plb file

RECEIVED
MAR 1 REC'D
BUILDING

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

F. Cart-Serv. Bldg. 72

I. IDENTIFICATION

1. Proposed Work at: Forge Pond Golf Course, Brick Township, NJ 920-4733 golf course
2. Owner Name: Ocean City Board of Chosen Freeholders Tel. ( ) _____
   Address Hooper Ave., Toms River, NJ 08753
3. Principal Contractor: Country View, Inc. Tel. (201) 560-8000
   Address 90 New Brunswick Rd., Somerset, NJ 08873
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. 22-2067350
4. Architect or Engineer: Ernst, Ernst & Lissenden Tel. (201) 349-2215
   Address 52 Byers St., Toms River, NJ 08754
5. Responsible Person In Charge of Work Steve Golaszewski Tel. (201) 560-8000

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☒ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: Cart S.

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$100,000
2. ☒	Plumbing	
3. ☒	Electrical	25000
4. ☒	Fire Protection	3000
5. ☐	Other _____	
6. ☐	Other _____	
	TOTAL COST	$128,000

C. DO YOU WANT:

1. ☒ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☒ Sprinklers
8. ☐ Smoke Control Systems in Open Walls

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☑ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☒ Other Service Bldg.

State Specific Use: Golf Cart Service Bldg.

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☒ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☒	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 1
15. Height of Structure 14 Ft.
16. Area–Largest Floor 7200 Sq. Ft.
17. Bldg. Area–All Fls. 7200 Sq. Ft.
18. Volume of Structure 100,800 Cu. Ft.
19. Total Land Area Disturbed 8000 Sq. Ft.

LDS BR 10311519

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 Terrence R. Robinson TEL.(201) 477-4426

ADDRESS 3526 Richmond Ct.
Somerville, N.J. 08876

SIGNATURE Terrence R Robinson - Superintendent

BLOCK NO. 702 LOT NO. 5 SUBDIVISION _____ PERMIT NO. 2242

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	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. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection	_____				_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING			4/18/88	[illegible]	
	Footings/Foundations					
	Framing					
	Architectural					
	Other Energy			5/3/88	OK	
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION			4/15/88	JE	
☐	OTHER _____					

Temp Certificate issued 5-1-89
2-2-89 Temp Occ until 4-15-89 J.T.

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
✓	BUILDING		10-3-88 Ken	
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
✓	PLUMBING		8-31-88 JB	
✓	ELECTRICAL		10-24-88	
✓	FIRE PROTECTION		11-1-88	
	OTHER _____		11/1/88	

Eng Apr

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: Eng Apr — Date Issued

- ☑ Temporary Certificate of Occupancy — 2-8-89
  Date Expired 4/5 4/30/89
- ☐ Temporary Certificate of Occupancy — _____
  Date Expired _____
- ☑ Certificate of Occupancy — 5/23/90
  No. 2242
- ☐ Certificate of Continued Occupancy — _____
  No. _____
- ☐ Certificate of Approval — _____
  No. _____
- ☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler
#1	4/11/88

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 705.60
PLUMBING	125.–
ELECTRICAL	
FIRE PROTECTION	56.–
OTHER _____	
SUBTOTAL	$ 936.60
– LESS: 20% of subtotal (when plan review performed by state agency).	(93.56)
D.C.A. TRAINING FEE .0006 x 100,800	= 60.48
CERTIFICATE OF OCCUPANCY	140.34
OTHER _____	
OTHER _____	
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 1243.98

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			
OTHER			
OTHER			
– LESS: Refunds			( )
TOTAL COLLECTED AFTER PERMIT ISSUED			$

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$
COLLECTED AFTER PERMIT (VB)	
TOTAL	$

CERTIFICATE

Date Issued 5/23/90
Control #
Permit # 2242

IDENTIFICATION

Block 702 Lot 5
Work Site Location 301 ChambersBridge Rd.

Owner in Fee Ocean County Brd. Of Chosen Freeholders
Address Hooper Avenue, Toms River, N.J. 08753

Tele. ( )

Contractor Country View Inc.
Address 90 New Brunswick Rd. Toms River, N.J. 08753

Tele. ( )

Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Use Group S-1
Maximum Live Load
Description of Work/Use:

Golf Cart Service Bldg.

