BLOCK 10139 LOT 12 QUALIFICATION CODE C16-12-1 ADDRESS (SITE) Chambers Bridge Rd. PERMIT NO. 98-2893

RECEIVED JUN 15 1998 DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

Brick Township

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

I. IDENTIFICATION

1. Propsed Work Site at: Chambers Bridge Rd by Brick High School
2. Name of Owner in Fee: Ocean County VOC Bd of Ed Tel. (___) 458 3112
   Address 1200 Old Freehold Rd (street) Toms River (municipality) 08753-7614 (zip code)
3. Ownership in Fee: Public X Private ___
4. Principal Contractor: Michael T Gavin Inc Tel. (___) 367 3901
   Address 1500 N Hope St
   License No. OR, if new home, Builder Reg. No. ___ Exp. Date ___
   Federal Employee No. 222 270 353 FAX: (___) 901 96 16
5. Architect or Engineer Yezzi Assoc Tel. (___) ___
   Address Wash. St Toms River
6. Responsible Person in Charge of Work K Gavin
   Tel. (___) Same FAX (___) ___

interior Alterations

V. FEE SUMMARY (for office use only)

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

EXEMPT

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ___ ft.	
3. Area — Largest Floor ___ sq. ft.	
4. New Building Area ___ sq. ft.	
5. Volume of New Structure ___ cu. ft.	
6. 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

	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		Fax							
3. ☐ Addition									
4. ☒ Alteration	155,820				7-21-98	FM	10/23/98	01/2	
5. ☒ Fire Protection	1000				8-21-98	KB	11-2-98		OK
6. ☒ Plumbing									
7. ☒ Electrical	14,000				8598	MM	10/14/98	01/2	
8. ☒ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	90870								

OPTIONAL (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:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10409595

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 Michael T. Conard Inc

Address 1300 N Apple St

Kenvil NJ 07801-1908

Telephone ( ) 361 3900

Signature Adm. Asst.

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.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No. 2893	11/5/98			
☐ Lead Abatement Clearance Certificate	No.				

CERTIFICATE

Date Issued 11/05/98
Control #
Permit # 98-2893

IDENTIFICATION

Block 701.39 Lot 12
Work Site Location 350 Chambersbridge Rd.

Owner in Fee Ocean County Vo-Tech. School
Address 350 Chambersbridge Rd.
Brick, NJ
Tele. ( )
Contractor Michael T. Gavan
Address 1500 N. Apple St.
Lakewood, NJ 08701
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Interior alterations

"Classroom Use Only"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** xxxxx ☑ **CERTIFICATE OF APPROVAL** "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 Nov. 20, 1998, 19 ____ or the owner will be subject to a fine or order to vacate: TCA Pending Back Flow Preventer

Frank Mayo P/C
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 01/13/99
Control #
Permit # 98-2893.2

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 701.39 Lot 12 Qual
Work Site Location 350 CHAMBERS BRIDGE RD
INTERIOR ALTERATIONS
Owner in Fee/Occupant OCEAN CTY VOC BD OF EDUCATION
Address 1200 OLD FREEHOLD RD
TOMS RIVER, NJ 08753-1614
Telephone (732)473-3112
Contractor MICHAEL T GAYAN INC
Address 1500 N APPLE ST
LAKEWOOD, NJ 08701-1408
Telephone (732)367-3900 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2210353

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

INTERIOR ALTERATIONS FOR BRICK TWP VOTECH SCHOOL

[ ] **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 _____, ___.

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

CONSTRUCTION OFFICIAL
U.C.C. P260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/24/98
Control #
Permit # 98-2893

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 701.39 Lot 12 Qual

Work Site Location 350 CHAMBERS BRIDGE RD
INTERIOR ALTERATIONS
Owner in Fee OCEAN CTY VOC BD OF EDUCATION
Address 1200 OLD FREEHOLD RD
TOMS RIVER, NJ 08753-1614
Telephone (732)473-3112

Contractor MICHAEL T GAYAN INC
Address 1500 N APPLE ST
LAKEWOOD, NJ 08701-1408
Telephone (732)367-3900
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2210353

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR ALTERATIONS FOR BRICK TWP VOTECH SCHOOL BY OLD BRICK HIGH SCHOOL

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 $ 90,870

Construction Official

08/24/98
Date

U.C.C. P170 (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.	
Cash	
Collected By	

920-0050

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/16/98
Date Issued 8/24/98
Control # C16-12
Permit # 98-2893

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

Block 701.39 Lot 12 Qual
Work Site Location 350 CHAMBERS BRIDGE RD
INTERIOR ALTERATIONS
Owner in Fee OCEAN CTY VOC BD OF EDUCATION
Address 1200 OLD FREEHOLD RD
TOMS RIVER, NJ 08753-1614
Tele.(732)473-3112
Contractor MICHAEL T GAYAN INC
Address 1500 N APPLE ST
LAKEWOOD, NJ 08701-1408
Tele.(732)367-3900 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2210353

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

INTERIOR ALTERATIONS FOR BRICK TWP VOTECH SCHOOL BY OLD BRICK HIGH SCHOOL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-21-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-23-98
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame	8-25-98			FM
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			10-23-98	FM
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed E
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. $ 0
2. Alteration $ 75,870
3. Total (1+2)$ 75,870

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	1,907
[ ] 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
Minimum Fee	$ 0
TOTAL FEE	$ 0
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

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

8/25/98
Bracing For moveable wall NOT per plan

10/19/98 CANT see Framing over Partition
No exit Signs in Place
No Code Base installed
No Drawings on Site
(Contractor called)

10/21/98 Bracing For moveable wall NOT per plan
clocks Not Installed in open Electric box

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/16/98
Date Issued 8/24/98
Control # C16-12
Permit # 98-2893

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

Block 701.39 Lot 12 Qual
Work Site Location 350 CHAMBERS BRIDGE RD
INTERIOR ALTERATIONS
Owner in Fee OCEAN CTY VOC BD OF EDUCATION
Address 1200 OLD FREEHOLD RD
TOMS RIVER, NJ 08753-1614
Tele.(732)473-3112
Contractor MICHAEL T GAYAN INC
Address 1500 N APPLE ST
LAKEWOOD, NJ 08701-1408
Tele.(732)367-3900 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2210353

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

INTERIOR ALTERATIONS FOR BRICK TWP VOTECH SCHOOL BY OLD BRICK HIGH SCHOOL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-21-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO			7-24-98	FM
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	1,907
[ ] 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 R
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. $ 0
2. Alteration $ 75,870
3. Total (1+2)$ 75,870

Industrialized Building:
[ ] State Approved
[ ] HUD

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

Paid [ ] Check #
Collected by:

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

12 15 pm

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8-24-98
Date Issued
Control #
Permit # 98-2893

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

Block 701.39 Lot 12
Work Site Location Ocean County Vo Tech
Chambers Bridge Rd Brick
Owner in Fee Ocean County Voc. Bd. Ed.
Address 1200 Old Freehold Rd
Toms River 08753-4298
Tele. (___) 473-3120
Contractor Lubeck Co South Inc
Address 235 Drum Pt Rd
Brick NJ 08723
Tele. (732) 920 6611
Lic. No. 8414
Federal Emp. No. 222 209 329 or Social Security No. ______

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ 14,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 8-5-98
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10/28/98
Approved By: [signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other above ceiling partial			10/14-98	WW6455
Service				
Final			10/28/98	WW6455

Temp. Cut-in-Card Date Issued ______
Final Cut-in-Card Date Issued ______

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]
Signature—Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
32		Fixtures (1)	
20		Receptacles (2)	
10		Switches (3)	
62		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	
2		Intercoms Panels speakers	
6		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
x	Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
2 - 40A	hp	Heat Pump RTU	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
2	1/3 hp	Motors—Fractional H.P. EF	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
		Other	

Exempt

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

U.C.C. Form F-120B

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-24-98
Control #
Permit # 98-2893

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

Block 101.39 Lot 12
Work Site Location Ocean County Vo Tech
Chambers Bridge Rd Brick
Owner in Fee Ocean County Voc. Bd Ed
Address 1200 Old Freehold Rd
Toms River 08753-4298
Tele. (732) 473 5320
Contractor Lubeck Co South Inc
Address 235 Drum Pt Rd
Brick NJ 08723
Tele. (732) 920 6611
Lic. No. 8414
Federal Emp. No. 222209329 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 14,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 8-5-98
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-In-Card Date Issued

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
32		Fixtures (1)	
20		Receptacles (2)	
10		Switches (3)	
62		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	
2		Intercoms Panels speakers	
6		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
X	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
2-40	___ hp	Heat Pump RTU	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	X
		Light Standards	
2	1/3 hp	Motors—Fractional H.P. EF	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
		Other	

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

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

SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8-24-98
Control #
Permit # 98-2893

USE GROUP E
2C CONST.

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

Block 201, 39 Lot 12
Work Site Location Ocean County Vo-Tech
Chambers Bridge Rd. Brick
Owner in Fee Ocean County Vo-Tech Bd of Ed
Address 1200 Old Freehold Rd
Toms River 08753-4298
Tele. (732) 473-3112
Contractor Lubeck Co South Inc
Address 235 Drum Pt Rd
Brick NJ 08723
Tele. (732) 920-6600
Lic. No. 8414
Federal Emp. No. 222-209-329 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 $ 1000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 8-21-98
Approved by: KER

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 11-25-98
Approved by: Ken

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test	10-26-98		11-25-98	KER
Smoke Test				
Mechanical			8 heads SPT	
TCO				
Other				
Other				
Other				

O.K. Ken

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	8 heads	
Dry Sprinkler Heads	Limited System	
TOTAL		
Smoke Detectors	3	
Heat Detectors	1 Heat	
TOTAL	6	
	2 Horn Strobes	
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		

Paid [ ] Check #
Collected by:

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

Exempt

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

11-2-98 - need strobe 1 classroom
- heat det. in back storage
Sprinkler not reaching

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8-24-98
Control #
Permit # 98-2893

USE Group E
2C Const.

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

Block 701.39 Lot 12
Work Site Location Ocean County Vo-Tech
Chambers Bridge Rd Brick
Owner in Fee Ocean County VOC. Bd. Ed.
Address 1200 Old Freehold Rd.
Toms River 08753-4299
Tele. (908) 473-3162
Contractor Lubeck Co South Inc
Address 235 Denn Rt 13
Brick NJ 08723
Tele. (732) 920-6611
Lic. No. 8414
Federal Emp. No. 222 209 329 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 $ 1000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 8-21-98
Approved by: KCN
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	FEE (Office Use Only)
Wet Sprinkler Heads	8 heads	
Dry Sprinkler Heads	Limited System	
TOTAL		
Smoke Detectors	3	
Heat Detectors	3	
TOTAL	6	
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		

Paid [ ] Check #
Collected by:

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

Exempt

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

OWNER IN FEE: Ocean County Voc, Bd, Ed

BLOCK 701.39 LOT 12 SITE LOCATION Brick Voc, sch., Chambers Bridge Rd

BUILDING INSPECTION

Contractor Michael T. Gaydos Inc.

Address 1500 N Apple St Phone ( ) 367 3910

Town Lakewd State Zip 08701-1408

LIC # FEDERAL EMP. NO.(or SSN#) 222 270 353

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ ALTERATION (2) $ 90,870

ADDITION (3) $ TOTAL (1+2+3) $

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING

USE GROUP	PRESENT	PROPOSED
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES	HT. OF STRUCTURE	FT.
AREA: LARGEST FLOOR		SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS		SQ. FT.
VOLUME OF STRUCTURE		CU. FT.
TOTAL LAND AREA DISTURBED		SQ. FT.

TYPE OF WORK

TYPE OF WORK	COST	MISC.	COST
NEW BLDG.		FENCE Ht.	
ADDITION		SIGN Sq. Ft.	
ALTERATION		POOL	
ROOFING		ASBESTOS ABATEMENT	
SIDING		DCA	
DEMOLITION		TOTAL	

DESCRIPTION OF WORK

COMMENTS See Plans

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.

SEAL &
SIGNATURE

PLUMBING INSPECTION

Contractor

Address Phone ( )

Town State Zip

LIC # FEDERAL EMP. NO. (or SSN#)

ESTIMATED COST OF PLUMBING WORK: $

Sewer Size Water Size

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	Water Closet		Steam Boiler
	Urinal / Bidet		Hot Water Boiler
	Bath Tub		Sewer Pump
	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
	Sink		Water Cooled A/C or Refrigeration Unit
	Dishwasher		Sewer Connection
	Drinking Fountain		Water Service Connection
	Washing Machine		Active Solar System
	Hose Bibb		Other
	Water Heater		Other
	Fuel Oil Piping		Other
	Gas Piping		

DESCRIPTION OF WORK

COMMENTS

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.

