JPL BLOCK 736 LOT 1 QUALIFICATION CODE C22-1 ADDRESS (SITE) Chamberlain Bridge Rd. PERMIT NO. 98-4155

RECEIVED
OCT 16 1998
DIV. OF INSPECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: Brick High School Chamberlain Bridge Rd.
2. Name of Owner in Fee: Brick Twp. Board of Education Tel. (732) 785-3000
   Address 101 Hendrickson Rd, Brick, NJ 08724 (street, municipality, zip code)
3. Ownership in Fee: Public ✓ Private
4. Principal Contractor: Aldarelli Enterprises Tel. (732) 493-1787
   Address 1 Pollack Avenue, Ocean, NJ 07712
   License No. OR, if new home, Builder Reg. No. Exp. Date
   Federal Employee No. 22-2888662 FAX: (732) 493-3213
5. Architect or Engineer T&M Associates Tel. (732) 671-6400
   Address 11 Tindall Road, Middletown, NJ Heidi
6. Responsible Person in Charge of Work Christopher M. Aldarelli, Sr.
   Tel. (732) 493-1787 FAX (732) 493-3213

F&F only FW

Dugouts + addition - Press Box Only

V. FEE SUMMARY (for office use only)

			Update +A	Update +B	+C
1.	Building	$	X		X
2.	Electrical		X		
3.	Plumbing		X	X	
4.	Fire Protection				
5.	Elevator Devices				
6.	Subtotal	$			
7.	Less 20% for State Plan Review				+D
8.	Subtotal	$			
9.	DCA Training Fee				
10.	Subtotal				X
11.	Cert. of Occupancy				
12.	Other ZPA				
13.	TOTAL	$			

Footing + Foundation only

EXEMPT

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 2 — 0
2. Height of Structure 20'9" ft.
3. Area — Largest Floor 27'8" x 15'4" sq. ft.
4. New Building Area 428 sq. ft.
5. Volume of New Structure 6220 cu. ft.
6. Construction Classification
7. Total Land Area Disturbed sq. ft.
8. Flood Hazard Zone
9. Base Flood Elevation ft.
10. Wetlands yes no ✓
11. Max. Live Load
12. Max. Occupancy Load

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☒ New Building	100,000	JPL	10/22/98		12/1/98	FW			
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☒ Plumbing	51,000				1-6-99	AB			
7. ☒ Electrical	45,762				12-30-98	MR	3/11/99		OR
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		Env	11/16/98	11/16/98	11/16/98	JL			
TOTAL COSTS									

(Optional columns: for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

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

No. of dwelling units:
Before Construction
After Construction
Net Gain or Loss

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

IMPORTANT - COMMERCIAL - MANDATORY FEE - H.B. T. 0

LDS BR 10404888

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 Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name Aldarelli Enterprises

Address 1 Pollack Ave, Ocean, NJ

Telephone (732) 493-1787

Signature [signature] Chris Aldarelli

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

OFFICE DATE RECEIVED: ______________

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

IMPORTANT

A.H.B.T. - EXEMPT

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	Dugonte	4155	4-19-99	30days	5-19-99	
☐ Temporary Certificate of Compliance	Presslep	4155	5-5-99		8-1-99	
☐ Continued Certificate of Occupancy						
☐ Certificate of Compliance						
☐ Certificate of Occupancy						
☑ Certificate of Approval		4155	7-14-99			
☐ Lead Abatement Clearance Certificate						

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/14/99
Control #
Permit # 98-4155

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 736 Lot 1 Qual
Work Site Location CHAMBERS BRIDGE RD
FOOTING & FOUNDATION ONLY
Owner in Fee/Occupant BRICK BD OF EDUCATION
Address 101 HENDRICKSON RD
BRICK, NJ 08724-
Telephone (732)785-3000
Contractor ALDARELLI ENTERPRISES
Address 1 POLLACK AVE
OCEAN, NJ 07712-
Telephone (732)493-1787 Fax (732)493-3213
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2888662

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group A-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

PRESS BOX
FOOTING & FOUNDATION ONLY

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved.
If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than ______, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] CERTIFICATE OF 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.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until ______, ___.

J Guriazza
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [ ] Check No.
Collected by:

Date Issued 5-5-99
Control #
Permit # 98-4155

CERTIFICATE

IDENTIFICATION

Block 736 Lot 1
Work Site Location 346 Chambersbridge Rd.