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.

☐ **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:

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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

TOWNSHIP OF BRICK

CERTIFICATE

CERT. NO. 2242
DATE ISSUED 2-8-89
Block 702 Lot 5
Subdivision

IDENTIFICATION

Owner Ocean Co. Bd. of Chosen Freeholders
Address Hooper Ave.
Toms River, NJ
Tel. ( )
Work Site Address Chambers Bridge Rd.

Agent Country View, Inc.
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other
Collected By:
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ 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.

B. ☐ 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.

C. XXX 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:

Pending compliance with Engineering. (to end 4-15-89) Ltr

Pending compliance with Ocean County Soil. (to end 4-30-89)

D. DESCRIPTION OF WORK:

Golf Cart service building

USE GROUP S-1
FIRE GRADING 3 hours
MAXIMUM LIVE LOAD
MAXIMUM OCCUPANCY LOAD
SPECIFIC USE Service building

FINAL COST OF CONSTRUCTION: $ 128,000.

Anthony J. Cinzo
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

TOWNSHIP OF BRICK

NOTICE OF PERMIT UPDATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2242

DATE ISSUED [illegible]

Block 702 Lot 3

Subdivision

IDENTIFICATION

Owner Ocean County Freeholders

Address Hooper Ave
Toms River

Tel. ( )

Work Site Address
Forge Pond Golf Course

Agent Country View Inc

Address 90 New Brunswick Rd
Somerset

Tel. ( ) 560-8000

Lic. No.

Federal Emp. No. 22-2067350

PAYMENTS

Permit Fee $ 75.

Fees Remitted $

☐ Check No.

☐ Cash

☐ Other exempt

Collected By:

Date:

is hereby granted permission
to perform the following work:

☐ BUILDING ☐ ELECTRICAL

☐ PLUMBING ☐ FIRE PROTECTION

☐ OTHER

Description of work:

Holding Tank

Estimated Cost of Work: $ 75.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-190 (8/83) Light Green = Office Copy White = Applicant Copy

TOWNSHIP OF BRICK

Carts

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 2242
DATE ISSUED 8-12-88
REVISION DATE
Block 702 Lot 5
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Ocean Cty. Board of Chosen Freeholders
Address Hooper Avenue, Toms River, NJ
Tel. ( )

Contractor Country View, Inc.
Address 90 New Brunswick Rd. Somerset, NJ 08873
Tel. (201) 560-8000
Lic. No.
Federal Emp. No. 22-2067350

Work Site Address Forge Pond Golf Course Chambers Bridge, Rd., Bricktown, NJ

CERTIFICATION INCLUDE OATH:
(Complete for Minor Work and Small Job Only)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Elsie Shader
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Prefabricated Wedge COR Metal Building with Masonary Outer Walls 4' high

☑ See Plans

TYPE OF WORK:
- ☑ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee (Greater of Minimum or Subtotal)	$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 1
Height of Structure 14 Ft.
Area–Largest Floor 7200 Sq. Ft.
Total Building Area–All Floors 7200 Sq. Ft.
Volume of Structure 100,800 Cu. Ft.
Total Land Area Disturbed 8000 Sq. Ft.
Estimated Cost of Building Work: $ 200,000.

D. COMMENTS

East – Service

☑ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 2242
DATE ISSUED [illegible]
REVISION DATE
Block 702 Lot 5
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner FORGE POND Golf Course Contractor Country Views Inc
Address Ocean Cty Board of Chosen Freeholders Address 90 New Brunswick Rd
Hooper Ave T.R. Somerset
Tel. ( ) Tel. (201) 560-8000
Work Site Address Forge Pond Golf Course Lic. No.
Chambers Bridge Rd Federal Emp. No. 22-2067350

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Holding Tank

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

exempt

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 75.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant's Copy Manila = Inspector's Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	10-25-88	MM
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 1-11-89

Inspected By: MM

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☒ Finishes				1-11-89 MM
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	4/12-88	
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 10-3-88

Inspected By: [illegible]

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Footing/Foundation				4/11/88
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☒ Finishes				10-3-88
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

R.# R0519652

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 208 Lot 5
Subdivision _____

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner OCEAN COUNTY Bd. OF CHOSEN FREEHOLDERS
Address Hooper Ave.
Toms River, NJ 08753
Tel.( ) _____
Work Site Address Forge Pond Golf Course Chambers Bridge Rd. Brick Town NJ. Well Pump Bldg.

Contractor Gilligan & Nardini Elec.
Address 1172 Fischer Blvd.
Toms River, NJ.
Tel. (24) 270-3900
Lic.No./Bus. Permit. 4754
Federal Emp. No. 22-2381158

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Joan G Nardini
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets		1	Transformers 7½ KVA	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric		1	Load Center	
2	Switches		1	Other Attic Fan	
3	Lighting Fixtures			Other	
3	Receptacles			Other	
	Bonding, Pool/Vault			Other	
1	Service/Feeders				
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$

M - no fee

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Service: 200 Amps 3 Phase _____ System Type

4 Wire 3 Ø 277/480 Volts _____ Wiring Method

Total No. of Meters: _____

Estimated Cost of Electrical Work: $ _____

D. COMMENTS

Ready for INSPECTION:

Well Pump Bldg - Thank you.

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Pink = Office Copy

Cart S

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 2242
DATE ISSUED 8/12/88
REVISION DATE 8/12-88
Block 702 Lot 5
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Ocean Cty. Board of Chosen Freeholders
Address Hooper Avenue
Toms River, NJ
Tel. ( )

Work Site Address Forge Pond Golf Course
Chambers Bridge Rd., Bricktown, NJ

Contractor J Fiore Plumb + Heat Inc
Address 814 Fischer Blvd.
Toms River N.J. 08753
Tel. (201) 929-4655
Lic. No. 126
Federal Emp. No. 222-416-440/000

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS Golf Cart facility Bldg.

FEE

TYPE: ☒ Wet ☐ Dry ☐ Other
Area Sprinkled: ☒ Full ☐ Partial (specify in comments)
No. of Heads: 3 No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: MAIN LINE Size: 1"
FD Connection Location:
Estimated Cost of Work: $ $ 25.-

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $ $

Cart SEP: BLDG

B3. ALARM

FEE

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ $

B5. OTHER

Emergency Lights Fire Extinguishers $ 30.-
Exit Signs, $
Sprinkler Heads: Domestic $ 25.-

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 55.-

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems – Location: Utility Room
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $ 1500.00

D. COMMENTS

☑ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
10/3/88	need Emergency lites JE
11-1-88	Violation Corrected JE
2-7-89	Gasoline Tank 2,500 gal installed ~~Pump~~ pumps Inst called metal Lobby Cabinets & 6" Cement Bumbers around Tank. OK JE

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 4/15/88
Approved By: JE

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA
Date: 11-1-88
Inspected By: JE

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☑ Other Emergency Lites	10/3/88			11-1-88
☑ Other Extinguishers				11-1-88
☐ Other				
☑ Other Tank				2-7-89

U.C.C. Form F-140 (8/83)

TOWNSHIP OF BRICK

Carts

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 2242
DATE ISSUED 8-12-88
REVISION DATE
Block 702 Lot 5
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner Ocean Cty. Board of Chosen Freeholders
Address Hooper Avenue
Toms River, NJ
Tel. ( )
Work Site Address Forge Pond Golf Course
Chambers Bridge Rd., Bricktown, NJ

Contractor J. FIORE PLUMB. + HEAT. INC
Address 814 FISCHER BLVD
TOMS RIVER NJ 08753
Tel. (201) 929-4655
Lic.No./Bus. Permit 126
Federal Emp. No. 222-416-440/000

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

J. Fiore
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures Cart Service Bldg.

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
3	Water Closet/Bidet/Urinal	$ 15		Garbage Disposal	$
	Bathtub		1	Air Conditioner Unit	15
3	Lavatory/Sink	15		Indirect Connection	
4	Shower/Floor Drain	20		Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher		2	Interceptor	25
	Commercial Dishwasher		2	Backflow Device	25
1	Water Heater	5	1	Reduced Pressure Backflow Device	25
1	Domestic Boiler/ Furnace	15		Vent Stack	
	Steam Boiler			Solar System	
1	Water Util. Connection			Other gas	15
1	Sewer Util. Connection			Other	
6	Hose Bibb			Other 1 SPRINK.	~~150 WSA~~
	Water Cooler			Other 150	
	COLUMN 1	$ 70		COLUMN 2	$ 105

Fee	
	70
COLUMN 1	$
COLUMN 2	$ 105
SUBTOTAL	$ 175
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage —	Material PVC SCH40	Size	4" 3"
Building Sewer—	Material PVC SCH 40	Size	4"
Water Service—	Material K COPPER	Size	2"
Venting —	Material PVC SCH40	Size	4" 3" 2" 1½"

Estimated Cost of Plumbing Work: $

D. COMMENTS

POND SYSTEMS

☑ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 3/88
Approved By:

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 8-31-88
Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-130 (8/83)

VEM 015
/88

NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF ENVIRONMENTAL QUALITY
AIR POLLUTION CONTROL PERMIT PROGRAM
BUREAU OF NEW SOURCE REVIEW
CN 027
TRENTON, NEW JERSEY 08625

Date:10/18/88

RECEIVED
OCT 24 1988
PARKS & RECREATION ADMIN.

COUNTY OF OCEAN
STEVE CHILDERS
CN219 101 HOOPER AVE
TOMS RIVER , NJ, 00000-8715

Plant Location: BRICK TOWN
County: OCEAN
Applicant's Designation of Stack:GAS STATION
Application Log #: 01883534
Approval Date: 10/17/88
Approval Status Code:05

PERMIT TO CONSTRUCT, INSTALL OR ALTER CONTROL APPARATUS OR EQUIPMENT

This permit is being issued under the authority of chapter 106, P.L. 1967 (N.J.S.A. 26:2C-9.2). You may construct, install, or alter the control apparatus or equipment as indicated on the application referenced above.

The Status of this approval is referenced above.
Please see page 2 of this letter for the explanation the status code.

You will be sent Form VEM-017 at a later date. Form VEM-017 will include your New Jersey Plant ID Number, New Jersey Stack Number, and Certificate Number.

If you have any questions regarding this document, please write to the Bureau of New Source Review at the above address. Questions regarding Certificates to Operate should be directed to the Regional Office.

Approved by: _____
Chief

C: BNSR File
Regional Office

REGIONAL OFFICES

METROPOLITAN REGIONAL ENFORCEMENT

N.J. Department of Environmental Protection
Division of Environmental Quality
Bureau of Enforcement Operations
2 Babcock Place
West Orange, New Jersey 07052
(201) 669-3935

Covers Counties of: **Bergen, Essex, Hudson & Union**

CENTRAL REGIONAL ENFORCEMENT

N.J. Department of Environmental Protection
Division of Environmental Quality
Bureau of Enforcement Operations
Twin Rivers Professional Bldg.
East Windsor, New Jersey 08520
(609) 426-0796

Covers Counties of: **Burlington, Mercer, Middlesex, Monmouth & Ocean**

NORTHERN REGIONAL ENFORCEMENT

N.J. Department of Environmental Protection
Division of Environmental Quality
Bureau of Enforcement Operations
1259 Route 46
Parsippany-Troy Hills, N.J. 07054
(201) 299-7700

Covers Counties of: **Hunterdon, Morris, Somerset, Sussex, Passaic & Warren**

SOUTHERN REGIONAL ENFORCEMENT

N.J. Department of Environmental Protection
Division of Environmental Quality
Bureau of Enforcement Operations
The Paint Works Corporate Center
20 East Clementon Road/3rd Floor
Gibbsboro, N.J. 08026
(609) 346-8071

Covers Counties of: **Atlantic, Camden, Cape May, Cumberland, Salem & Gloucester**

CERTIFICATE STATUS CODES:

01 - Temporary Operating Certificate

05 - Five Year Operating Certificate

51 - Conditional — Temporary (See Condition Checked)

52 - Stack Test Required

55 - Five Year Conditional (See Condition Checked)

CONDITIONS THAT WILL APPLY:

_____ No Odors Beyond Property Line

_____ No Visible Emissions

_____ Opacity Limited to 10%

_____ Special Conditions (See Attachment)

NOTE: _____ If this item is checked this Operating Certificate is also approved for start up.

INSPECTOR: K Shafer

DATE: 2/6/89

JOB: Forge Pond Golf Course

SECTION: Chambersbridge Rd.