SEAL &
SIGNATURE (Contractor's Seal)

FIRE INSPECTION

Contractor

Address Phone ( )

Town State

LIC # FEDERAL EMP. NO. (or SSN#)

ESTIMATED COST OF FIRE PROT. WORK: $

Heating Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar

Heating System: ☐ New ☐ Existing

Location of Furnace / Boiler

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	
Combustible Liquid Storage Tanks	☐ Capacity	
L.P.G. Storage Tanks	☐ Capacity	
L.N.G. Storage Tanks	☐ Capacity	

NO.	ITEM	NO.	ITEM
	Wet Sprinkler Heads		Pre-Engineered
	Dry Sprinkler Heads		CO_2 Suppressic
	TOTAL		Halon Suppress
			Foam Suppressi
	Smoke Detectors		Dry Chemical
	Heat Detectors		Wet Chemical
	TOTAL		Gas or Oil Fire
			Other
	Stand Pipes		
	Kitchen Hood Exhaust System		

DESCRIPTION OF WORK

COMMENTS

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECOI AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE W ON THIS APPLICATION.

SEAL &
SIGNATURE (Contractor's Seal)

701.39
c2

350 Chambers Bridge Rd
Brick
Voted School

RECEIVED
JAN 13 1999
DIV. OF INSPECTION

For Information Call: 262-1035
Permit No. 98-2893

APPROVAL FOR FIRE PROTECTION

	Date	Inspector
[✓] Sprinklers	1-12-98	
[ ] Standpipes		
[ ] Special Supp.		
[✓] Alarm	1-8-98	
[ ] Mechanical		
[ ] Other		
[ ] Final		

U.C.C. Form F-224A

PRO 117

CARL A. MOENKE, PE

Mechanical & Electrical Systems
37 Main Street - 3rd Floor Suite
Toms River, NJ 08753
(732) 818-1599
Fax: (732) 818-1644

August 12, 1998

Brick Township Building Dept.
401 Chambersbridge Road
Brick, NJ 08723

ATTN: Marcel Renson, Electrical Subcode Official

RE: Ocean County Vo-Tech School, Brick Campus, Shop Conversion To Classrooms Project, Brick Township, NJ; Comm. No. 98061.

Dear Mr. Renson:

The following Fault Current Calculations for the above referenced Project are based, in part, on information provided by GPU Energy regarding the size and nature of the electrical service and information found in the 1996 Cooper/Bussman Electrical Protection Handbook:

- Incoming Service is 120/208 VAC (E*L-L), 3-Phase, 4-Wire, 2000 Amps.
- Service originates from one (1) 500 KVA Pad Mounted Transformer. Available Fault Current (AFC) at the Secondary of the Transformer is 60,300 Amps.
- *Service Entrance from the Transformer* is N = 5 Sets of # 600 MCM Copper Wires in PVC Conduit. Distance from Transformer to Service Entrance is L = 60 Feet.
- "C" Value for # 600 MCM Copper in Non-Magnetic Duct = 28,033 (from Bussman Table).

$$f = \frac{1.732 \times L \times AFC}{N \times C \times E^{*}L\text{-}L} = \frac{1.732 \times 60 \times 60{,}300}{5 \times 28{,}033 \times 208} = 0.2149381$$

$$M = \frac{1}{1 + f} = \frac{1}{1 + 0.2149381} = 0.8231$$

Fault Current @ Service Entrance = M x AFC = 0.8231 x 60,300 = **49,632 Amps**

- The Available Fault Current at the Feeder Breaker in the Main Switchgear that Back-Feeds to Sub-Distribution Center **DB3** is **49,632** Amps.

- The Feeder Circuit to Sub-Distribution Center **DB3** consists of N = 4 Sets of # 600 MCM Copper Wires in EMT Conduit. Distance from the Main Switchgear to Sub-Distribution Center **DB3** is L = 270 Feet.

- "C" Value for # 600 MCM Copper in Metal Duct = 22,965 (from Bussman Table).

$$f = \frac{1.732 \times L \times AFC}{N \times C \times E \text{ *L-L}} = \frac{1.732 \times 270 \times 49{,}632}{4 \times 22{,}965 \times 208} = 1.2147408$$

$$M = \frac{1}{1 + f} = \frac{1}{1 + 1.2147408} = 0.4515$$

Fault Current @ Panel **DB3** = M x AFC = 0.4515 x 49,632 = **22,410 Amps**

By receipt of his copy of this letter, the Electrical Contractor is directed to provide a New 100 Amp, 3-Pole Circuit Breaker in Sub-Distribution Center **DB3** that is rated **25,000 AIC**, or greater to feed the New Electrical Panel [**LPP**] for the Classrooms.

Should you have any questions concerning this calculation, please contact me at **(732) 818-1599**.

Sincerely,

Carl A. Moenke
8-12-98

Carl A. Moenke, P.E.

CAM/cmm

cc: Massimo Yezzi – Yezzi Associates
Bill Lubeck – Electrical Contractor
File No. 98061 - Construction Phase

CARL A. MOENKE, P.E.

37 Main Street, 3rd Floor Suite
Toms River, New Jersey 08753
(732) 818-1599
Fax: (732) 818-1644

FAX TRANSMISSION COVER SHEET

Date: *August 12, 1998*

To: *Marcel Renson - Electrical Subcode Official @ Brick Township Building Dept.*

Fax: *(732) 262-8954*

Subject: *Ocean County Vo-Tech School - Brick Campus, Shop to Two Classroom Conversion Project, Chambersbridge Road, Brick, NJ. Comm # 98061.*

Sender: *Carl A. Moenke, P.E.*

YOU SHOULD RECEIVE __3__ PAGE(S), INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL.

Copy of requested Fault Current Calculations on the above referenced Project. Original Signed/Sealed Letter is being mailed to you today.

If you have any questions, contact me at **(732) 818-1599**.

CAM

CARL A. MOENKE, PE

Mechanical & Electrical Systems
37 Main Street - 3rd Floor Suite
Toms River, NJ 08753
(732) 818-1599
Fax: (732) 818-1644

August 12, 1998

Brick Township Building Dept.
401 Chambersbridge Road
Brick, NJ 08723

ATTN: Marcel Renson, Electrical Subcode Official

RE: Ocean County Vo-Tech School, Brick Campus, Shop Conversion To Classrooms Project, Brick Township, NJ; Comm. No. 98061.

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- Incoming Service is 120/208 VAC (E*L-L), 3-Phase, 4-Wire, 2000 Amps.
- Service originates from one (1) 500 KVA Pad Mounted Transformer. Available Fault Current (AFC) at the Secondary of the Transformer is 60,300 Amps.
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Fault Current @ Panel **DB3** = M x AFC = 0.4515 x 49,632 = **22,410 Amps**

By receipt of his copy of this letter, the Electrical Contractor is directed to provide a New 100 Amp, 3-Pole Circuit Breaker in Sub-Distribution Center **DB3** that is rated **25,000 AIC**, or greater to feed the New Electrical Panel **[LPP]** for the Classrooms.