Owner in Fee Brick Board of Education
Address 101 Hendrickson Rd.
Brick, NJ 08724
Tele. ( )
Contractor Aldarelli Enterprises
Address 1 Pollack Ave.
Ocean, NJ 07712
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Press box only

Brick High School

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **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.

XXX☒ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than 8-1, 19 99 or the owner will be subject to a fine or order to vacate: Pending roof repairs.

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

New Jersey

CERTIFICATE

Date Issued 4/19/99
Control #
Permit # 98-4155+C

IDENTIFICATION

Block 736 Lot 1
Work Site Location Chambers Bridge Rd
Brick, N.J.
Owner in Fee Brick Board of Education
Address 101 Hendrickson Rd
Brick, N.J. 08724
Tele. ( )
Contractor Aldarelli Enterprises
Address 1 Pollack Ave
Ocean, N.J. 07712
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Concrete Block Dug Outs

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL / 30 Day Temporary

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:

Frank Meyer M.E. [signature]
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/02/98
Control #
Permit # 98-4155

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 736 Lot 1 Qual

Work Site Location CHAMBERS BRIDGE RD
FOOTING & FOUNDATION ONLY
Owner in Fee BRICK BD OF EDUCATION
Address 101 HENDRICKSON RD
BRICK, NJ 08724-
Telephone (732)785-3000

Contractor ALDARELLI ENTERPRISES
Address 1 POLLACK AVE
OCEAN, NJ 07712-
Telephone (732)493-1787
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2888662

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
PRESS BOX
FOOTING & FOUNDATION ONLY

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 $ 60,002

PAYMENTS (Office Use Only)	
Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	0
Check No	
Cash	
Collected By	

Exempt

J Curiazza/ai
Construction Official

12/02/98
Date

U.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 01/11/99
Control #
Permit # 98-4155+B
Permit Issued 12/02/98

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 736 Lot 1 Qual

Work Site Location CHAMBERS BRIDGE RD
BACKFLOW PREVENTERS
Owner in Fee BRICK BD OF EDUCATION
Address 101 HENDRICKSON RD
BRICK, NJ 08724-
Telephone (732)785-3000

Contractor RUSSELL P EAGEN P & H
Address 107 GREENWOOD PL
NEPTUNE, NJ
Telephone (732)988-0856
Lic. No. or Bldrs. Reg. No. 7994
Federal Emp. No. 22-2922030

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
BACKFLOW PREVENTERS

Press Box Only

Estimated Cost of Work $ 100

Frank Meyer
Construction Official

01/11/99
Date

U.C.C. F190 (rev. 3/96)

PAYMENTS (Office Use Only)	
Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	0
Check No.	Exempt
Cash	
Collected By	[illegible]

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 02/18/99
Control #
Permit # 98-4155+C
Permit Issued 12/02/98

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 736 Lot 1 Qual

Work Site Location CHAMBERS BRIDGE RD
4 DUGOUTS
Owner in Fee BRICK BD OF EDUCATION
Address 101 HENDRICKSON RD
BRICK, NJ 08724-
Telephone (732)785-3000

Contractor ALDARELLI ENTERPRISES
Address 1 POLLACK AVE
OCEAN, NJ 07712-
Telephone (732)493-1787
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2888662

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
4 CONCRETE BLOCK DUG OUTS

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	0
Check No.	
Cash	
Collected By	

Estimated Cost of Work $ 80,000

J. Cimiozza
Construction Official

02/18/99
Date

U.C.C. F190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/04/98
Date Issued ~~01/01/54~~ 1-11-99
Control #
Permit # 98-4155+A

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

Block 736 Lot 1 Qual
Work Site Location CHAMBERS BRIDGE RD
BLDG REV/ELECT/PLBG
Owner in Fee BRICK BD OF EDUCATION
Address 101 HENDRICKSON RD
BRICK, NJ 08724-
Tele.(732)785-3000
Contractor ALDARELLI ENTERPRISES
Address 1 POLLACK AVE
OCEAN, NJ 07712-
Tele.(732)493-1787 Fax (732)493-3213
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2888662

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

ACTUAL BUILDING REVIEW

Press Box only
Bldg has 1 set of plans w/ jacket
2nd set is in engineering

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.		
[X] All	1-11-99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [✓] CCO [ ] CA
Date: 5-5-99
Approved By: FM

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing				
Foundation	Mautbes	/	1/29/99	JKe
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			5/5/99	FM
BarrierFree		Temp to 8/1/99		

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS
Use Group Present Proposed A-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 1
2. Alteration $ 0
3. Total (1+2)$ 1

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 0
DCA Training Fee $ 0

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/22/98
Date Issued 12/2/98
Control # C22-1
Permit # 98-4155

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

Block 736 Lot 1 Qual
Work Site Location CHAMBERS BRIDGE RD
ADDITION/ PRESS BOX
Owner in Fee BRICK BD OF EDUCATION
Address 101 HENDRICKSON RD
BRICK, NJ 08724-
Tele.(732)785-3000
Contractor ALDARELLI ENTERPRISES
Address 1 POLLACK AVE
OCEAN, NJ 07712-
Tele.(732)493-1787 Fax (732)493-3213
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2888662

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

PRESS BOX
Footing/Foundation only

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12-1-98	FD
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 7-14-98
Approved By: FD

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing			12/4/98	JK
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes 4/12/99 JK one				
Energy				
Mechanical				
TCO				
Other 2nd Foot- P. Box			12/14/98	JK
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed A-5
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 21 Ft.
Area Largest Floor 428 Sq. Ft.
New Bldg. Area/All Floors 428 Sq. Ft.
Volume of New Structure 6,220 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 60,000
2. Alteration $ 0
3. Total (1+2)$ 60,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 156
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 0
DCA Training Fee $ 0

U.C.C. F110 (rev. 3/96)

4/12/99 not done no record of Fleming etc. JKM

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/25/99
Date Issued 02/18/99
Control #
Permit # 98-4155+C

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

Block 736 Lot 1 Qual
Work Site Location CHAMBERS BRIDGE RD
4 DUGOUTS
Owner in Fee BRICK BD OF EDUCATION
Address 101 HENDRICKSON RD
BRICK, NJ 08724-
Tele.(732)785-3000
Contractor WALLACE BROTHERS INC.
Address 2222 RT. 88
BRICK, NJ 08723-
Tele.(908)295-9340 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2775668

Change of Contractor 4/30/99

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

4 CONCRETE BLOCK DUG OUTS
CHANGE OF CONTRACTOR 04-30-99

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 7-14-99
Approved By: JFM

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

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 157
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed A-5
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 7 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 896 Sq. Ft.
Volume of New Structure 6,272 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 80,000
2. Alteration $ 0
3. Total (1+2)$ 80,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 0
DCA Training Fee $ 0

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/25/99
Date Issued 01/01/54
Control # 2-18-99
Permit # 98-4155+C

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

Block 736 Lot 1 Qual
Work Site Location CHAMBERS BRIDGE RD
4 DUGOUTS
Owner in Fee BRICK BD OF EDUCATION
Address 101 HENDRICKSON RD
BRICK, NJ 08724-
Tele.(732)785-3000
Contractor ALDARELLI ENTERPRISES
Address 1 POLLACK AVE
OCEAN, NJ 07712-
Tele.(732)493-1787 Fax (732)493-3213
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2888662

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Req.
[X] All 2-18-99 FM
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[-] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 4-19-99
Approved By: FM

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			4-19-99 FM	
BarrierFree			See Notes	

B. BUILDING CHARACTERISTICS
Use Group Present Proposed A-5
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 7 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 896 Sq. Ft.
Volume of New Structure 6,272 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 80,000
2. Alteration $ 0
3. Total (1+2)$ 80,000

Industrialized Building:
[ ] State Approved
[ ] HUD

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

4 CONCRETE BLOCK DUG OUTS

Note! Roofing To Be Rolled Roofing Not Shingles As Shown On Drawing Due To Low Slope

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 157
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 0
DCA Training Fee	$ 0

U.C.C. F110 (rev. 3/96)

4/19/99 No inspections Noted But Done By
Bob meyers of BD of education
This is For Dog outs only

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/04/98
Date Issued ~~01/01/54~~ 1-11-99
Control #
Permit # 98-4155+A

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

Block 736 Lot 1 Qual
Work Site Location CHAMBERS BRIDGE RD
BLDG REV/ELECT/PLBG
Owner in Fee BRICK BD OF EDUCATION
Address 101 HENDRICKSON RD
BRICK, NJ 08724-
Tele.(732)223-8600 Fax (___)
Contractor GARDEN STATE ELECTRIC
Address 208 E MAIN ST
MANASQUAN, NJ
Tele.(732)223-8600
Lic. No. or Bldrs. Reg. No. 6720
Federal Emp. No. 22-2937324

B. ELECTRICAL CHARACTERISTICS
Use Group - Present ____ Proposed A-5
[ ] Pole/Pad # ____ [ ] Temporary [X] Other PRESS BOX
Building Occupied as ____ Utility Co. ____
Estimated Cost of Electrical Work $ 45,762

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 12 30 98
Approved By: [signature]
SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 3 4 99
Approved By: [signature]

INSPECTIONS Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Rough			2 26 99	[initials]
Temp Serv				
Const Serv				
TCO				
Other Trench			2 17 99	[initials]
Service				
Final 3 9 99 [initials]			3 1 99	[initials]

Temp. Cut-in-Card Date Issued 3/1/99 [initials]
Final Cut-in-Card Date Issued ____

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	150	AMP Service	40
1	150	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other ____	0
		Other ____	0

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check # ____
Collected by: ____

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	0
DCA Training Fee	$	0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/20/99
Date Issued ~~01/01/54~~ 4-21-99
Control #
Permit # 98-4155+D

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

Block 736 Lot 1 Qual
Work Site Location CHAMBERS BRIDGE RD 346
VARIATION IN FIRE
Owner in Fee BRICK BD OF EDUCATION
Address 101 HENDRICKSON RD
BRICK, NJ 08724-
Tele.(732)493-1787 Fax (732)493-3213
Contractor ALDARELLI ENTERPRISES
Address 1 POLLACK AVE
OCEAN, NJ 07712-
Tele.(732)493-1787
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2888662

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed A-5
Constr Class Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other ____
Location: ____
Total Est Cost of Fire Prot Work $ 10

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: ____
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 4-21-99
Approved By: [signature]
SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 4-23-99
Approved By: [signature]

VARIATION for the Post

INSPECTIONS Type	Failure	Failure	Approval	Initial
Alarm Sys			4-23-99	CA
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

Dates (Month/Day)

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 Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity ____ 0 Fuel ____		
Alarm Systems [ ] 110v Interconnected		1 SD UP
[ ] System		1 SD DOWN
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other VARIATION		35
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 0
	DCA Training Fee	$ 0

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: October 23, 1998 1998 - 1749

Block 736 Lot 1 Zone R-R-1

Property Address: Chambers Bridge Road

Owner: Brick Township Board of Education (Phone): (732) 785-3000

Applicant: Christopher Aldarelli (Phone): (732) 493-1786

Existing Use: Brick High School.

Proposed Use: Brick High School.

Proposed Construction (if any): 15'4" by 27'8" athletic field press box; 20'9" high.

Conditions: Box must be setback at least 50' from the front property line and 25' from the side and rear property lines.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: February 3, 1999 1999- 0081

Block 736 Lot 1 Zone R-R-1

Property Address: 346 Chambers Bridge Road

Owner: Brick Board of Education (Phone): 785-3000

Applicant: Christopher Aldarelli (Phone): 493-1787

Existing Use: Brick Township High School

Proposed Use: Brick Township High School

Proposed Construction (if any): Baseball fields and concrete block dug-outs, 7'x32', 6'8" high

Conditions: Capital project reviewed by the Planning Board. Site Plan prepared by William Farrell, P.E., dated 8/11/98.

Zoning Permit No. 1998-1749, approved 10/23/98.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy

Sean Kinnevy
Zoning Officer

Brick High School

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 736 LOT 1

PROPERTY ADDRESS Chambers Bridge Rd. - Brick High School

NAME OF OWNER Brick Twp Board of Education OWNER'S PHONE (732) 785-3000

NAME OF APPLICANT Aldarelli Enterprises - Christopher Aldarelli

APPLICANT'S COMPLETE ADDRESS 1 Pollack Avenue, Ocean, NJ 07712

APPLICANT'S PHONE NUMBER (732) 493-1786 APPLICANT'S BUSINESS NAME Aldarelli Enterpr

PRESENT USE OF PROPERTY (check one)

☒ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☐ Commercial (please describe) ______

☐ Other (please describe) ______

PROPOSED USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☐ Commercial (please describe) ______