TYPE OF WORK: C O Insp.

WEATHER: Overcast / Rainy

LOCATION: Chambersbridge Rd

TEMPERATURE: 40's

BLOCK: 702

LOT: 5

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

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

COMMENTS REFERENCING ITEM NUMBER:

7.) 8.) County plans to allow maintenance crews only on site. No Public Admission. Safety items (ie. bollards, signs, stripping) completed @ employee area only. Security guard on site always.

RECOMMENDATIONS:

- ☒ TEMP. C.O.
- ☐ FINAL C.O.
- ☐ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

OK FG 2/6/89

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

2-6-89

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

April 15th 1989

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

6 Mott Place • C.N. 2191 • Toms River, N.J. 08754-2191
(201) 244-7048

January 5, 1989

Robert J. Romano
Ernst, Ernst & Lissenden
52 Hyers St.
P.O.Box 391
Toms River, NJ 08754

RECEIVED
JAN 1 0 1988
DIV. OF INSPECTION

Re: Forge Pond Golf Course; SCD#2846
Brick Township

Dear Mr. Romano:

This is in response to your letter regarding the Forge Pond Golf Course, It is our understanding that you plan to complete pond #3 in early spring. It is also our understanding the easement between holes 12 and 17 will be seeded and mulched this spring.

We are hereby granting a temporary compliance for the above effective until May 1, 1989. Please contact us as soon as the above mentioned work is completed so that we may make a final inspection.

Sincerely,

David B. Friedman
District Manager

D.NG's FURNISHED.

PLAN REVIEW RECORD

Plan Review # _____
Recv'd. Date _____
DATE TO BE COMPLETED _____

DWG. NO. ___ DATE _____ TITLE _____
DWG. NO. ___ DATE _____ TITLE _____

PROJECT Golf Course Facilities Bldg & Cart Bldg
(City, County, Township, etc.)

(Street address)

OWNER ARCH/ENGR

REVIEWED BY

SPECIFICATIONS AVAILABLE _____ CHECKED BY _____

CORRECTION LIST

ITEM NO	DWG. NO.	DESCRIPTION	Code Section	Dept. Check Off
	P1 (Trail)	Trap primer for Trap at vending Trap	7.16.1	
		Protect Trap from freezing	2.16	
	PT (Cart)	Barrier Free Toilet Room 6	5:23 - 7.5.1(2)3	
	H1 (Cart)	Cold water Make up line Backflow preventer NSPC	10.5.3 A	
		NO SPECIFICATIONS		
		NO Architects SEAL		

P1

PLAN REVIEW CHECK LIST

	YES	NO
1. Dwg's Signed and Sealed (all Dwg's) Spec. on cover sheet. only 1 set	✓	NO
2. Copy of Application.		NO
3. Fee Paid (usually constr. official's problem).	✓	NO
4. Site Plan.	✓	
5. Ground Floor Plan & Dwg's Numbered & Legend.	✓	
6. All Plumbing Plans (Architectural IF Necessary).	✓	
7. Specifications (Plumbing and other sections which may apply such as site work).		NO
8. Time and Date of issuance of permit or submittal of plans for review.	X	
9. Date when Plan Review should be complete.	X	
10. Type of Bldg. classification and use - shown on cover Dwg. for Bldg.	✓	
11. Licensed Plumber with license number.		✓

INDIVIDUAL DRAWING REVIEW

SITE PLAN

a. - Indication of Bldg. Location.	✓
b. - Scale	✓
c. - Utility Locations in street, with inverts manholes & location of pipe. (water, sanitary, sewer, gas).	✓
d. - Connections from Bldg. to utilities in street, size, flow indication, inverts cover, manholes.	✓
e. - Topo of site to indicate grade so depth of bury can be determined.	✓
f. - Any special items indicated, pits for services, pumps, wells, septic systems adjacent or on property.	✓
g. - Indications of trunk lines, new manholes, adjacent areas or properties which could affect Plumbing lines.	✓

GROUND FLOOR PLAN

	YES	NO
1. Entrance of city water or potable water lines		
2. Back flow prevention		NO
3. Meter	✓	
4. Type of pipe (specifications)		NO
5. Flow, pressure in main, size of service	~~✓~~	
6. Combination fire service and domestic	? ✓	
7. Locations, pit, cross connection		
8. Valves on incoming service	✓	
9. Elevations, depth of bury outside bldg.	✓	
10. Pipe supports, hangers	~~✓~~	
11. Sanitary leaving building, location, size, DFU	✓	
12. Sanitary invert leaving bldg. Pitch		NO
13. Type of pipe, connections		NO
14. Supports, hangers, sleeves through foundation		NO
15. Cleanouts, location, spacing	✓	
16. Storm water system, leaders, conductors, underground piping, location	Not Here	NO
17. Pitch, manholes, cleanouts	✓	
18. Note to check roof drains in spec., details or on roof plan if one exists		NO
19. Check area served by each roof drain size, code requirements. (biggest problem is proper rain fall calculation)		NO
20. Check fixtures if any in ground floor toilet facilities		
a - Number of each - men - women		
b - Location		
c - Check code classification		
d - Review each floor for toilets and count. Occupancy load should be given on plans and/or application for permit	?	✓

	YES	NO
21. Barrier Free Toilets		
a - Space	—	NO
b - Number	—	NO
c - Lavatory		NO
d - Accessibility		
e - Location on each floor		
22. Check total building fixture count per chapter 7 - per bldg. classification		
Toilets		
Lav's		
Water coolers etc. Cart		NO
(after reviewing all drawings)		
23. Riser diagram (simple diagram which portrays entire sanitary system including vents)	✓	
a - Riser diagram is required by ADM. Code.	✓	
b - Type of diagram - isometric - straight type		
c - Water distribution (only if a high rise or complicated system)	✓	
d - Sanitary - listing DFU on each branch, totals on each section trunk lines and out of bldg.	✓	
e - Inverts for pitch and flow	✓	
f - Vents, size, vents through roof	✓	
g - Traps, size, location	✓	
h - Identification of fixtures	✓	
24. Plumbing Equipment		
Pumps	✓	#1
Approved Materials		NO
Bldg. Heating System	✓	
Gas Piping	✓	
Septic System N/A		
Septic Field		

Frost depth Waterlines _____ feet, inches Sewerlines _____ feet, inches

DRAIN, WASTE, AND VENT PIPE

_____ Above ground
_____ Below ground
_____ Chemical waste

BUILDING SEWER PIPE

_____ Sanitary
_____ Storm

STORM DRAINAGE PIPE

_____ Inside conductors
_____ Below ground
_____ Subsoil drain
_____ Roof drain

WATER SUPPLY PIPE

_____ Water service
_____ Water distribution

JOINTS AND CONNECTIONS

_____ Approved type

STRESS AND STRAIN

_____ Expansion and contraction

PIPE SUPPORT

_____ Hanger schedule submitted
_____ Vertical support
_____ Horizontal support

SANITARY DRAINAGE SYSTEM CHAPTER 11

_____ Riser diagram submitted
_____ DIAGRAM TYPE

FIXTURES

_____ Separate traps
_____ Trap size
_____ Approved traps

STACKS

_____ Minimum size
_____ Sized for load
_____ Proper connection to stack
_____ Size of offset
_____ Connection to offset
_____ Connection to base

DRAINAGE FIXTURE UNITS
_____ INDICATED

HORIZONTAL BRANCHES

_____ Sized for load
_____ Proper fittings
_____ Pitch of pipe
_____ Dead end

DRAINAGE BELOW SEWER LEVEL

_____ Sewage ejector, sewage pump

_____ Size

BUILDING DRAIN AND SEWER

_____ Minimum size underground

_____ Sized for load
_____ Pitch of pipe
_____ TOTAL D.F.U. / PIPE SIZE ___

SPECIAL FIXTURES

_____ Approved type
_____ Accessibility
_____ Sterilizer piping
_____ Approved sterilizer equipment

DRAINAGE

_____ Bedpan washers
_____ Sterilizer waste
_____ Vacuum systems
_____ Central vacuum systems
_____ INDIRECT

SPECIAL EQUIPMENT
_____ STERILIZERS
_____ ICE MACHINES

VENTS

_____ Local vents
_____ Sterilizer vents

WATER SYSTEM

_____ Dual water service
_____ Adequate hot water
_____ Backflow protection

ENGINEERED PLUMBING

_____ Sealed drawings submitted
_____ Details and data
_____ CALCULATIONS

_____ Design criteria
_____ Inspection schedule

☐ DOES NOT APPLY

STORM DRAINAGE CHAPTER 13

_____ Area rainfall rate

SIZE OF SYSTEM

_____ Size of roof gutters
_____ Size of vertical conductors and leaders
_____ Size of horizontal drains
_____ Size of storm sewer

BUILDING SUBDRAIN

_____ Sump pit
_____ Sump pump

CONTROLLED FLOW

_____ Number of roof drains
_____ Size
_____ Roof design

CLEANOUTS

_____ Horizontal lines
_____ Change in direction
_____ Base of stack
_____ Building sewer junction
_____ Proper size
_____ Manholes
_____ SPACING

INDIRECT WASTE

_____ Where required
_____ Proper air gap or air break
_____ Standpipes
_____ Waste temperature

SPECIAL WASTE

_____ Neutralizing
_____ AIR CONDITIONING COND.
_____ OTHER ( )

VENTS AND VENTING CHAPTER 12

WHERE REQUIRED

_____ Every fixture and trap
_____ Proper size

TYPE OF VENTING

_____ Individual vent
_____ Proper size
_____ Wet vent
_____ Proper size
_____ Common vent
_____ Proper size
_____ Circuit vent
_____ Loop vent
_____ Proper size
_____ Combination waste and vent
_____ Proper size
_____ Sump ven*
_____ Proper size

STACKS

_____ Minimum required
_____ Connection at base
_____ Vent stacks
_____ Proper size
_____ Stack vents
_____ Proper size
_____ Offsets
_____ Proper size
_____ Relief vent (10 Branch intervals)
_____ Proper size

VENT REQUIREMENTS

_____ Extension above roof
_____ Roof location
_____ Vent grade
_____ Height above fixtures
_____ Frost enclosure

INTERCEPTORS AND SEPARATORS

_____ Where required
_____ Approved type
_____ Grease interceptors
_____ Location

BACKWATER VALVES

_____ Where required
_____ Approved type

WATER SUPPLY AND DISTRIBUTION CHAPTER 10

DESIGN

_____ Water calculations submitted
_____ DEPTH OF BURY
_____ Adequate supply pressure
_____ Pressure at fixtures
_____ Velocity of flow
_____ Flow rate
_____ Flow rate at fixtures
_____ Size of water service 1 GPM BASED ON SFU.
_____ Size of fixture supply
_____ Approved pumping equipment
_____ WATER METER
_____ Separation of water service
_____ SUPPLY FIXTURE UNITS TOTAL

HOT WATER SYSTEM

_____ Recirculation required
_____ Approved water heater
_____ Relief valve
_____ Required insulation
_____ ENERGY CODE

HANGERS
_____ TYPE & SPACING CHAPTER 8

VALVES

_____ Water meters
_____ Each riser
_____ Each dwelling unit
_____ Each fixture, other than dwellings

_____ Water heaters
_____ Sillcocks
_____ Other locations
_____ Full flow valves
_____ HOSE BIBBS

PROTECTION OF POTABLE WATER

_____ Backflow protection
_____ Cross connection
_____ Approved backflow preventers

INDIVIDUAL WATER SUPPLY

_____ Required quantity
_____ Water quality
_____ Separation from contaminants

PLUMBING FIXTURES CHAPTER 7. TABLE 7.24.1

BUILDING Type of use group(s) _____ Separate facilities _____ Number of people INDICATED _____ (Total) _____ (Male) _____ (Female)

CHAPTER 7 - REQUIRED No. PEOPLE _____ (TOTAL) _____ (MALE) _____ (FEMALE)

Required Fixtures CHAPTER 7	Minimum number required per FLOOR								Number shown per FLOOR								Fixture Requirements	Access, Spacing	
Water Closets	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			
Urinals																			
Lavatories	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			
Bathtubs or showers																			
Drinking Fountains																			
Service Sinks																			
Kitchen Sinks																			

Male / Female

(Number Shown) OTHER FIXTURES

_____ _____

_____ _____ Food waste grinders

_____ _____ Dishwashing machines

_____ _____ Automatic clothes washers

_____ _____

_____ _____

_____ _____ Special plumbing fixtures

_____ _____ Floor drains

HANDICAP FACILITIES

_____ Where required

PUBLIC USE

_____ Water Closets

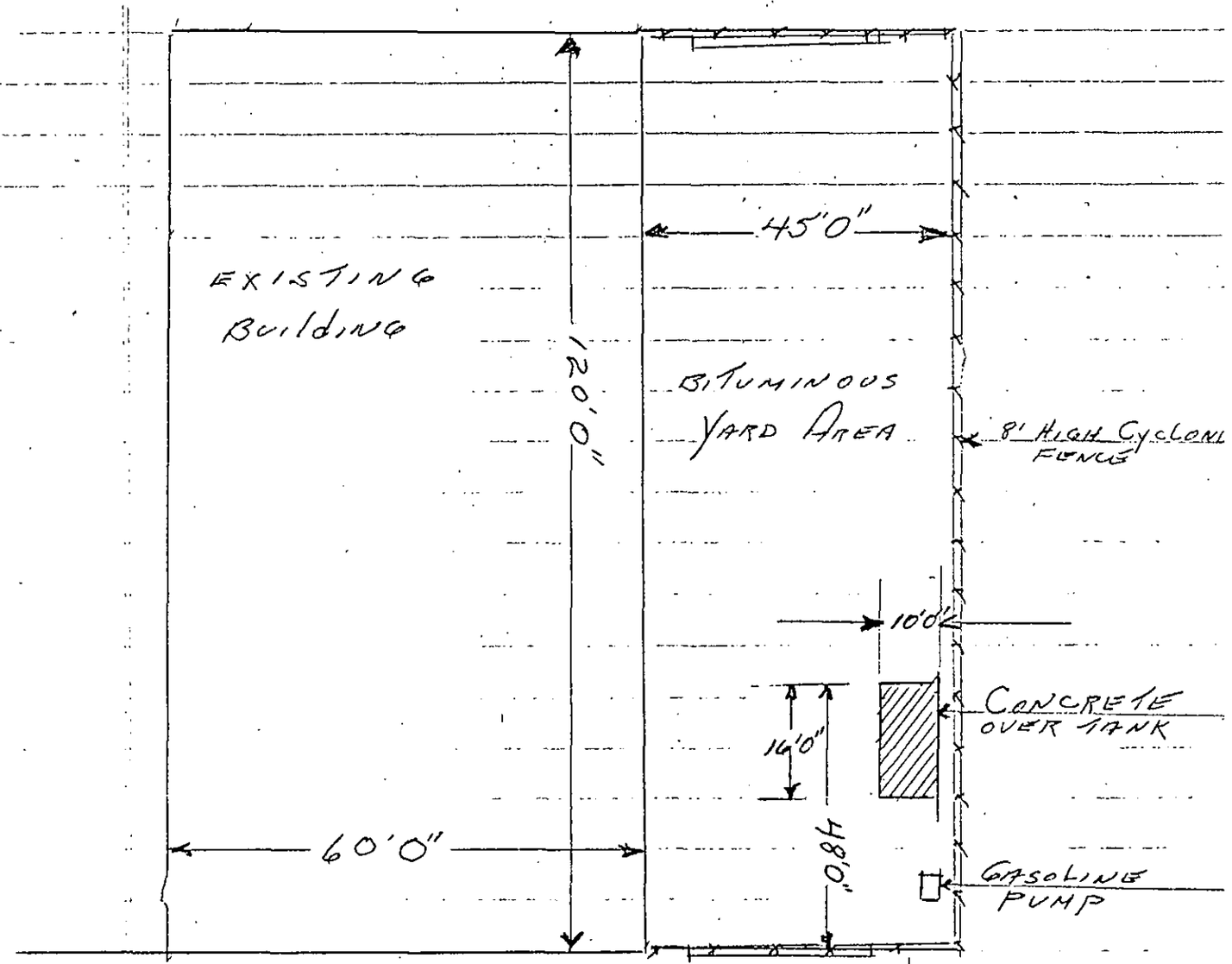
_____ Urinals

_____ BARRIER FREE HEIGHTS

_____ BARRIER FREE STALLS

_____ BARRIER FREE EWC

FORGE POND GOLF COURSE



NO SCALE

CAMBERS BRIDGE Rd