF NO, EXPLAIN

*MEASURED FROM TIME INSPECTOR'S TEST CONNECTION IS OPENED.

85A (0-80) PRINTED IN USA

DELUGE & PREACTION VALVES

OPERATION ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC

PIPING SUPERVISED ☐ YES ☐ NO | DETECTING MEDIA SUPERVISED ☐ YES ☐ NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS ☐ YES ☐ NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING ☐ YES ☐ NO | IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE	
		YES	NO	YES	NO	MIN.	SEC.

TEST DESCRIPTION

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.
FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.
PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-½ psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1-½ psi (0.1 bars) in 24 hours.

TESTS

ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HRS. | IF NO, STATE REASON

DRY PIPING PNEUMATICALLY TESTED ☐ YES ☐ NO

EQUIPMENT OPERATES PROPERLY ☐ YES ☐ NO

DRAIN TEST | READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: _____ PSI | RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE _____ PSI

Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping.

VERIFIED BY COPY OF THE U FORM NO. 858 ☐ YES ☐ NO | OTHER | EXPLAIN

FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING ☐ YES ☐ NO

BLANK TESTING GASKETS

NUMBER USED	LOCATIONS	NUMBER REMOVED
none		

WELDING

WELDED PIPING ☐ YES XX NO

IF YES . . .

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 ☐ YES ☐ NO

DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 ☐ YES ☐ NO

DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED ☐ YES ☐ NO

CUTOUTS (DISCS)

DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? XX YES ☐ NO

HYDRAULIC DATA NAMEPLATE

NAMEPLATE PROVIDED ☐ YES ☐ NO | IF NO, EXPLAIN

REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:

SIGNATURES

NAME OF SPRINKLER CONTRACTOR
FOUR STAR FIRE PROTECTION INC.

TESTS WITNESSED BY

FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE
[signature]	OWNER	8/1/96

ADDITIONAL EXPLANATION AND NOTES

Witnessed by Joe Ervasti Fire Sect. Code

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 8-30-96

NAME Brick Township Board of Education

ADDRESS 101 Hendrickson Ave. Brick, NJ

PROPERTY LOCATION 224 Chambersbridge Rd.- Early Learning Center

Account No. K450526 Block 701.15 Lot 1

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Patti Evans

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
Telephone (609) 971-7002

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: Brick

PROJECT: Brick Early Learning Center SCD NO.: 5446

BLOCK NO.(s) 701.12 LOT NO.(s) 1

Final Compliance ☒ Conditional Compliance ☐

Block No.	Lot No.	Conditions

TOTAL FEES DUE: $ —

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT: _____

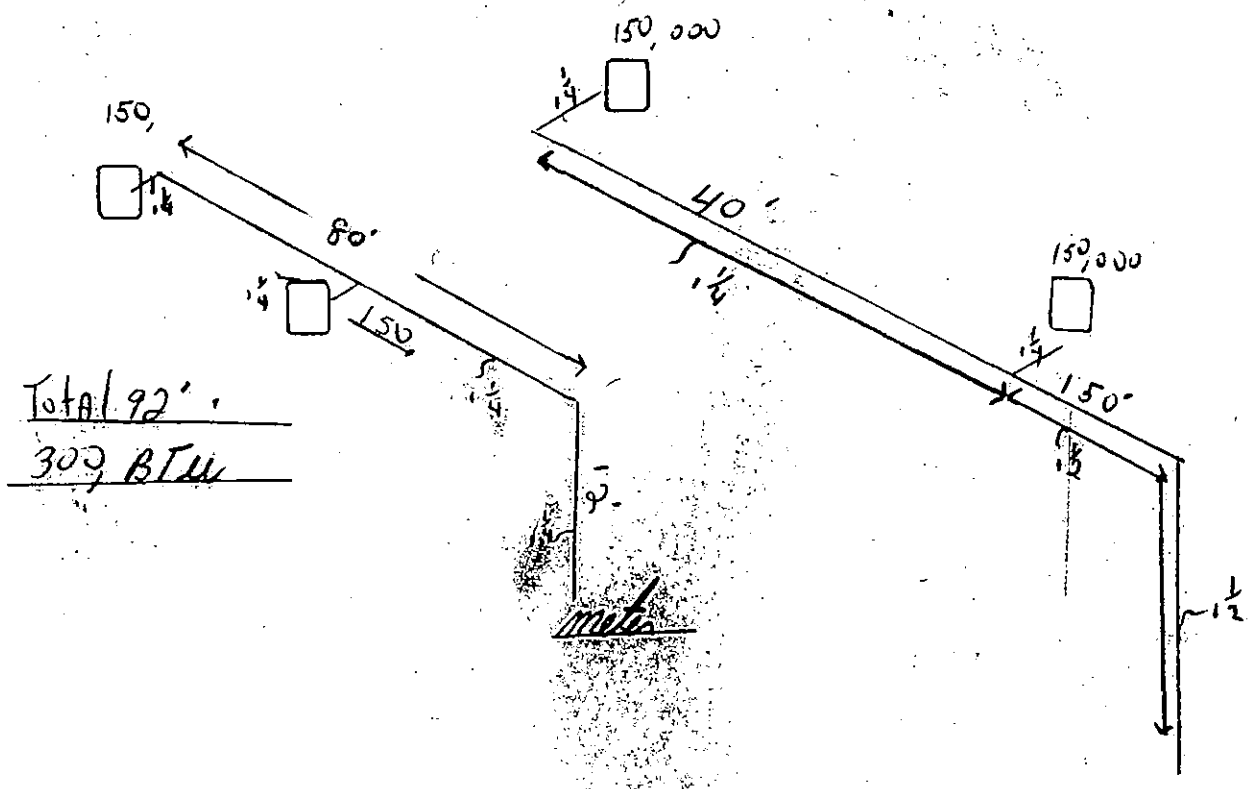
AUTHORIZED DISTRICT SIGNATURE: _____

DATE: 6/6/97

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 6/96

A5671^



12/18/91

Back bearing Center

Heat Heat

Existing Roof Top Units

1-201-936-8910
Tom

40 chairs A.R.R.
By 2:45 pm Today.

	Sit R	4 1/4"	25 1/4	Done
A.T.B.	30' with end		12 3/4"	
	Room 4	9 1/2"		
Room	3,	13"		
1, 2, 3,	2	10 1/2"		
15,	11	12"	F	
5, 9, 10	12	12"	F	
	ESL	12 3/4"		Done
	13	2"	F	
	14	12"	F	
	15	12"	F	
	16	12"	F	

08-28-1996 14:46:01
ALARM: 0405 @14:46 PULL STATION MAIN ENTRANCE
|
~9**
08-28-1996 14:46:09
 Message acknowledged:
ALARM: 0405 @14:46 PULL STATION MAIN ENTRANCE
|
~4**
08-28-1996 14:48:32
Alarm Restored: 0405 @14:48 PULL STATION MAIN ENTRANCE
|
~9**
08-28-1996 14:48:36
 Message acknowledged:
Alarm Restored: 0405 @14:48 PULL STATION MAIN ENTRANCE
|
~0#0000
****
08-28-1996 14:49:58
ALARM: 0708 @14:49 SMOKE DET RM 178
|
~9**
08-28-1996 14:51:05
 Message acknowledged:
ALARM: 0708 @14:51 SMOKE DET RM 178
|
~4**
08-28-1996 14:54:37
Alarm Restored: 0708 @14:54 SMOKE DET RM 178
|
~9**
08-28-1996 14:54:39
 Message acknowledged:
Alarm Restored: 0708 @14:54 SMOKE DET RM 178
|
~5**
08-28-1996 14:55:31
VERIFICATION: 0391 @14:55 SMOKE DET
|
~9**
08-28-1996 14:55:34
 Message acknowledged:
VERIFICATION: 0391 @14:55 SMOKE DET
|
~0#0000
****
08-28-1996 14:55:48
ALARM: 0708 @14:55 SMOKE DET RM 178
|
~9**
08-28-1996 14:55:50
 Message acknowledged:
ALARM: 0708 @14:55 SMOKE DET RM 178
|
~4**
08-28-1996 14:57:10

Alarm Restored: 0708 @14:57 SMOKE DET RM 178
|
~9**
08-28-1996 14:57:12
 Message acknowledged:
Alarm Restored: 0708 @14:57 SMOKE DET RM 178

CERTIFICATE OF COMPLIANCE

BLOCK 701-12 LOT 1 SITE ADDRESS [illegible]

TYPE OF SITE _____ TYPE OF BUSINESS _____
Residential/Commercial

APPLICANT _____ PHONE NUMBER _____

APPLICANT ADDRESS _____ CITY & STATE _____

CASE # _____ NAME OF BUSINESS _____

INCLUSIONARY DEVELOPMENT

❒ Affordable — Fee Required _____ Date_____

Down Payment _____ Date_____

Balance _____ Date_____

Pd. in Full _____ Date_____

❒ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

❒ Residential is .005%

☒ Commercial is .01%

Estimated Assessment: _____ Date_____

Required Deposit on Estimate $_____ Date_____

Check #_____ Receipt #_____

Actual Assessment: _____ Date_____

Actual Required Fee: $_____

Minus Deposit of Estimate $ _____

Balance Due $_____

Amount Paid in Full $ _____ Date_____

Check #_____ Receipt #_____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

_____

Carol A. Wolfe
Affordable Housing Administrator