Should you have any questions concerning this calculation, please contact me at **(732) 818-1599**.

Sincerely,

Carl A. Moenke
8-12-98

Carl A. Moenke, P.E.

CAM/cmm

cc: Massimo Yezzi – Yezzi Associates
Bill Lubeck – Electrical Contractor
File No. 98061 - Construction Phase

TOWNSHIP OF BRICK

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

Department of Administration & Finance

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

August 17, 1998

Micheal T Gavon Inc
1500 N Apple St
Lakewood, NJ 08701
re: OC Votech School-Brick

On 07-27-98, your application for a interior renovations permit has been rejected or denied. You have been contacted by either phone or mail in regards to why the application has been rejected. If the information is not supplied within 14 days of this letter, we will consider the application null and void and it will be filed appropriately for a period of six (6) months.

If you have any questions or need an extension for any particular reason, please contact me at 732-262-1031.

Sincerely,

Lisa Rose Tavalaiccio
Control Person

J. Curiazza ~~Approval~~
J. Curiazza
Construction Code Official

/ajp

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date: 7-27-98

JURISDICTION — BRICK —
(City, County, Township, etc.)

BUILDING LOCATION O.C. VOC. School
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY KEVIN

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
—	Limited Area SPK system in File/storage room over 100'. no Detection	
	7-27-98 @ 920 spoke w/ Sec she + her	
	BASHIR call not avail. 7403433	
	Spk drawings submitted see attached	

06/93

MICHAEL T. GAVAN, INC.
1500 North Apple Street
LAKEWOOD, NEW JERSEY 08701

(732) 367-3900
FAX (732) 901-9616

LETTER OF TRANSMITTAL

TO Brick Twp. Bldg Dept

RECEIVED
AUG 18 1998
BUR. OF INSPECTION

DATE 8-18-98	JOB NO. 499
ATTENTION Mr. Kevin Botzel, Fire Insp.	
RE: O.C.V.T School Blk 701.39 Lot 12 350 Chambers Bridge Rd	

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☒ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
2			Fire Sprinkler Signed & Sealed
2			Hydr. Summary

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ Approved as submitted ☐ Resubmit ____ copies for approval
☒ For your use ☐ Approved as noted ☐ Submit ____ copies for distribution
☒ As requested ☐ Returned for corrections ☐ Return ____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO Yeori Assocs.
M. Crawford

SIGNED: _____

40% Pre-Consumer Content • 10% Post-Consumer Content

PRODUCT 248 NEBB Inc., Gaston, Mass. 01471.

If enclosures are not as noted, kindly notify us at once.

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: _____

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

BUILDING LOCATION OC JSC School
(Street address)

BUILDING DESCRIPTION Sprinkler Storage

REVIEWED BY Kevin

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
-	Called in - Test Aspects and coverage	
	Spoke w/ Carl Moerke	
	8/21/97 @ 9:15	
	Tying into existing System	
	adding 8 heads	
	- upper pipe	
	- will handle BLACK PIPE	
	w/ 3" hydraulic calc.	

File: OCVT

H Y D R A U L I C S U M M A R Y

WATER SUPPLY INFORMATION

Static (psi):	73.00
Residual (psi):	62.00
@ (gpm):	935.00
Hose (gpm):	100.00

System req. (gpm):	262.13
@ (psi):	59.03

Supply available: 71.95 psi

Safety Margin: 12.93 psi

Maximum velocity in the system is: 16.81 ft/sec

Continuity at all nodes satisfied to 0.01 gpm

Pipe Type Legend

CL = Copper Type L
D1 = Ductile Iron Class 51

Fitting Type Legend

T = (Table 2) Tee or Cross (Flow Turned 90°)
E = (Table 2) 90° Standard Elbow
G = (Table 2) Gate Valve
C = (Table 2) Swing Check
F = (Table 2) 45° Elbow
E = (Table 1) 90° Standard Elbow
G = (Table 1) Gate Valve
T = (Table 1) Tee or Cross (Flow Turned 90°)

Notes:

Existing 4" Double Detector Check valve installed on service.

Friction loss through BFP = 4.5 PSI @ 165.0 GPM.

8-17-98

HYDRAULIC DESIGN INFORMATION SHEET

Name: Ocean County Vo. Tech. Building — Date: 8/16/98
Location: 350 Chambers Bridge Road, Brick NJ 08723
Building: — System No. 1
Contractor: Fire Pro Tech, Inc. — Contract No. 98022
Calculated By: K. Giggenbach — Drawing No. 1
Construction: [ ]-Combustible [x]-Non-Combustible — Ceiling Height: 18-8" Ft.
Occupancy: Ordinary Hazard Group 1

SYSTEM DESIGN

[x]-NFPA 13: [ ]-LT. HAZ. [x]-ORDINARY HAZARD GROUP: 1 [ ]-EX.HAZARD.
[ ]-NFPA 231 [ ]-NFPA 231C: FIGURE: CURVE:
[ ]-OTHER (Specify): BOCA - Limited Area
[ ]-SPECIFIC RULING: MADE BY: DATE:

Area of Sprinkler Operation: 1500
Density: .15
Area Per Sprinkler: 120.0 sq. ft.
Hose Allowance GPM: Inside:
Hose Allowance GPM: Outside: 100.0
Rack Sprinkler Allowance:

* System Type *
[x]-WET [ ]-DRY [ ]-DELUGE [ ]-PRE-ACTION

* SPRINKLER OR NOZZLE *
Make: Reliable Model: G
Size: 1/2" K-Factor: 5.62
Temperature Rating: 212 degrees

CALCULATION SUMMARY

GPM Required: 262.13 PSI Required: 59.03
"C" Factor Used: Overhead: 150 Underground: 150

WATER SUPPLY

* WATER FLOW TEST *
Date & Time: 8/13/98 4:00P
Static PSI: 73.0
Residual PSI: 62.0
GPM Flowing: 935.0
Elevation: 0

* PUMP DATA *
Rated Capacity:
At PSI:
Elevation:

* TANK OR RESERVOIR *
Capacity:
Elevation:

* WELL *
Proof Flow:

Location: 6" Loop behind Brick High School
Source Information: FPT & BTMUA

Node Node	NodeFlow NodeFlow PipeFlow	Kfactor Kfactor	Elev. Elev.	Pressure Pressure	Diameter HWC Velocity	Fittings	Length EqvLgth TotLgth	FricLoss ElevLoss TotFric
S01	18.00	5.62	18.0	10.26	1.025		12.0	0.079
S02	18.81	5.62	18.0	11.21	150		0.00	0.00
	18.00				7.00		12.00	0.95
S02	18.81	5.62	18.0	11.21	1.265		12.0	0.107
S03	19.86	5.62	18.0	12.49	150		0.00	0.00
	36.81				9.40		12.00	1.28
S03	19.86	5.62	18.0	12.49	1.265		8.5	0.238
L01	0.00		18.0	14.51	150		0.00	0.00
	56.68				14.47		8.50	2.02
L01	0.00		18.0	14.51	1.505		3.5	0.176
S04	21.85	5.62	18.0	15.13	150		0.00	0.00
	76.01				13.71		3.50	0.61
S04	21.85	5.62	18.0	15.13	1.985		7.5	0.073
B02	0.00		18.0	16.77	150	T	15.11	0.00
	97.86				10.15		22.61	1.65
B02	0.00		18.0	16.77	1.985		.5	0.106
A02	0.00		17.5	18.64	150	T	15.11	0.22
	119.90				12.43		15.61	1.65
A02	0.00		17.5	18.64	1.985		28.0	0.185
A03	0.00		10.5	31.06	150	3E	22.67	3.03
	162.13				16.81		50.67	9.38
A03	0.00		10.5	31.06	1.985		2.0	0.185
M01	0.00		10.5	40.38	150	2TGC	48.35	0.00
	162.13				16.81		50.35	9.32
M01	0.00		10.5	40.38	2.945		12.5	0.027
M02	0.00		11.75	40.79	150	T	22.67	-0.54
	162.13				7.64		35.17	0.95
M02	0.00		11.75	40.79	2.945		210.0	0.027
M03	0.00		10.18	49.91	150	4E2T3F	101.24	0.68
	162.13				7.64		311.24	8.44
M03	0.00		10.18	49.91	3.905		47.0	0.007
M04	0.00		10.0	50.52	150	2E	30.22	0.08
	162.13				4.34		77.22	0.53
M04	0.00		10.0	50.52	3.905		10.0	0.007
M05	0.00		1.0	54.74	150	2E2G	36.27	3.90
	162.13				4.34		46.27	0.32
M05	0.00		1.0	54.74	4.280		300.0	0.004
M06	262.13	SOURCE	-5.0	59.03	150	2EGT	85.39	2.60
	162.13				3.62		385.39	1.69

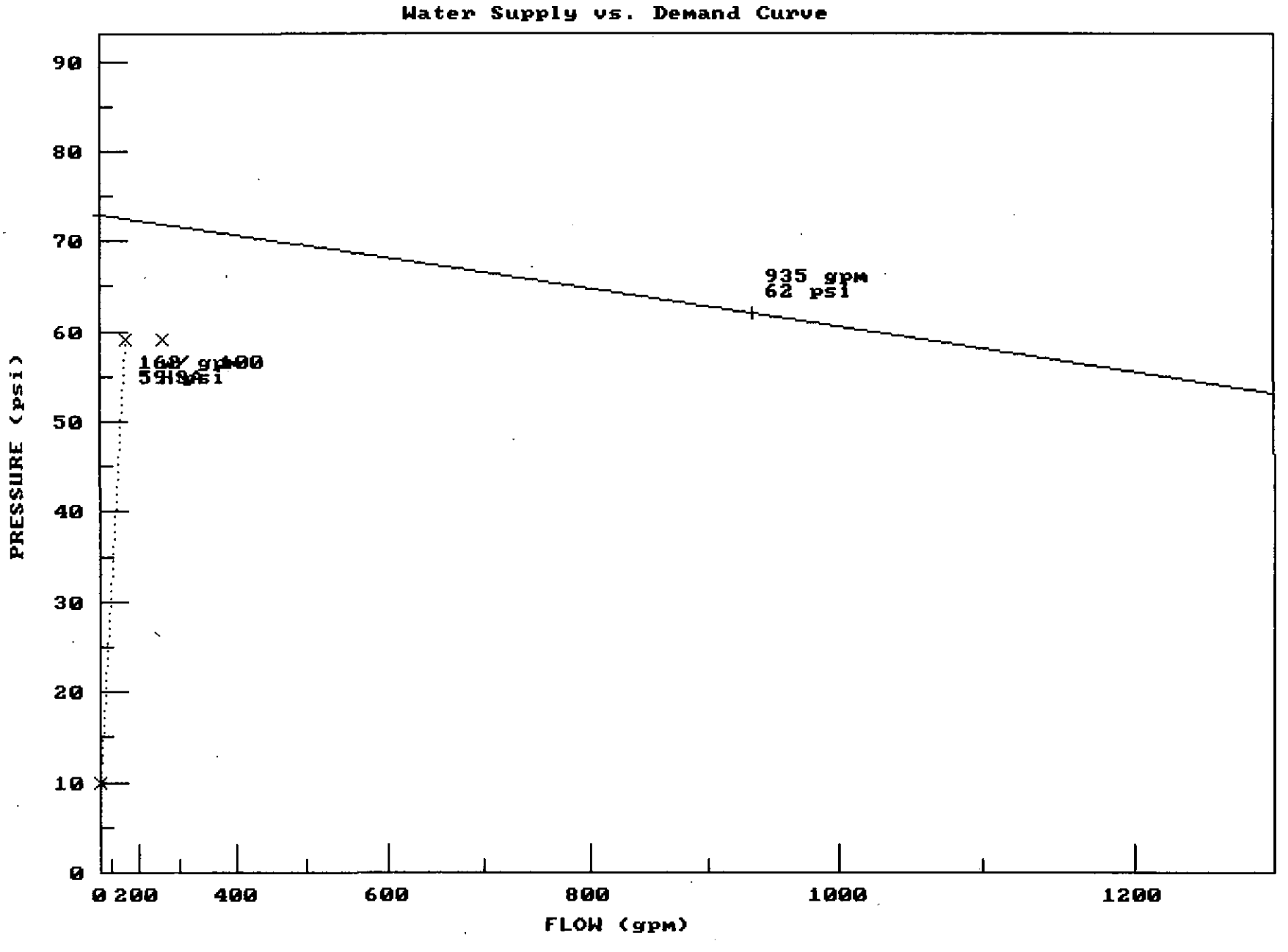
Node Node	NodeFlow NodeFlow PipeFlow	Kfactor Kfactor	Elev. Elev.	Pressure Pressure	Diameter HWC Velocity	Fittings	Length EqvLgth TotLgth	FricLoss ElevLoss TotFric
S05	19.33	5.62	18.0	11.83	1.025		16.0	0.091
L01	0.00		18.0	14.51	150	2ET	13.60	0.00
	19.33				7.52		29.60	2.68
S06	22.04	5.62	18.0	15.38	1.025		4.5	0.115
B02	0.00		18.0	16.77	150	T	7.56	0.00
	22.04				8.57		12.06	1.39
S07	20.71	5.62	18.0	13.58	1.025		10.0	0.103
B01	0.00		18.0	16.00	150	2ET	13.60	0.00
	20.71				8.05		23.60	2.43
B01	0.00		18.0	16.00	1.265		.5	0.138
A01	0.00		17.5	17.54	150	T	9.07	0.22
	42.23				10.78		9.57	1.32
A01	0.00		17.5	17.54	1.265		8.0	0.138
A02	0.00		17.5	18.64	150		0.00	0.00
	42.23				10.78		8.00	1.10
S08	21.52	5.62	18.0	14.67	1.025		4.5	0.110
B01	0.00		18.0	16.00	150	T	7.56	0.00
	21.52				8.37		12.06	1.33

Units Legend

Flow = gpm
Elev. = feet
Pressure = psi
Diameter = inches
Velocity = ft/sec
Length,
EqvLgth,
TotLgth = feet
FricLoss,
ElevLoss,
TotFric = psi

Node	Pressure (psi)	Flow (gpm)	Elevation (feet)	K-Factor	Area (ft^2)	Density (gpm/ft^2)
S01	10.26	18.00	18.00	5.62	120.0	0.150
S02	11.21	18.81	18.00	5.62	120.0	0.157
S03	12.49	19.86	18.00	5.62	120.0	0.166
S04	15.13	21.85	18.00	5.62	120.0	0.182
S05	11.83	19.33	18.00	5.62	120.0	0.161
S06	15.38	22.04	18.00	5.62	120.0	0.184
S07	13.58	20.71	18.00	5.62	120.0	0.173
S08	14.67	21.52	18.00	5.62	120.0	0.179
L01	14.51	0.00	18.00			
B01	16.00	0.00	18.00			
B02	16.77	0.00	18.00			
A01	17.54	0.00	17.50			
A02	18.64	0.00	17.50			
A03	31.06	0.00	10.50			
M01	40.38	0.00	10.50			
M02	40.79	0.00	11.75			
M03	49.91	0.00	10.18			
M04	50.52	0.00	10.00			
M05	54.74	0.00	1.00			
M06	59.03	262.13	-5.00	SOURCE		

Begin Node	End Node	Flow (gpm)	Diameter (inches)	Type	Fittings	Length (feet)	Eqv Length (feet)	Tot Len (feet
S02	S01	18.00	1.025	CL		12.00	0.00	12.
S03	S02	36.81	1.265	CL		12.00	0.00	12.
L01	S03	56.68	1.265	CL		8.50	0.00	8.
S04	L01	76.01	1.505	CL		3.50	0.00	3.
B02	S04	97.86	1.985	CL	T	7.50	15.11	22.
A02	B02	119.90	1.985	CL	T	0.50	15.11	15.
A03	A02	162.13	1.985	CL	3E	28.00	22.67	50.
M01	A03	162.13	1.985	CL	2TGC	2.00	48.35	50.
M02	M01	162.13	2.945	CL	T	12.50	22.67	35.
M03	M02	162.13	2.945	CL	4E2T3F	210.00	101.24	311.
M04	M03	162.13	3.905	CL	2E	47.00	30.22	77.
M05	M04	162.13	3.905	CL	2E2G	10.00	36.27	46.
M06	M05	162.13	4.280	D1	2EGT	300.00	85.39	385.
L01	S05	19.33	1.025	CL	2ET	16.00	13.60	29.
B02	S06	22.04	1.025	CL	T	4.50	7.56	12.
B01	S07	20.71	1.025	CL	2ET	10.00	13.60	23.
A01	B01	42.23	1.265	CL	T	0.50	9.07	9.
A02	A01	42.23	1.265	CL		8.00	0.00	8.
B01	S08	21.52	1.025	CL	T	4.50	7.56	12.


Water Supply vs. Demand Curve
PRESSURE (psi)
FLOW (gpm)
0
10
20
30
40
50
60
70
80
90
0
200
400
600
800
1000
1200
935 gpm
62 psi

File: OCVT

H Y D R A U L I C S U M M A R Y

WATER SUPPLY INFORMATION

Static (psi):	73.00
Residual (psi):	62.00
@ (gpm):	935.00
Hose (gpm):	100.00

System req. (gpm):	262.13
@ (psi):	59.03

Supply available: 71.95 psi

Safety Margin: 12.93 psi

Maximum velocity in the system is: 16.81 ft/sec

Continuity at all nodes satisfied to 0.01 gpm

Pipe Type Legend

CL = Copper Type L
D1 = Ductile Iron Class 51

Fitting Type Legend

T = (Table 2) Tee or Cross (Flow Turned 90°)
E = (Table 2) 90° Standard Elbow
G = (Table 2) Gate Valve
C = (Table 2) Swing Check
F = (Table 2) 45° Elbow
E = (Table 1) 90° Standard Elbow
G = (Table 1) Gate Valve
T = (Table 1) Tee or Cross (Flow Turned 90°)

Notes:

Existing 4" Double Detector Check valve installed on service.

Friction loss through BFP = 4.5 PSI @ 165.0 GPM.

Carl A. Moench
8-17-98

HYDRAULIC DESIGN INFORMATION SHEET

Name: Ocean County Vo. Tech. Building — Date: 8/16/98
Location: 350 Chambers Bridge Road, Brick NJ 08723
Building: — System No. 1
Contractor: Fire Pro Tech, Inc. — Contract No. 98022
Calculated By: K. Giggenbach — Drawing No. 1
Construction: [ ]-Combustible [x]-Non-Combustible — Ceiling Height: 18-8" Ft.
Occupancy: Ordinary Hazard Group 1

SYSTEM DESIGN

[x]-NFPA 13: [ ]-LT. HAZ. [x]-ORDINARY HAZARD GROUP: 1 [ ]-EX.HAZARD.
[ ]-NFPA 231 [ ]-NFPA 231C: FIGURE: CURVE:
[ ]-OTHER (Specify): BOCA - Limited Area
[ ]-SPECIFIC RULING: MADE BY: DATE:

Area of Sprinkler Operation: 1500
Density: .15
Area Per Sprinkler: 120.0 sq. ft.
Hose Allowance GPM: Inside:
Hose Allowance GPM: Outside: 100.0
Rack Sprinkler Allowance:

* System Type *
[x]-WET [ ]-DRY [ ]-DELUGE [ ]-PRE-ACTION

* SPRINKLER OR NOZZLE *
Make: Reliable Model: G
Size: 1/2" K-Factor: 5.62
Temperature Rating: 212 degrees

CALCULATION SUMMARY

GPM Required: 262.13 PSI Required: 59.03
"C" Factor Used: Overhead: 150 Underground: 150

WATER SUPPLY

* WATER FLOW TEST *
Date & Time: 8/13/98 4:00P
Static PSI: 73.0
Residual PSI: 62.0
GPM Flowing: 935.0
Elevation: 0

* PUMP DATA *
Rated Capacity:
At PSI:
Elevation:

* TANK OR RESERVOIR *
Capacity:
Elevation:

* WELL *
Proof Flow:

Location: 6" Loop behind Brick High School
Source Information: FPT & BTMUA

Node Node	NodeFlow NodeFlow PipeFlow	Kfactor Kfactor	Elev. Elev.	Pressure Pressure	Diameter HWC Velocity	Fittings	Length EqvLgth TotLgth	FricLoss ElevLoss TotFric
S01	18.00	5.62	18.0	10.26	1.025		12.0	0.079
S02	18.81	5.62	18.0	11.21	150		0.00	0.00
	18.00				7.00		12.00	0.95
S02	18.81	5.62	18.0	11.21	1.265		12.0	0.107
S03	19.86	5.62	18.0	12.49	150		0.00	0.00
	36.81				9.40		12.00	1.28
S03	19.86	5.62	18.0	12.49	1.265		8.5	0.238
L01	0.00		18.0	14.51	150		0.00	0.00
	56.68				14.47		8.50	2.02
L01	0.00		18.0	14.51	1.505		3.5	0.176
S04	21.85	5.62	18.0	15.13	150		0.00	0.00
	76.01				13.71		3.50	0.61
S04	21.85	5.62	18.0	15.13	1.985		7.5	0.073
B02	0.00		18.0	16.77	150	T	15.11	0.00
	97.86				10.15		22.61	1.65
B02	0.00		18.0	16.77	1.985		.5	0.106
A02	0.00		17.5	18.64	150	T	15.11	0.22
	119.90				12.43		15.61	1.65
A02	0.00		17.5	18.64	1.985		28.0	0.185
A03	0.00		10.5	31.06	150	3E	22.67	3.03
	162.13				16.81		50.67	9.38
A03	0.00		10.5	31.06	1.985		2.0	0.185
M01	0.00		10.5	40.38	150	2TGC	48.35	0.00
	162.13				16.81		50.35	9.32
M01	0.00		10.5	40.38	2.945		12.5	0.027
M02	0.00		11.75	40.79	150	T	22.67	-0.54
	162.13				7.64		35.17	0.95
M02	0.00		11.75	40.79	2.945		210.0	0.027
M03	0.00		10.18	49.91	150	4E2T3F	101.24	0.68
	162.13				7.64		311.24	8.44
M03	0.00		10.18	49.91	3.905		47.0	0.007
M04	0.00		10.0	50.52	150	2E	30.22	0.08
	162.13				4.34		77.22	0.53
M04	0.00		10.0	50.52	3.905		10.0	0.007
M05	0.00		1.0	54.74	150	2E2G	36.27	3.90
	162.13				4.34		46.27	0.32
M05	0.00		1.0	54.74	4.280		300.0	0.004
M06	262.13	SOURCE	-5.0	59.03	150	2EGT	85.39	2.60
	162.13				3.62		385.39	1.69

Node Node	NodeFlow NodeFlow PipeFlow	Kfactor Kfactor	Elev. Elev.	Pressure Pressure	Diameter HWC Velocity	Fittings	Length EqvLgth TotLgth	FricLoss ElevLoss TotFric
S05	19.33	5.62	18.0	11.83	1.025		16.0	0.091
L01	0.00		18.0	14.51	150	2ET	13.60	0.00
	19.33				7.52		29.60	2.68
S06	22.04	5.62	18.0	15.38	1.025		4.5	0.115
B02	0.00		18.0	16.77	150	T	7.56	0.00
	22.04				8.57		12.06	1.39
S07	20.71	5.62	18.0	13.58	1.025		10.0	0.103
B01	0.00		18.0	16.00	150	2ET	13.60	0.00
	20.71				8.05		23.60	2.43
B01	0.00		18.0	16.00	1.265		.5	0.138
A01	0.00		17.5	17.54	150	T	9.07	0.22
	42.23				10.78		9.57	1.32
A01	0.00		17.5	17.54	1.265		8.0	0.138
A02	0.00		17.5	18.64	150		0.00	0.00
	42.23				10.78		8.00	1.10
S08	21.52	5.62	18.0	14.67	1.025		4.5	0.110
B01	0.00		18.0	16.00	150	T	7.56	0.00
	21.52				8.37		12.06	1.33

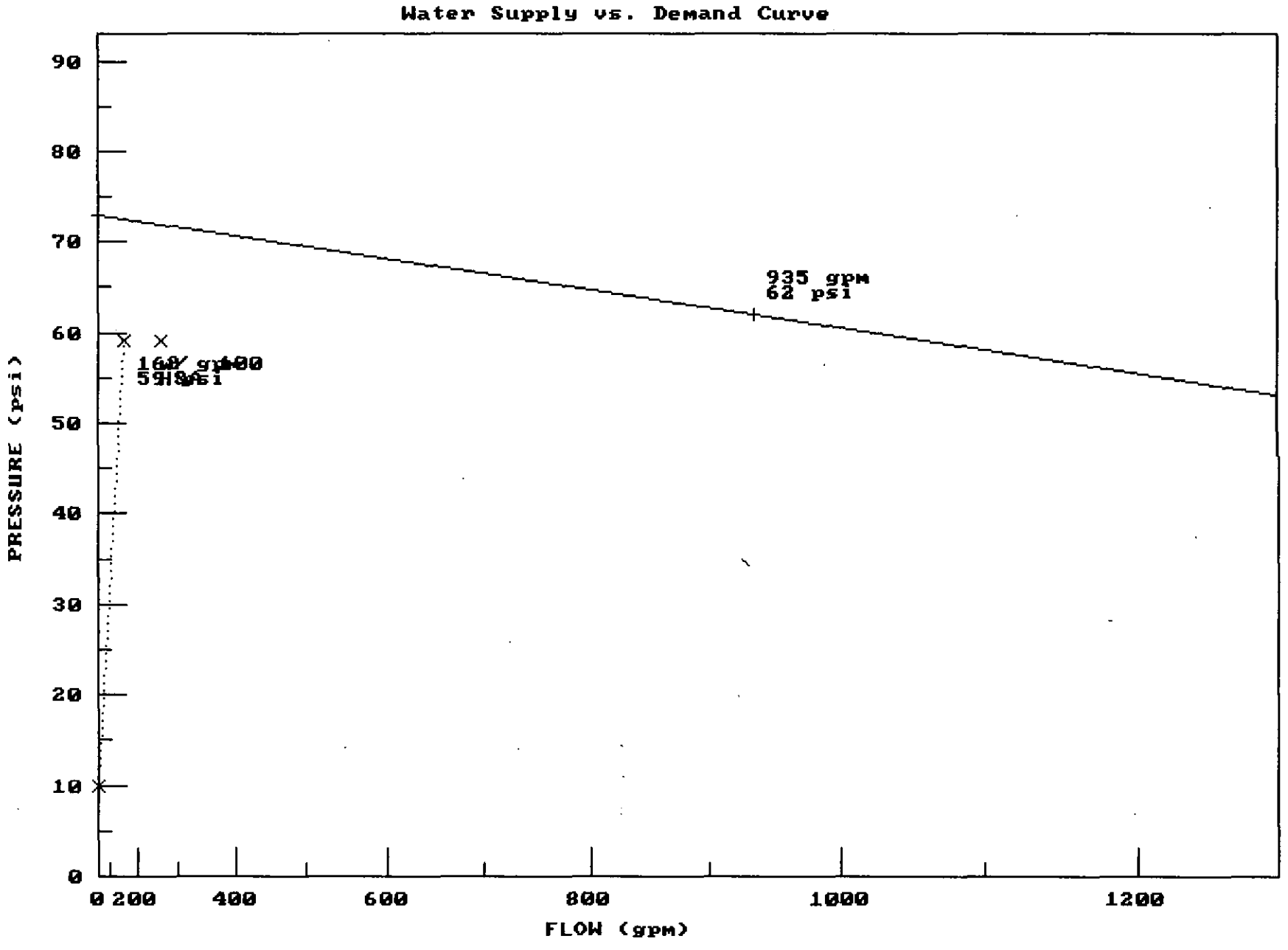
Units Legend

Flow = gpm
Elev. = feet
Pressure = psi
Diameter = inches
Velocity = ft/sec
Length,
EqvLgth,
TotLgth = feet
FricLoss,
ElevLoss,
TotFric = psi

Node	Pressure (psi)	Flow (gpm)	Elevation (feet)	K-Factor	Area (ft^2)	Density (gpm/ft^2)
S01	10.26	18.00	18.00	5.62	120.0	0.150
S02	11.21	18.81	18.00	5.62	120.0	0.157
S03	12.49	19.86	18.00	5.62	120.0	0.166
S04	15.13	21.85	18.00	5.62	120.0	0.182
S05	11.83	19.33	18.00	5.62	120.0	0.161
S06	15.38	22.04	18.00	5.62	120.0	0.184
S07	13.58	20.71	18.00	5.62	120.0	0.173
S08	14.67	21.52	18.00	5.62	120.0	0.179
L01	14.51	0.00	18.00			
B01	16.00	0.00	18.00			
B02	16.77	0.00	18.00			
A01	17.54	0.00	17.50			
A02	18.64	0.00	17.50			
A03	31.06	0.00	10.50			
M01	40.38	0.00	10.50			
M02	40.79	0.00	11.75			
M03	49.91	0.00	10.18			
M04	50.52	0.00	10.00			
M05	54.74	0.00	1.00			
M06	59.03	262.13	-5.00	SOURCE		

File: OCVT

Begin Node	End Node	Flow (gpm)	Diameter (inches)	Type	Fittings	Length (feet)	Eqv Length (feet)	Tot Len (feet
S02	S01	18.00	1.025	CL		12.00	0.00	12.
S03	S02	36.81	1.265	CL		12.00	0.00	12.
L01	S03	56.68	1.265	CL		8.50	0.00	8.
S04	L01	76.01	1.505	CL		3.50	0.00	3.
B02	S04	97.86	1.985	CL	T	7.50	15.11	22.
A02	B02	119.90	1.985	CL	T	0.50	15.11	15.
A03	A02	162.13	1.985	CL	3E	28.00	22.67	50.
M01	A03	162.13	1.985	CL	2TGC	2.00	48.35	50.
M02	M01	162.13	2.945	CL	T	12.50	22.67	35.
M03	M02	162.13	2.945	CL	4E2T3F	210.00	101.24	311.
M04	M03	162.13	3.905	CL	2E	47.00	30.22	77.
M05	M04	162.13	3.905	CL	2E2G	10.00	36.27	46.
M06	M05	162.13	4.280	D1	2EGT	300.00	85.39	385.
L01	S05	19.33	1.025	CL	2ET	16.00	13.60	29.
B02	S06	22.04	1.025	CL	T	4.50	7.56	12.
B01	S07	20.71	1.025	CL	2ET	10.00	13.60	23.
A01	B01	42.23	1.265	CL	T	0.50	9.07	9.
A02	A01	42.23	1.265	CL		8.00	0.00	8.
B01	S08	21.52	1.025	CL	T	4.50	7.56	12.


Water Supply vs. Demand Curve
PRESSURE (psi)
90
80
70
60
50
40
30
20
10
0
0 200
400
600
800
1000
1200
FLOW (gpm)
935 gpm
62 psi

CARL A. MOENKE, P.E.

37 Main Street, 3rd Floor Suite
Toms River, New Jersey 08753
(732) 818-1599
Fax: (732) 818-1644

FAX TRANSMISSION COVER SHEET

Date:	*October 28, 1998*
To:	*Daniel Newman - Plumbing Subcode Official @ Brick Township Building Dept.*
Fax:	*(732) 262-8954*
Subject:	*Ocean County VoTech School Classrooms Conversion Project, Brick, NJ : Fire Sprinkler System Addition.*
Sender:	*Carl A. Moenke, P.E.*

YOU SHOULD RECEIVE __1__ PAGE(S), INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL.

This follows up my Voice Mail message left this afternoon. On the above referenced Project, I have been told that you will not approve the Fire Sprinkler System Addition because it does not have a Backflow Preventer. The New System taps into an Existing Wet Fire Sprinkler System. For some reason, the Existing Fire Sprinkler System was run in Copper Pipe which may have led you to believe it was the Domestic Water System. The Existing Fire Sprinkler System has a 4-Inch Double Check Backflow Preventer with OS&Y Valves. In addition, there is a 2-Inch Check Valve and a 2-Inch OS&Y Valve just upstream of where the Addition is connected. I hope this will now meet with your approval.

Please contact me at **(732) 818-1599**.

CAM

cc: Massimo Yezzi -Yezzi Associates
Edward Crawford