BLOCK 702 LOT 5 QUALIFICATION CODE C11-72 ADDRESS (SITE) O.C. Vo. Tech PERMIT NO. 00-3700

CONSTRUCTION APPLICATION

RECEIVED
JUN 1 - 2000

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

I. IDENTIFICATION

1. Propsed Work Site at: O. C. Vo. Tech
2. Name of Owner in Fee: Ocean County Tel. ( )
   Address 1 Toms River N.J. (street / municipality / zip code)
3. Ownership in Fee: Public X Private
4. Principal Contractor: D Allaire Bros. Inc. Tel. (732) 295-9340
   Address 3105 Rt. 88 - Point Pleasant
   License No. OR, if new home, Builder Reg. No. Exp. Date
   Federal Employee No. 222 75 6668 FAX: (732) 295-5358
5. Architect or Engineer Tetzl Assoc. Tel. (732) 240-3433
   Address 1 Toms River Steve Wallace
6. Responsible Person in Charge of Work
   Tel. (732) 295-9340 FAX ( )

Interior Doors

FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ X		
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	$ 0		

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	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☒ Minor Work	2,500	CNS	9/8/00		9/14/00	JG	10/6/00		
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	2,500								

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: School
3. Change in Use Group, Indicate Form

LDS BR 10305705

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 Warren Bros. Inc.

Address 3105 Rt. 88
Ft. Pleasant, N.J.

Telephone (732) 295-9340

Signature _____

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. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/10/2000
Control #
Permit # 00-3700

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 702 Lot 5 Qual
Work Site Location CHAMBERSBRIDGE RD
INTERIOR DOORS
Owner in Fee/Occupant OCEAN CTY VOTECH SCHOOL
Address P O BOX 2191
TOMS RIVER, NJ 08754-
Telephone ( ) -
Contractor WALLACE BROTHERS INC.
Address 2222 RT. 88
BRICK, NJ 08723-
Telephone (908)295-9340 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2775668

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:

INSTALL 2 NEW 3X7 INTERIOR DOORS W/ NEW HEADERS

[ ] 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.

[ ] 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

[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.

[ ] 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/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 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. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/14/2000
Control #
Permit # 00-3700

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 702 Lot 5 Qual

Work Site Location CHAMBERSBRIDGE RD
INTERIOR DOORS
Owner in Fee OCEAN CTY VOTECH SCHOOL
Address P O BOX 2191
TOMS RIVER, NJ 08754-
Telephone ( ) -

Contractor WALLACE BROTHERS INC.
Address 2222 RT. 88
BRICK, NJ 08723-
Telephone (908)295-9340
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2775668

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL 2 NEW 3X7 INTERIOR DOORS W/ NEW HEADERS

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	

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 $ 2,500

Construction Official

09/14/2000
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/08/2000
Date Issued 9/14/00
Control # C11-72
Permit # 00-3700

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

Block 702 Lot 5 Qual

Work Site Location CHAMBERSBRIDGE RD
INTERIOR DOORS

Owner in Fee OCEAN CTY VOTECH SCHOOL

Address P O BOX 2191
TOMS RIVER, NJ 08754-

Tele.( ) -

Contractor WALLACE BROTHERS INC.

Address 2222 RT. 88
BRICK, NJ 08723-

Tele.(908)295-9340 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2775668

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

INSTALL 2 NEW 3X7 INTERIOR DOORS W/ NEW HEADERS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9/14/00	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 10-6-00

Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			10-6-00	
BarrierFree				

TYPE OF WORK — FEE (Office Use Only)

[ ] New Building	$	0
[ ] Addition		0
[X] Alteration		73
[ ] 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 E 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 $ 2,500
3. Total (1+2) $ 2,500

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)

Township of [illegible]

Counter Form
(PLEASE PRINT)

Site Location: CHAMBERS BRIDGE RD.
Block: 702 Lot: 5
Owner's Name: OCEAN COUNTY VO. TECH.
Owner's Mailing Address: BEY LEA ROAD
TOMS RIVER
Phone: (___) ___

BUILDING

Contractor: WALLACE BROS., INC.
Address: 3105 RT. 88
FT. PLEASANT, N.J.
Phone#: 732-295-9340
Lis #: 732-295-5358
Federal Emp # or SSN 222 775 668

Technical Data

Description of Work:

INSTALL TWO NEW 3/0 x 7/0 DOORS WITH HARDWARE INTERIOR.

Type of Work

___ New Building
___ Addition
X Alteration
___ Roofing
___ Asbestos Abatement
___ Siding
___ Fence
___ Pool
___ Demolition
___ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Building: _____
Volume of Structure: _____
Total Land Disturbed: _____

Cost of Alteration: 2,500 —
Cost of New Building: _____
Total Cost of Building Work: 2,500

Signature: [signature]
Please Print Name STEVEN WALLACE

ELECTRICAL

Contractor: _____
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item — Quantity

Lighting Fixtures _____
Receptacles _____
Switches _____
Detectors _____
Light Poles _____
Motors w/ Fract. HP _____
Emergency & Exit Lights _____
Communication Points _____
Alarm Devices/FAC Panel _____
Total _____

Pool _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____
Oven/Surface Unit _____
Electric Water Heater _____
Electric Dryer _____
Dishwasher _____
Garbage Disposal _____
A/C Unit - Central Air _____
Space Heater/Air Handler _____
Baseboard Heating _____
Motors 1+ HP _____
Transformer/Generator _____
Light Stander _____
Service _____
Subpanel _____
Motor Control Center _____
Sign/Outline Light _____
Furnace _____
Steam Boiler _____
Other:

Estimated Cost of Electrical Work: _____

Signature: _____
Please Print Name _____

CONTRACTOR'S SEAL

Applicable to Ordinance 728-92
This form must be Handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

CHAMBERS BRIDGE RD. | 702 | 5
Work Site Address | Block | Lot

OCEAN COUNTY VOCATIONAL SCHOOLS
Owner's Name, Address, Phone

WALLACE BROS. INC. - R. PLEASANT 295-9340
Contractor's Name, Address, Phone

Construction INSTALL TWO 3/0 x 7/0 STEEL DOORS
Describe type (Single -family home, etc.)

Demolition CUT NEW DOORS IN EXSTING BLOCK
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material
TWO DOORS

Name, address and phone of party responsible for removal of debris:
WALLACE BROS, INC.

Size of dumpster: N/A

Destination of discarded debris: N/A

Hauler's DEP Permit No.: N/A

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

STEVE WALLACE | Signature | 9/6/00
Printed/Typed Name | Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS IS

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant