

RECEIVED



CONSTRUCTION PERMIT APPLICATION

DIV. OF INSPECTION **Applicant Completes: Sections I, II, III (optional), IV, VI and VII**

I. IDENTIFICATION

II. PROPOSED WORK

TOTAL COSTS

[illegible]

2285⁰⁰

OPTIONAL (for office use only)[illegible]

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 50 -		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$ 50 -		
7. Less 20% for State Plan Review	5 -		
8. Subtotal	\$ 45 -		
9. DCA Training Fee	2 -		
10. Subtotal	\$ 47 -		
11. Cert. of Occupancy	20 -		
12. Other			
13. TOTAL	\$ 67 -		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors _____ sq. ft.
5. Volume of Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ sq. ft.
 no _____
11. Fire Grading _____
12. Max. Live Load _____
13. Max. Occupancy Load _____

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:
2. Use Group:
3. Change in Use Group. Indicate Former:

LDS BR 10314489

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. (X) I further certify that I will perform or supervise the following work:

C.1. (X) Building C.2. () Fire Protection

I further certify that I will perform the following work:

C.3. () Electrical C.4. () Plumbing

D. (X) 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

Wm R Winkler

Date

1/3/94

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

(X) Check if contractor.

Agent Name

ESW ENTERPRISES INC

Address

P O Box 87

BEELMAR NJ

Telephone ()

681 5500

Signature

Wm R Winkler

Date

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	
☐ 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.									
☐ Other									
☐									
☐									
☐									

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

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	_____
Electrical _____	Barrier Free _____	_____
Plumbing _____	Flood Hazard _____	_____
Fire Protection _____	As Built Elevation Cert. _____	_____
Mechanical _____	Other _____	_____

X. CERTIFICATES ISSUED (office use only)

DATE EXPIRED

☐ Temporary Certificate of Occupancy	No. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____
☐ Certificate of Approval	No. _____

ORIGINAL
ILLEGIBLE



CONSTRUCTION PERMIT

Date Issued 1-16-95

Control #

Permit # 015-95

IDENTIFICATION Block 725 Lot 1

Work Site Location 1000 1st St. V. Tech Contractor C. S. J. Enterprises

501 1st St. N. J. 07102 Address _____

Owner in Fee Ed J. J. J. _____

Address _____

Tele. (____) _____

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. _____

or Social Security No. _____

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER _____

☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Water

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 \$ 2285

C. S. J. Enterprises
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)

Building _____

Plumbing 1-

Electrical X

Fire Protection X

Other _____

Other _____

DCA Training Fee _____

Cert. of Occ. 17

Other _____

Total 17

Check No. 015-95

Cash _____

Collected By: _____



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

1-4-95
015-95

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

Block 225 Lot 3
Work Site Location OCEAN 10-TECH SCHOLAR
Owner in Fee OCEAN BOARD OF ED
Address 350 CHAMBERS BRIDGE RD
Tele. () 681 5500
Contractor ESQ ENTERPRISES INC
Address PO BOX 87
350 MAR NJ
Tele. () 681 5500
Lic. No. or Bids. Reg. No. 223326435 or Social Security No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:	Failure	Approval
☒ All	11/18/94	md	Footings		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date:			Other		
Approved By:			Final		

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. \$ 22850
2. Alteration \$ _____
3. Total (1+2) \$ _____

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 John K. J. J. J.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SEE DESCRIPTION ENCLOSED

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

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

Send All Invoices and Correspondence To:

**BOARD OF EDUCATION
OF THE VOCATIONAL SCHOOL
IN THE COUNTY OF OCEAN**

137 Bay Lea Road

Toms River, New Jersey 08753-2703

Tel. No. 908-349-8567

**PURCHASE ORDER
NO. B51898**

This number must appear on
all shipments and invoices.

DATE: December 15, 1994

The Board of Education of the Vocational School is an equal opportunity employer.

VENDOR:

ESW Enterprises
P.O. Box 87
Belmar, NJ 07719

SHIP TO:

Ocean County Voc-Tech School
350 Chambers Bridge Road
Brick, NJ 08723

AREA: COMMERCIAL PHOTO

Quantity	Unit	Description of Goods or Services	Price	Amount
		The following work is to be performed at the Ocean County Vocational School 350 Chambersbridge Road Brick, NJ 08723		
		<u>Commercial Photography Classroom:</u>		
		Saw, cut and remove Masonry Block wall between classrooms. Owner to identify location.		700 00
		Supply and install one (1) 3'0" x 7'0" x 1-3/4 wood door with hollow metal frame in new opening.		960 00
		Door is to have 6" x 3'0" glass 1/4" cl. pol. wire window.		
		Install lintel above new door opening.		
		Supply and install the following hardware for the new door.		

sf

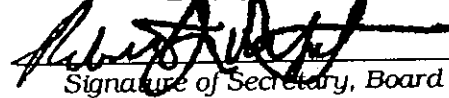
INVOICE MUST BE RENDERED ON VOUCHER - FOR PAYMENT SIGN AND RETURN

NOTICE: The purchaser is exempt by statute from paying all Federal, State and Municipal excise, sales and other taxes.

BOARD OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

ACCOUNT NO.	AMOUNT
12-000-400-800-15-0471	\$2,285.00

**NO ORDER VALID UNLESS SIGNED
BY BOARD SECRETARY**

 **ACTING
BOARD SEC.**
Signature of Secretary, Board of Education

Price verification through (vendor contact)

BID ☒ **BID #20-242-12/95**
STATE CONTRACT ☐
PRICE QUOTATION ☐

Price verification by (staff member)

NOTICE TO VENDOR OR CONTRACTOR:

- Invoices must be rendered with the enclosed voucher form.
- Make a separate invoice for each order and sign.
- No charges or changes beyond specifications without prior approval.
- Shipping statement or bill of lading must accompany delivery of materials.
- Do not make any shipment "collect." Prepay transportation charges and include amount on bill, unless otherwise specified.
- Ship via parcel or truck - No Express.
- The Board of Education will not be liable for goods furnished without written orders.
- A Tax Exempt Permit and number is not required. A local school district is an exempt organization under the Provision of Section 9 of Chapter 30, State Laws of 1966.

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137 Bay Lea Road
Toms River, New Jersey 08753-2703
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VENDOR: ESW Enterprises

SHIP TO:

AREA: COMMERCIAL PHOTO

Quantity	Unit	Description of Goods or Services	Price	Amount
		A. 3 hinges TA714/McKinney B. 1-lockset ML2255 LWN/Corbin Russwin C. 1-closer/stop 404D/4041 Chish/LCN D. 1-door stop 407/H.B. Ives E. 3-silencers #64/H.B. Ives		50 00
		Door frame is to be finished with owner supplied paint.		30 00
		Door is to be finished with three (3) coats of Minwax Polycrylic Urethane.		95 00
		Contractor is responsible for removal of all debris from site.		75 00
		Contractor to match existing V.C.J. and install new tile in area of new door opening.		125 00
		Contractor to perform all work at the convenience of the Ocean County Vocational School. This work shall not be performed while classroom activities are taking place.		

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BY BOARD SECRETARY**

ACCOUNT NO.	AMOUNT

Signature of Secretary, Board of Education

Price verification through (vendor contact)

Price verification by (staff member)

BID ☐ _____
STATE CONTRACT ☐ _____
PRICE QUOTATION ☐ _____

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DATE: _____

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VENDOR:

ESW Enterprises

SHIP TO:**AREA:** COMMERCIAL PHOTOGRAPHY

Quantity	Unit	Description of Goods or Services	Price	Amount
		The contractor is responsible for all clean up, and will leave the site in a broom swept condition on a daily basis.		100 00
		The contractor is responsible for covering and protecting all classroom furniture and its final clean up.		150 00
		The contractor is responsible for obtaining all necessary permits. The fees for the permits are the responsibility of the contractor.		
		Prior to the start of construction, the contractor shall submit to the owner a copy of the Contractor's Liability Insurance with a minimum aggregate amount of One Million Dollars (\$1,000,000.)		
		TOTAL - - - - -		2,285 00

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**NO ORDER VALID UNLESS SIGNED
BY BOARD SECRETARY**

Signature of Secretary, Board of Education_____
Price verification through (vendor contact)_____
Price verification by (staff member)**BID****STATE CONTRACT****PRICE QUOTATION**
☐ _____
☐ _____
☐ _____
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