☒ Other (please describe) Athletic Field Press Box

PROPOSED CONSTRUCTION

All Dimensions 15'4" W 27'8" L 20'9" H

Deck or Garage N/A ☐ Attached ☐ Detached

Fence N/A Type ______ H ______

CHECKLIST:

☐ All information completed above

☐ Two (2) accurate Survey / Plot Plans containing:

- ☐ all existing and proposed structures
- ☐ all dimensions of lot and structures
- ☐ set backs to all property lines
- ☐ all streets and waterways shown

☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of Applicant [signature] Date 10/21/98

Reviewed by Zoning Officer Date 10/23/98 ☒ Approved ☐ Rejected

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 736 **LOT** 1 C22-1

PROPERTY ADDRESS Brick High School, Chambers Bridge Road

NAME OF OWNER Brick Twp Board of Education **OWNER'S PHONE** (732) 785-3000

NAME OF APPLICANT Christopher M. Aldarelli, Sr. of Aldarelli Enterprises

APPLICANT'S COMPLETE ADDRESS 1 Pollack Avenue, Ocean, NJ 07712

APPLICANT'S PHONE NUMBER (732) 493-1787 **APPLICANT'S BUSINESS NAME** Aldarelli Enterprises

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
- ☐ Commercial (please describe)
- ☒ Other (please describe) School Baseball/Softball Fields

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
- ☐ Commercial (please describe)
- ☒ Other (please describe) Concrete Block Dugouts

PROPOSED CONSTRUCTION Concrete Block Dugouts

All Dimensions 7' **W** 32' **L** 6'8" **Ht**

Deck or Garage ☐ Attached ☐ Detached

Fence Type ______ Ht ______

CHECKLIST:

- ☐ All information completed above
- ☐ Two (2) accurate Survey / Plot Plans containing:
  - ☐ all existing and proposed structures
  - ☐ all dimensions of lot and structures
  - ☐ set backs to all property lines
  - ☐ all streets and waterways shown
- ☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of Applicant [signature] **Date** 1/21/99

Reviewed by Zoning Officer Date 2/3/99 ☒ Approved ☐ Rejected

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road
Forked River, NJ 08731
Tel 609.971.7002
Fax 609.971.3391

SOIL EROSION AND SEDIMENT CONTROL CERTIFICATION

AUGUST 18, 1998

DR. PHILIP NICASTRO
BRICK TOWNSHIP BOARD OF EDUCATION
101 HENDRICKSON AVENUE
BRICK NJ 08724

RE: **SCD #6518** BRICK HIGH SCHOOLS' ATHLETIC FIELDS;
BLOCK 701.39, LOT 12;
BLOCK 1211, LOT 2;
BRICK TOWNSHIP

Pursuant to Chapter 251. Soil Erosion and Sediment Control Act, P.L. 1975, the Ocean County Soil Conservation District hereby grants certification of the soil erosion and sediment control plan for the above-referenced project, subject to the following.

1. That the applicant carries out all land disturbance activities in accordance with the Standards for Soil Erosion and Sediment Control in New Jersey promulgated by the State Soil Conservation Committee.

2. THE APPLICANT MUST NOTIFY THE DISTRICT OFFICE, BY MAIL, AT LEAST 48 HOURS PRIOR TO INITIAL LAND DISTURBANCE.

3. **The applicant must notify District office of project completion.**
NOTE: NO CERTIFICATE OF OCCUPANCY CAN BE GRANTED UNTIL A REPORT OF COMPLIANCE IS ISSUED BY THE DISTRICT.

4. Changes in the certified plan relating to or that will affect land disturbance on the site must be submitted to the District office for re-evaluation and approval.

5 A copy of the certified plan and a copy of these provisions must be kept on the job site at all times.

Failure to comply with any of the above conditions may result in the issuance of a Stop Construction Order.

NOTE: This certification is limited to the controls specified in this plan. It is not authorization to engage in the proposed land use unless such use has been previously approved by the municipality or other controlling agency. THIS CERTIFICATION SHALL EXPIRE IN 3-1/2 YEARS.

SUPERVISOR

AP:bb

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

Joseph C. Scarpelli, Mayor

Department of Administration & Finance
Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

Date: October 21, 1998

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 736 Lot: 1

I, Christopher Aldarelli Aldarelli Enterprises (name) of 1 Pollack Avenue Ocean, NJ 07712 (address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved X Date: 11/16/98 By: TR

Rejected Date: By:

Remarks:

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 736 LOT 1 SITE ADDRESS [illegible]
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # [illegible] NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

◊ Affordable — Fee Required ______ Date ______
Down Payment ______ Date ______
Balance ______ Date ______
Paid In Full ______ Date ______

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ 150,000.00 Date [illegible]

Estimated Required Fee $ [illegible]

Required Deposit on Estimate $ ______ Date ______

Check # ______ Receipt # ______

Actual Assessment $ ______ Date ______

Actual Required Fee $ ______

Minus Deposit of Estimate $ ______

Balance Due $ ______ Date ______

Check # ______ Receipt # ______

Amount Paid In Full $ ______

IMPORTANT

A.H.B.T. - EXE[illegible]

Fees Imposed To Date ______
Fees Reached $15,000 ______ Date

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

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

TOWNSHIP OF BRICK, OCEAN, N.J.
1850

Joseph C. Scarpelli, Mayor

Township Council:
Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # ______________________

APPROVAL DATE: ______________________
(Planning Board/BOA)

DATE: 11-17-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 736 LOT 1 SITE ADDRESS Chambers Bridge Rd [illegible] Box

TYPE OF SITE Commercial
(Residential/Commercial)
TYPE OF BUSINESS [illegible]

APPLICANT [illegible] CITY & STATE Brick NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ ______________________

____
Frederick R. Millman, CTA, Tax Assessor

____
Date

❐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ ______________________

____
Frederick R. Millman, CTA, Tax Assessor

____
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1211 LOT 2 SITE ADDRESS 2001 Lin Mill Rd

TYPE OF SITE Residential / Commercial TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER [illegible]

APPLICANT ADDRESS [illegible] CITY & STATE [illegible]

PERMIT # C 22.2 NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

◊ Affordable — Fee Required ____ Date ____

Down Payment ____ Date ____

Balance ____ Date ____

Paid In Full ____ Date ____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ 150,000.00 Date 11-23-98

Estimated Required Fee $ 0

Required Deposit on Estimate $ ____ Date ____

Check # ____ Receipt # ____

Actual Assessment $ ____ Date ____

Actual Required Fee $ ____

Minus Deposit of Estimate $ ____

Balance Due $ ____ Date ____

IMPORTANT

Check # ____ Receipt # ____

Amount Paid In Full $ ____

A.H.B.T. - EXEMPT

Fees Imposed To Date ____

Fees Reached $15,000 ____ Date

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

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

APPLICATION FOR A VARIATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 98-4155+B

DATE ISSUED 4-19-98

Block 736 Lot 1

Subdivision

IDENTIFICATION

OWNER:

Name Brick Board of Education

Address 101 Hendrickson Ave

Town/State/Zip Brick, NJ 08724

CONSTRUCTION LOCATION:

Name Brick Twp High School

Address 346 Chambers Bridge Road

Town/State/Zip Brick, NJ 08723

2 PRESS BOXES

FEE

FEE: $

(Determined by Enforcing Agency)

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request).:

Fire Sprinkler System

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these Difficulties.:

No Water Available

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants.:

Install in Each Press Box Audible, Hard-Wired with Battery Backup Smoke Detectors - One in Storage Area and One Upstairs in Press Box Area.

DATE: April 19, 1999

SIGNED: Rolf Benninghoven [signature]

APPLICANT

DETERMINATION

This application is to be reviewed within 20 business days

I have reviewed the facts and recommended DENIAL ☐ APPROVAL ☑ of the above variation request, in accordance with N.J.A.C. 5:23-2.9 through 2.13, for the following reasons:

Rolf 908-216-0086

Date: 4/20/99

[signature]

SUBCODE OFFICIAL

J. Curiazza

CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK

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

Department of Administration & Fina

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

Date: 1/21/99

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 736 Lot: 1 C22-1

I, Christopher Aldarelli (name) of Aldarelli Enterprises 1 Pollack Ave, Ocean, NJ (address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

[signature]

applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved X Date: 2/9/99 By: [signature]

Rejected Date: ________ By: ________

Remarks: ________

COUNTER FORM
PLEASE PRINT

Change of Contr 98-4155+C

Chambers bridge Rd

/NSHIP OF BRICK
hambers Bridge Road
New Jersey 08723
'32-262-1027

Site Location: BRICK HIGH SCHOOL Date Rec'd.:
Block: 736 Lot: 1 Date Issued:
Owner in Fee: BRICK BOE Control #:
Address: 101 HENDRICKSON AVE. Permit #:
BRICK, N.J.
State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE	BUILDING SUBCODE
NTRACTOR:	CONTRACTOR: new WALLACE BROS. INC.
DRESS:	ADDRESS: 2222 RT. 88
	BRICK, N.J.
ONE:	PHONE: 732-295-9340
#:	LIC #:
EXPIRATION DATE:	LIC. EXPIRATION DATE:
ERAL EMP. # (or S.S. #):	FEDERAL EMP. # (or S.S. #): 222-775-668
ECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:

Plumbing fixtures/equipment:

___ Water Closet
___ Urinal / Bidet
___ Bath Tub
___ Lavatory
___ Shower
___ Floor Drain
___ Sink
___ Dishwasher
___ Drinking Fountain
___ Washing Machine
___ Hose Bibb
___ Gas Piping
___ Fuel Oil Piping
___ Water Heater
___ Steam Boiler
___ Hot Water Boiler
___ Sewer Pump
___ Interceptor / Separator
___ Backflow Preventer
___ Greasetrap
___ Water Cooled AC or Refrig. Unit
___ Sewer Connection
___ Septic (Disposal System) Closure
___ Water Service Connection
___ Gas Service Connection
___ Active Solar System
___ Vent Through Roof
___ Other

mated Cost of Plumbing Work: $
iature:

er ☐ Contractor ☐
CODE APPROVAL:
NS: Required ☐ Approved ☐
oved by:
:
NTRACTOR AFFIX SEAL:

Description of work:

PUNCH LIST WORK
AT NEW BALLFIELDS
for dugouts - per phone call w/ Steve Wallace

RECEIVED
APR 26 1999
DIV. C... ...ION

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work: 10,000.00
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

Approved by:

Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS

Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WO

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

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

Flammable Liquip Storage Tanks Capacity: Eu
Combustable Liquid Storage Tanks Capacity: Eu
L.G.P. Storage Tanks Capacity: Eu

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: Brick High School Date Rec'd: 12/29/98
Block: 701.39 Lot: 12 Date Issued:
Owner in Fee: Brick Township Control #:
Address: Permit #:

State: NJ Zip: 08724 Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR: Russell P. Egan P & H	CONTRACTOR:
ADDRESS: 107 Greenwood Pl	ADDRESS:
Neptune NJ	
PHONE: 988-0856	PHONE:
LIC #: 7994	LIC #:
LIC. EXPIRATION DATE: 2000	LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 22-2722030	FEDERAL EMP. # (or S.S. #):
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
2	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $

Signature: See Below

Owner ☐ Contractor ☒

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

Russell Egan

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:

Signature:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

Approved by:

Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS

Pool Permit w/UW Lights
Storable Pool/Spa/Hot Tub
KW Elec. Range / Receptacle KW
KW Oven / Surface Unit KW
KW Elec. Water Heater KW
KW Elec. Dryer / Receptacle KW
KW Dishwasher KW
HP Garbage Disposal HP
KW Central A/C Unit KW
HP/KW Space Heater/Air Handler HP/KW
KW Baseboard Heat KW
HP Motors 1/+ HP HP
KW Transformer/Generator KW
AMP Service AMP
AMP Subpanels AMP
AMP Motor Control Center AMP
AMP Elec. Sign/Outline Light KW
Other
Other
Other
Other
Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

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

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

COUNTER FORM
PLEASE PRINT

X

ELECTRICAL SUBCODE	FIRE PROTECTION SUBCODE
CONTRACTOR: Garden State Elect	CONTRACTOR:
ADDRESS: 208 E Main St.	ADDRESS:
Manasquan N.J.	
PHONE: 732-223-8600	PHONE:
LIC #: 6726 EXP. DATE:	LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #): 222937324	FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS

Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle		KW
KW Oven / Surface Unit		KW
KW Elec. Water Heater		KW
KW Elec. Dryer / Receptacle		KW
KW Dishwasher		KW
HP Garbage Disposal		HP
KW Central A/C Unit		KW
HP/KW Space Heater/Air Handler		HP/KW
KW Baseboard Heat		KW
HP Motors 1/+ HP		HP
KW Transformer/Generator		KW
AMP Service		AMP
AMP Subpanels		AMP
AMP Motor Control Center		AMP
AMP Elec. Sign/Outline Light		KW
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

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

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: Chambers Bridge Rd. Date Rec'd.:
Block: 231e Lot: Date Issued:
Owner in Fee: Brick Bd of Ed. Control #:
Address: 101 Hendrickson Ave. Brick, NJ. 08724 Permit #:
State: Zip: Phone: ( ) 785-3000
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR:	CONTRACTOR:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
LIC #:	LIC #:
LIC. EXPIRATION DATE:	LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):	FEDERAL EMP. # (or S.S. #):
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA

PLUMBING SUBCODE

NO.	FIXTURE/EQUIPMENT
______	Water Closet
______	Urinal / Bidet
______	Bath Tub
______	Lavatory
______	Shower
______	Floor Drain
______	Sink
______	Dishwasher
______	Drinking Fountain
______	Washing Machine
______	Hose Bibb
______	Gas Piping
______	Fuel Oil Piping
______	Water Heater
______	Steam Boiler
______	Hot Water Boiler
______	Sewer Pump
______	Interceptor / Separator
______	Backflow Preventer
______	Greasetrap
______	Water Cooled AC or Refrig. Unit
______	Sewer Connection
______	Septic (Disposal System) Closure
______	Water Service Connection
______	Gas Service Connection
______	Active Solar System
______	Vent Through Roof
______	Other

Estimated Cost of Plumbing Work: $

Signature:

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:

Signature:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $
TOTAL (1+2): $

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: Aldarelli Enterprises
ADDRESS: 1 Pollack Avenue
Ocean, NJ 07712
PHONE: (732) 493-1787
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #): 22-2886662

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

NONE
will update later.

TOTAL NUMBERS

Pool Permit w/UW Lights			
Storable Pool/Spa/Hot Tub			
KW Elec. Range / Receptacle			KW
KW Oven / Surface Unit			KW
KW Elec. Water Heater			KW
KW Elec. Dryer / Receptacle			KW
KW Dishwasher			KW
HP Garbage Disposal			HP
KW Central A/C Unit			KW
HP/KW Space Heater/Air Handler			HP/KW
KW Baseboard Heat			KW
HP Motors 1/+ HP			HP
KW Transformer/Generator			KW
AMP Service	1	150	AMP
AMP Subpanels	1	150	AMP
AMP Motor Control Center			AMP
AMP Elec. Sign/Outline Light			KW
Other			
Other			
Other			
Other			

Estimated Cost of Electrical Work: $48,762.00
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name): Chris Aldarelli
Owner ☐ Contractor ☑

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

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

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: Brick High School   Date Rec'd.:
Block: Lot: Date Issued:
Owner in Fee: Brick Twp Board of Ed.   Control #:
Address: 101 Hendrickson Ave   Permit #:
Brick, NJ 08724
State: NJ   Zip: 08724   Phone: (732) 785-3000
SS #:   Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: Aldarelli Enterprises
ADDRESS: 1 Pollack Ave
Ocean, NJ 07712
PHONE: (732) 493-1787
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 22-2888662

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
2	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
2	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
220 Heads	Other

Estimated Cost of Plumbing Work: $ 51,000.00
Signature:
Owner ☐   Contractor ☑

SUBCODE APPROVAL:
PLANS: Required ☐   Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: Aldarelli Enterprises
ADDRESS: 1 Pollack Ave
Ocean, NJ 07712
PHONE: (732)
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 22-2888662

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Construction of Press Box as per plans

TYPE OF WORK

☒ New Building
☐ Addition   ☐ Fence: Height (6' or More)
☐ Alteration   ☐ Sign: Sq. Ft.
☐ Roofing   ☐ Pool (In Ground)
☐ Siding   ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP   Present: Proposed:
CONSTR. CLASS   Present: Proposed:
No. of Stories: 2
Height of Structure: 20'-9"
Area - Largest Floor: 27'8" X 15'4"
New Building Area / All Floors:
Volume of Structure: /   / Total Land Disturbed:
Signature:

Estimated Cost of Building Work: 60,000.00
New Building (1): $ 60,000.00
Aleration (2): $ 0
TOTAL (1+2): $ 60,000.00
SUBCODE APPROVAL:
PLANS: Required ☐   Approved ☐
Approved by:
Date: