BLOCK 202 LOT ~~12~~ 5 QUALIFICATION CODE _____ ADDRESS (SITE) 301 CHAMBERS BRIDGE RD PERMIT NO. 12-1397

VIOLATION

Addition

VIOLATION

NON-VIOLATION

CONSTRUCTION PERMIT APPLICATION

C12-001566

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

I. IDENTIFICATION

1. Proposed Work Site at: 301 CHAMBERS BRIDGE RD
2. Name of Owner in Fee: OCEAN COUNTY LIBRARY
   Tel. (732) 477-4513 e-mail FAX 732-920-9314
   Address 301 CHAMBERS BRIDGE RD (street) BRICK (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: SANTORINI CONSTRUCTION Tel. (732) 774-2002
   Address 1 SOUTH RIVERSIDE DR e-mail SANTORINI7@OPTONLINE.NET
   NEPTUNE NJ 07753
   License No. OR, if new home, Builder Reg. No. 22-3391721 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer VEZZI & ASSOCIATES Contact 732-240-3433
   Address 16 WASHINGTON ST TOMS RIVER e-mail RAY VEZZI
   Tel. (732) 240-3433 FAX: (732) 240-3463
6. Responsible Person in Charge once Work has Begun MIKE HARRINGTON ✓
   Tel. (732) 774-2002 FAX: (732) 774-8622

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. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
2. Height of Structure 32 ft.	
3. Area — Largest Floor 18,717 sq. ft.	
4. New Building Area — sq. ft.	
5. Volume of New Structure _____ cu. ft.	
6. Max. Live Load EXISTING TO REMAIN	
7. Max. Occupancy Load EXISTING TO REMAIN	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed _____ sq. ft.	
10. Flood Hazard Zone _____	
11. Base Flood Elevation _____ ft.	
12. Wetlands yes ____ no X	

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☒ Demolition
- ☐ Repair
- ☐ Alteration
- ☒ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☒ Building	895,000		5/2/12		5-17-12	JL			
☒ Electrical	270,000				5-10-12	JS			
☒ Plumbing	20,000				5-8-12	WQ			
☒ Fire Protection	42,000			5-9-12		OB			
☐ Elevator									
TOTAL COST									

COMMERCIAL

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Owned, Rental
   Owned, For Sale
   Lost (Rental)
B. NON-RESIDENTIAL *(primary use)*
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
C. MIXED USE -List secondary use(s): _____
D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☒ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/23/2012
Control Number C-12-001566
Permit Number 12-1397
Permit Issue Date 5/24/2012
Certificate Number 12-1397

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 301 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 702 Lot: 5 Qual:

Owner in Fee: OCEAN COUNTY

Owner Address: 101 HOOPER AVE TOMS RIVER NJ 08753

Telephone: (732) 477-4513

Contractor SANTORINI CONSTRUCTION INC

Address 1 SOUTH RIVERSIDE DR NEPTUNE NJ 07753-

Telephone: (732) 774-2002 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3391721

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 100 Maximum Occupancy Load: 462

Description of Work/Use: ALTERATION - -COMMERCIAL
Ocean County Library

Certificate Comments:

☐ **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 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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☑ **Temporary Certificate of Occupancy**
The following conditions must be met no later than: 11/23/2012
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 11/23/2012
Conditions to be met:
12-31-12
Final Plumbing

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/23/2012 U.C.C. F260 (rev. 08/05)

called 2/11/13 spoke to Mike Harrington's dept. TCO expired

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/19/2012
Control Number C-12-001566
Permit Number 12-1397
Permit Issue Date 5/24/2012
Certificate Number 12-1397

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

3/22/13 - DN to call plumber LS

Identification

Work Site Location: 301 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 702 Lot: 5 Qual:

Owner in Fee: OCEAN COUNTY

Owner Address: 101 HOOPER AVE TOMS RIVER NJ 08753

Telephone: (732) 477-4513

Contractor SANTORINI CONSTRUCTION INC

Address 1 SOUTH RIVERSIDE DR NEPTUNE NJ 07753-

Telephone: (732) 774-2002 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3391721

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 100 Maximum Occupancy Load: 462

Description of Work/Use: ALTERATION - -COMMERCIAL
Ocean County Library

Certificate Comments:

☐ **Certificate of Occupancy**
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☐ Partial or limited time period (years); see file

☐ **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

☑ **Temporary Certificate of Occupancy**
The following conditions must be met no later than: 12/31/2012
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 12/31/2012
Conditions to be met:

Final Plumbing

David J. Newman Jr.
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/19/2012 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 4/12/2013
Control Number C-12-001566
Permit Number 12-1397
Permit Issue Date 5/24/2012
Certificate Number 12-1397

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 301 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 702 Lot: 5 Qual:

Owner in Fee: OCEAN COUNTY

Owner Address: 101 HOOPER AVE TOMS RIVER NJ 08753

Telephone: (732) 477-4513

Contractor SANTORINI CONSTRUCTION INC

Address 1 SOUTH RIVERSIDE DR NEPTUNE NJ 07753-

Telephone: (732) 774-2002 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3391721

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 100 Maximum Occupancy Load: 462

Description of Work/Use: ALTERATION - -COMMERCIAL
Ocean County Library

Certificate Comments:

☐ **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 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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
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☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☑ **Temporary Certificate of Occupancy**
The following conditions must be met no later than: 6/28/2013
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 6/28/2013
Conditions to be met:

Installation of sink necessary for final plumbing inspection

David J. Newman Jr.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 4/12/2013

U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/26/2013
Control Number C-12-001566
Permit Number 12-1397
Permit Issue Date 5/24/2012
Certificate Number 12-1397

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 301 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 702 Lot: 5 Qual:

Owner in Fee: OCEAN COUNTY

Owner Address: 101 HOOPER AVE TOMS RIVER NJ 08753

Telephone: (732) 477-4513

Contractor SANTORINI CONSTRUCTION INC

Address 1 SOUTH RIVERSIDE DR NEPTUNE NJ 07753-

Telephone: (732) 774-2002 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3391721

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 100 Maximum Occupancy Load: 462

Description of Work/Use: ALTERATION - -COMMERCIAL
Ocean County Library

Certificate Comments:

☐ **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 Approval**
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☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
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☐ Partial or limited time period (years); see file

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This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

David J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 6/26/2013

U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/19/2012
Control Number C-12-001566
Permit Number 12-1397
Permit Issue Date 5/24/2012
Certificate Number 12-1397

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 301 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 702 Lot: 5 Qual:

Owner in Fee: OCEAN COUNTY

Owner Address: 101 HOOPER AVE TOMS RIVER NJ 08753

Telephone: (732) 477-4513

Contractor SANTORINI CONSTRUCTION INC

Address 1 SOUTH RIVERSIDE DR NEPTUNE NJ 07753-

Telephone: (732) 774-2002 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3391721

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 100 Maximum Occupancy Load: 462

Description of Work/Use: ALTERATION - -COMMERCIAL
Ocean County Library

Certificate Comments:

☐ **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 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 Compliance**
The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☑ **Temporary Certificate of Occupancy**
The following conditions must be met no later than: 12/31/2012
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 12/31/2012
Conditions to be met:

Final Plumbing

David J. Newman Jr.
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/19/2012 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued
Control Number
Permit Number
Permit Issue Date
Certificate Number ELEV-10-0044-2012

Certificate

Construction Code Division

(Certificate of Compliance)

Identification

Work Site Location: 301 CHAMBERS BRIDGE RD.(1506-00127-001) Brick Township, NJ

Block: 702 Lot: 5 Qual:

Owner in Fee: OCEAN COUNTY

Owner Address: 101 WASHINGTON AVE TOMS RIVER NJ 08753

Telephone:

Contractor

Address

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: Construction Classification:

Maximum Live Load: Maximum Occupancy Load:

Type: ELEVATOR Model:

Item Location:

Certificate Comments: NO VIOLATIONS

☐ **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 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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☑ **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 6/30/2013

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Daniel Newman
CONSTRUCTION OFFICIAL

(KB)

Fee:
Check Number:
Collected By:

Date Printed: 11/27/2012 U.C.C. F260 (rev. 08/05)

PERMIT UPDATE

Date Update Issued
Control # C-12-003014
Permit # 12-1397+D

IDENTIFICATION Block: 702 Lot: 5 Qualifier
Work Site Location: 301 CHAMBERS BRIDGE RD. Brick Township, NJ
Contractor SANTORINI CONSTRUCTION INC
Address 1 SOUTH RIVERSIDE DR NEPTUNE NJ 07753-
Owner in Fee OCEAN COUNTY
101 HOOPER AVE TOMS RIVER NJ 08753
Telephone: 7327742002
Lic. No. or Bldrs. Reg. No.
Telephone: 7324774513
Federal Employee. No. 22-3391721

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ALARM SYSTEM (BURGLAR OR FIRE), FIRE SUPPRESSION ALTERATIONS
Ocean County Library

Note: If constuction 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 $42,000

Construction Official

3-17-12
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$0
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

PERMIT UPDATE

Date Update Issued
Control # C-12-003013
Permit # 12-1397+C

IDENTIFICATION Block: 702 Lot: 5 Qualifier
Work Site Location: 301 CHAMBERS BRIDGE RD. Brick Township, NJ
Contractor SANTORINI CONSTRUCTION INC
Address 1 SOUTH RIVERSIDE DR NEPTUNE NJ 07753-
Owner in Fee OCEAN COUNTY
101 HOOPER AVE TOMS RIVER NJ 08753
Telephone: 7327742002
Lic. No. or Bldrs. Reg. No.
Telephone: 7324774513
Federal Employee. No. 22-3391721

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
WET/DRY SPRINKLER HEADS
Ocean County Library

Note: If constuction 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 $41,000

Construction Official — Date 12-17-12

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$0
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

ELEVATOR INSPECTION

Name Brick Library

Address 301 Chambers Bridge Rd
Brick NJ

Date 10-5-12

BUILDING REGISTRATION NO. 1506-00127-001

If FA, Permit No. _____

TYPE OF INSPECTION/TEST

1 = FA	4 = 3 Yr	7 = Alteration
2 = 6 Mo	5 = 5 Yr	P = Passenger
3 = 1 Yr	6 = Reinspection	F = Freight

S = SATISFACTORY U = UNSATISFACTORY (Use NA When Not Applicable)

	DEVICE TYPE	P											
	DEVICE NUMBER	1											
	TYPE OF INSPECTION/TEST	6											
		S	U	S	U	S	U	S	U	S	U	S	U
A.	**MACHINE ROOM & MACHINE ROOM EQUIPMENT**												
1.	Enclosure/Lighting/Vents	X											
2.	Machine/Brake/Gears/Motor	NA	A										
3.	Hydro Power Motor Unit	X											
4.	Motor Generator Set/SCR Drive	NA	A										
5.	Controller/Selector	X											
6.	Governor(s)	NA	A										
7.	Relief & Check Valves	X											
8.	Required Disconnects	X											
9.	Oil/Hydro Fluid, Leaks, Level	X											
10.	Hydro Fluid Hoses or Pipe	X											
11.	Seals, Plates, Labels, Unit ID, Tags, Signs	X											
12.	Routine Maintenance	X											
13.													
B.	**ELEVATOR CAR AND COUNTERWEIGHT**												
1.	Car Enclosure/Platform/Sling/Flooring	X											
2.	Guide Shoes/Rollers	X											
3.	Car Gate/Door/Accessories/Car Door Reopening Device(s)	X											
4.	Car Gate or Door Operator	X											
5.	Car Lighting/Standard & Emergency	X											
6.	Rope Hitches/Platen Hitch	X											
7.	Top-of-Car Operating Station/Stop Switch	X											
8.	Car Operating Station/Stop Switch/Indicators	X											
9.	Emergency Signals & Communication	X											
10.	Emergency Exits/Top/Side	X											
11.	Safeties & Accessories	NA	A										
12.	Seals, Plates, Labels, Unit ID, Tags, Signs	X											
13.	Firefighter Service PHI & II	X											
14.	Counterweight/Car &Counterweight Sheaves	NA	A										
15.	Routine Maintenance	X											
16.													
C.	**HOISTWAY, HOISTWAY ENTRANCES AND PIT**												
1.	Enclosure	X											
2.	Door, Closers & Accessories	X											
3.	Door Interlocks/Emergency Key/Access Keys	X											
4.	Guide Rails: Main & Counterweight	X											
5.	Switches and Cams	X											
6.	Pit/Stop Switch/Light/Ladder	X											
7.	Counterweight Guard	NA	A										
8.	Buffers: Spring or Oil	X											
9.	Ropes: Hoist, Governor, Counterweight, Compensating, Tail	NA	A										
10.	Traveling Cable and Wiring	X											
11.	Plunger, Cylinder and Gland	X											
12.	Governor Rope Tension Sheave & Assembly	NA	A										
13.	Compensating Sheave or Chain	NA	A										
14.	Clearances and Runby	X											
15.	Seals, Plates, Labels, Tags	X											
16.	Hall Station/Hall Position Indicator (if required), Hall Lantern	X											
17.	Routine Maintenance	X											
18.													

ELEVATOR INSPECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

DEVICE TYPE
DEVICE NUMBER
TYPE OF INSPECTION/TEST

S = SATISFACTORY U = UNSATISFACTORY (Use NA When Not Applicable)

	S	U	S	U	S	U	S	U	S	U	S	U
D. ESCALATOR/MOVING WALKS (Device Type)												
1. Stair Treads/Comb Plates												
2. Balustrade/Handrails												
3. Shear Points Protection												
4. Emergency Stop Switches												
5. Steps, Rollers & Tracks												
6. Chains & Sprockets												
7. Safety Devices												
8. Kiosk/Wellway/Safety Zone												
9. Clearances												
10. Protection of Trusses & Machinery Space (Fire)												
11. Skirt & Steps Clearance												
12. Machinery Access Space & Lighting												
13. Escalator Brakes												
14. Machine/Brakes/Gears/Motor												
15. Starting & Switches												
16. Speed Governor												
17. Roller Shutter Device												
18. Signs, Seals, Planks, Labels, Unit ID, Tags												
19. Step Lighting												
20. Required Disconnect												
21. Routine Maintenance												
22. Tests												
23.												

E. TESTS: TRACTION ELEVATOR DEVICES (Pass or Fail)						
1. Device Number						
2. Car Rated Speed						
3. Overspeed Switch						
4. Tripping Speed						
5. Capacity						
HYDRO ELEVATOR DEVICES (Pass or Fail)	P					
1. Car Registration Number	1					
2. Working Pressure	360					
3. Relief Pressure	410					
4. Capacity	2000					
5. Tags	—					

F. APPLICABLE CODES						
A171	1984					

ACTION TAKEN						
1. Device Number	1					
2. Recommended Type of Certificate (Cyclical Inspections Only)	CC					
3. Removed from Operation						

Note: When unsatisfactory conditions are noted, see "Notice" attached. No violations

cc To

6.30.12

Raymond M Ely # 5997
Inspector's Name (print) and Lic. No.

R Ely
Inspector's Signature

U.C.C. F310-2
(rev. 2/07)

CONSTRUCTION PERMIT

Date Issued 5/24/12
Control # C-12-001566
Permit # 12-1397

IDENTIFICATION Block: 702 Lot: 5 Qualifier
Work Site Location: 301 CHAMBERS BRIDGE RD. Brick Township, NJ
Owner in Fee OCEAN COUNTY
101 HOOPER AVE TOMS RIVER NJ 08753
Telephone: (732) 477-4513

Contractor SANTORINI CONSTRUCTION INC
Address 1 SOUTH RIVERSIDE DR NEPTUNE NJ 07753-
Telephone: (732) 774-2002
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3391721

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - -COMMERCIAL
Ocean County Library

Note: If constuction 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 $1,517,000

Construction Official

5-24-12
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$0
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

8-15-12

PERMIT UPDATE

Date Update Issued
Control # C-12-002913
Permit # 12-1397+B

IDENTIFICATION Block: 702 Lot: 5 Qualifier
Work Site Location: 301 CHAMBERS BRIDGE RD. Brick Township, NJ
Contractor SANTORINI CONSTRUCTION INC
Address 1 SOUTH RIVERSIDE DR NEPTUNE NJ 07753-
Owner in Fee OCEAN COUNTY
101 HOOPER AVE TOMS RIVER NJ 08753
Telephone: 7327742002
Lic. No. or Bldrs. Reg. No.
Telephone: 7324774513
Federal Employee. No. 22-3391721

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
COMMUNICATION POINTS
Ocean County Library

Note: If constuction 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 $56,500

Construction Official 8-14-12 Date

U.C.C. F170
equiv (rev 8/03)

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$0
Check No.	
Cash	$0
Credit	$0
Collected By	

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

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1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
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3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

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(f)1.ix:

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. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(X) Check if contractor.

Agent Name MICHAEL HARRINGTON

Address 1 SOUTH RIVERSIDE D2

NEPTUNE NJ 07753

Telephone (732) 774-2002

Signature Michael Harrington

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

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
03/27/13	Letter from DNR to Ocean County & Contractor mailed out 2/27/13	ES
03/22/13	DN to call plumber	ES
3/22/13	~~Spoke to~~ Called Mike Harrington - left message ~~Spoke to~~ left message for plumber Dennis	DFN
3/27/13	Mailed V-13-00112 to OC Hooper Ave, Sinatra Construction, Att: M. Harrington	LS
4/12/13	Spoke to Contractor (Santos) said Yezzi wants to put Ark in w/ different Contractor.	MF

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 12-1397+D

Date Issued 8/17/12
Permit #

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

Block 42 209 Lot 5 Qualification Code

Work Site Location 301 CHAMBOLS BRIDGE RD
BRICK NJ 08723

Owner in Fee: OCEAN COUNTY UTILITY

Tel. (732) 477-4513 e-mail

Address 301 CHAMBOLS BRIDGE RD BRICK NJ 08723

Contractor: Breakaway Electrical contractors, Inc (street, municipality) Tel. (609) 859-4330 (zip code)

Address 10 Acorn Drive e-mail breakawayelectr@AOL.com
Tabernacle, NJ 08088

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. 13326 B - electrical Exp. Date 3.31.2015

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 262424978 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ ~~42,000~~

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: 8/17/12 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-17-12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] C[illegible] [ ] CA
Date: 10-22-12
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			9/27/12	
Flam/Combust Tanks				
Fireplace Venting				
Final			10/22/12	
Other				

U.C.C. F140 (rev. 12/07) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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. Paul W Pa
Applicant's Signature/Contractor's Signature

[√] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Provide and install new building Fire Alarm System.

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[√] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	20	
Supervisory Devices (i.e., tampers, low/high air)	2	
Signaling Devices (i.e., horn/strobes, bells)	20	Exempt
Other Devices FACP, Annunciator	2	
TOTAL	44	
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

4-17-12

Date Received / Control # 12-001566
12-1397+C
Date Issued / Permit # 8-17-12

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

Block 702 Lot 42.5 Qualification Code

Work Site Location Ocean County Library - Brick Branch
301 Chambers Bridge RD, Brick, NJ

Owner in Fee:

Tel. ( ) e-mail

Address

Contractor: FDC Fire Protection, Inc Tel. (732) 905 2884
(street, municipality, zip code)

Address 224 Bry Avenue e-mail fdcfircpro@aol.com
Howell, NJ 07731

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00013

Fire Protection Equipment, NJ Div of Fire Safety Installer No. P00013

Fire Alarm Contractor No. N/A Exp. Date 10-31-12

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 223170127 FAX: (732) 905 2865

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [✓] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 41,800

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [✓] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: EXISTING

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date: 8/7/12 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10-22-12
Approved by: CR

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			9/6/12	
Flam/Combust Tanks				
Fireplace Venting				
Final			10/22/12	
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.

Applicant sign/Contractor sign and seal here: Michael J Carusso #153323

Print name here: Michael J Carusso

D. TECHNICAL SITE DATA [✓] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Relocate & ADD Sprinkler As Required FOR New Ceiling LAYOUT
Water Supply Source CITY MAIN
Method of Alarm/Suppression System Supervision EXISTING CENTRAL STATION

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks	NA	
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____	NA	
Dry Pipe/Alarm Valves	NA	
Pre-action Valves	NA	
Sprinkler Heads (Dry and Wet)	210	
Standpipes		
Pre-engineered Systems		
Wet Chemical	NA	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F140 (rev. 11/09) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Brick Library Update
Update 7-24-12

Date Received 8-7-12
Control #

Date Issued
Permit # 12-1397+A

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 Qualification Code

Work Site Location Ocean County Library Brick Branch
301 Chambers Bridge Road, Brick, NJ

Owner in Fee: Ocean County

Tel. ( ) e-mail

Address

Contractor: (street) EDC Fire Protection, Inc (municipality) Tel. (732) 905 2884 (zip code)

Address 224 BRT AVENUE e-mail fdcfirepro@aol.com
Howell, NJ 07731

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00013

Fire Protection Equipment, NJ Div of Fire Safety Installer No. P00013

Fire Alarm Contractor No. N/A Exp. Date 10/31/12

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-3170127 FAX: (732) 905-2865

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [✓] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 70,000

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [✓] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [✓] Existing
Location of Main Control Valve: MER Room - South East Corner

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.

Applicant sign/Contractor sign and seal here: Michael J Caruso

Print name here: Michael J Caruso # 153323

D. TECHNICAL SITE DATA [✓] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Add & Relocate Sprinkler+upgrade
Water Supply System City Main
Method of Alarm/Suppression System Supervision Central Station

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	N/A	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet) Orig	210	
Standpipes		
Pre-engineered Systems		
Wet Chemical	NA	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: 7-31-12 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-7-12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10-22-12
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			9/26/12	
Flam/Combust Tanks				
Fireplace Venting				
Final			10/22/12	
Other			8/6/12	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

EXEMPT

U.C.C. F140 (rev. 11/09)
Internet version

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 5/24/12

Date Issued / Permit # 12-1397

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 Qualification Code

Work Site Location 301 CHAMBERS BRIDGE RD BRICK NJ 08723

Owner in Fee: OCEAN COUNTY LIBRARY

Tel. (732) 477-4513 e-mail

Address 301 CHAMBERS BRIDGE RD BRICK NJ 08723
street municipality zip code

Contractor: Breakaway Electrical Contractors, INC Tel. (609) 859-4330

Address 10 Acorn Drive e-mail breakawayelect@AOL.com

Tabernacle, NJ 08088

Contractor License No. 13326 B Exp. Date 3.31.2015

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 262424978 FAX: (609) 859-4335

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 270,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 5-10-12 Approved by: JS

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 5-10-12

Approved by: JS

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 9/27/12

Approved by: JS

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	SEE BACK		7/19/12	JK
Barrier-Free				
Trench	2nd Floor			
Temp. Serv.	ABOVE CEILING		8-2012	JD
Constr. Serv.	8-8-12 TCO		9-5-12	JD
TCO				
Other				
Service				
Final			9-26-12	JD
Barrier-Free				

Temp. Cutin Card Date Issued

Final Cutin Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demo existing light fixtures and associated wiring. Install new light fixtures and branch circuit wiring. Install new lighting control panels Install 2- new sub panels. Install new receptacles

QTY.	SIZE	ITEMS	FEE (Office Use Only)
378		Lighting Fixtures	
102		Receptacles	
37		Switches	
20		Detectors	
		Light Poles	
2		Motors—Fract. HP	
39		Emergency & Exit Lights	
83		Communications Points - Rough-in only no wiring	
		Alarm Devices/F.A.C. Panel	
1		Touch Screen Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
2	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
2		Dimmer Panels	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

9-26-18 need flow readout and report

sprinkler report
elevator recall
reprogram duct det.

8-15-12

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update

Date Received
Control #
Date Issued
Permit # 12-1397 + B

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

Block 702 Lot ~~702~~ 5 Qualification Code ~~X~~

Work Site Location Ocean County Brick Branch Library

Owner in Fee: OCEAN COUNTY LIBRARY

Tel. ( ) e-mail

Address 301 Chambers Bridge Rd. (street), Brick (municipality) NJ 08723 (zip code)

Contractor: New Jersey Business Systems Tel. (609) 587-5500

Address 7c Marlen Drive e-mail fdekis@njbs.com

Contractor License No. [redacted] Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 222871405. FAX: (609) 587-6660

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 56,500.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Mike Harrington

Print name here: MIKE HARRINGTON

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: DATA LINES

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
147		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	165.-
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	96.-
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $ 261.-

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-15-12
Approved by: JS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 9/27/12
Approved by: JS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-26-12	JD
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

8-24-12 2nd fl. only above ceiling

8-27-12 1st fl. above ceiling
2nd. hydro ok.

Library.

7 of 15

SDG
SYSTEMS DESIGN GROUP

FIRE ALARM SYSTEM
RECORD OF COMPLETION

Name of protected property: **Brick Library**
Address: **301 Chambers Brook Road, Wall Township NJ**
Representative of protected property (name/phone): _____
Authority having jurisdiction: _____
Address/telephone number: _____

	Organization name / phone	*Representative name / phone*
Installer	**Breakaway Electric**	
Supplier	**SDG Fire, Inc.**	**Lou Marinaccio / 908-788-3900**
Service organization	**SDG Fire, Inc.**	**Lou Marinaccio / 908-788-3900**

Location of record (as-built) drawings: _____
Location of operation and maintenance manuals: **To be turned over to owner upon successful completion of project.**
Location of test reports: _____
A contract for test and inspection in accordance with NFPA standard(s)
Contract No(s): _____ Effective date: _____ Expiration date: _____

System Software
(a) Operating system (executive) software revision level(s): _____
(b) Site-specific software revision date: _____
(c) Revision completed by: _____
(name) (firm)

1.Type(s) of System or Service

☐ *NFPA 72*, Chapter 6 - Local
If alarm is transmitted to location(s) off premises, list where received: _____

☐ *NFPA 72*, Chapter 8 - Remote Station
Telephone numbers of the organization receiving alarm:
Alarm: _____
Supervisory: _____
Trouble: _____
If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: _____
Indicate how alarm is retransmitted: _____

☐ *NFPA 72*, Chapter 8 - Proprietary
Telephone numbers of the organization receiving alarm:
Alarm: _____
Supervisory: _____
Trouble: _____
If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: _____
Indicate how alarm is retransmitted: _____

SDG
SYSTEMS DESIGN GROUP

☑ *NFPA 72*, Chapter 8 - Central Station
Prime contractor: **Ocean County Dispatch**
Central station location: _____
Means of transmission of signals from the protected premises to the central station:
☐ McCulloh ☐ Multiplex ☐ One-way radio
☑ Digital alarm communicator ☐ Two-way radio ☐ Others
Means of transmission of alarms to the public fire service communications center:
(a) **Public telephone network**
(b) _____
System location: _____

☐ *NFPA 72*, Chapter 9 - Auxiliary
Indicate type of connection: ☐ Local energy ☐ Shunt ☐ Parallel telephone
Location of telephone number for receipt of signals: _____

2. Record of System Installation

(Fill out after installation is complete and wiring is checked for opens, shorts, ground faults and improper branching, but prior to conducting operational acceptance tests.)
This system has been installed in accordance with the NFPA standards as shown below, and was inspected by _____ on **09/13/2012**, includes the devices shown in 5 and 6, and has been in service since **09/13/2012**

☑ *NFPA 72*, Chapters [1] [2] [3] [4] [5] [6] [7] [8] 9 [10] 11 (circle all that apply)
☑ *NFPA 70*, *National Electrical Code*, Article 760
☑ Manufacturer's instructions
☐ Other (specify): _____

Signed: _____ Date: **09/13/2012**

Organization: **Breakaway Electric**

3. Record of System Operation

Documentation in accordance with Inspection Testing Form, Figure 10.6.2.3, is attached
All operational features and functions of this system were tested by: **Lou Marinaccio** on **09/13/2012** and found to be operating properly in accordance with the requirements of:

☑ *NFPA 72*, Chapters [1] [2] [3] [4] [5] [6] [7] [8] 9 [10] 11 (circle all that apply)
☑ *NFPA 70*, *National Electrical Code*, Article 760
☑ Manufacturer's instructions
☐ Other (specify): _____

Signed: Lou Marinaccio Date: **09/13/2012**

Organization: **SDG Fire, PO Box 924, Flemington 08822**

4. Signaling Line Circuits

Quantity and class of signaling line circuits connected to system *(see NFPA 72, Table 6..1)*:
Quantity: **1** Style: **4** Class: **B**

SDG
SYSTEMS DESIGN GROUP

5. Alarm-Initiating Devices and Circuits

Quantity and class if initiating device circuits *(see NFPA 72, Table 6.5)*:
Quantity: 1 Style: B Class: B

MANUAL
(a) Manual stations Noncoded _____ Transmitters _____ Coded _____ Addressable 5
(b) Combination manual fire alarm and guard's tour coded stations _____

AUTOMATIC
Coverage: Complete _____ Partial √
Selective _____ Nonrequired _____

(a) Smoke detectors Ion _____ Photo 7 Addressable √
(b) Duct detectors Ion _____ Photo 4 Addressable √
(c) Heat detectors FT 1 RR _____ FT/RR _____ RC _____ Addressable √
(d) Sprinkler waterflow indicators: Transmitters _____ Noncoded _____ Coded _____ Addressable 1
(e) The alarm verification feature is disabled √ or enabled _____ ,changed from 0 seconds to 30 seconds.
(f) Other (list): _____

6. Supervisory Signal-Initiating Devices and Circuits (use blanks to indicate quantity of devices)

GUARDS TOUR
(a) _____ Coded stations
(b) _____ Noncoded stations
(c) _____ Compulsory guard's tour system comprised of _____ transmitter stations and intermediate stations
Note: Combination devices are recorded under 5(b), Manual, and 6(a), Guard's Tour.

SPRINKLER SYSTEM
Check if provided
(a) 2 Valve supervisory switches
(b) 1 Building temperature points
(c) _____ Site water temperature points
(d) _____ Site water supply level points

Electric fire pump:
(e) _____ Fire pump power
(f) _____ Fire pump running
(g) _____ Phase reversal

Engine-driven fire pump:
(h) _____ Selector in auto position
(I) _____ Engine or control panel in trouble
(j) _____ Fire pump running

ENGINE-DRIVEN GENERATOR:
(a) _____ Selector in auto position
(b) _____ Control panel in trouble
(c) _____ Transfer switches
(d) _____ Engine running
Other supervisory function(s) (specify): Shunt Power Supervisory

SDG
SYSTEMS DESIGN GROUP

7. Annunciator(s)

Number: _____ Type: _____ Location: _____

8. Alarm Notification Appliances and Circuits

NFPA 72, Chapter 6 - Emergency Voice/Alarm Service

Quantity of voice/alarm channels: _____ Single: _____ Multiple: _____

Quantity of speakers installed: _____ Quantity of speaker zones: _____

Quantity of telephones or telephone jacks included in system: _____

Quantity and class of notification appliance circuits connected to system *(see NFPA 72, Table 6.7)*:

Quantity: 2 Style: Y Class: B

Types and quantities of notification appliances installed:

(a) Bells		With Visible	
(b) Speakers		With Visible	
(c) Horns	13	With Visible	13
(d) Chimes		With Visible	
(e) Other:		With Visible	

(f) Visible appliances without audible: 6

9. System Power Supplies

(a) Fire Alarm Control Panel: Nominal voltage: 120 VAC Current rating: 1.5

Overcurrent protection: Type: Circuit Breaker Current rating: 20

Location: _____

(b) Secondary (standby):

Storage battery: √ Amp-hour rating: 7

Calculated capacity to drive system, in hours: 24

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

(c) Emergency system used as backup to primary power supply: _____

Emergency system described in NFPA 70, Articles 700: _____

10. Comments

Frequency of routine tests and inspections, if other than in accordance with the referenced NFPA standard(s):

System deviations from the referenced NFPA standard(s) are:

All Duct Smokes are programmed as Suppervisory Conditions

(signed) for installation contractor/supplier	(title)	(date)
Lou Maiuccio	Operations Support	09/13/2012
(signed) for alarm service company	(title)	(date)
(signed) for central station	(title)	(date)

Upon completion of the system(s) satisfactory test(s) witnessed (if required by the authority having jurisdiction):

(signed) representative of the authority having jurisdiction	(title)	(date)

ALLIED
FIRE & SAFETY EQUIPMENT CO., INC.
517 GREEN GROVE RD ~ PO BOX 607 ~ NEPTUNE, NJ 07754-0607
TEL 732-922-3399 ~ WWW.ALLIEDFIRESAFETY.COM ~ FAX 732-918-8668

October 17, 2012

Ocean County Libraries
Executive Offices
Toms River, NJ 08753

RE: Brick Library, 301 Chambersbridge Road, Brick, NJ

To whom it may concern,

This is to certify that the fire alarm system at the Brick Library located on Chambersbridge Road was programmed into the County Radio Room Receiver on September 13, 2012. The system was also tested on this date and the signals to the Radio Room were verified. The system was found to be functioning properly.

If you have any questions or need any additional information please feel free to contact me at 732-922-3399 and don't forget to visit us on the web at www.alliedfiresafety.com.

Sincerely,

Kathryn Gabriel
Alarms Service Manager

FEDERAL ELEVATOR INCORPORATED

October 17, 2012

To whom it may concern,

On October 5, 2012, Federal Elevator, Inc. performed an annual state elevator inspection with the Township of Brick Elevator Subcode Official, Ray Ely. All functions of the elevator operation including the fire recall system were tested and found to be in compliance.

At the time of the test, the Phase I fire service light in the hall station was broken and needed replacement. The button has been replaced.

Leslie Bilancia

1130-B INDUSTRIAL PARKWAY ◦ BRICK, NJ 08724 ◦ OFFICE 732-458-5522 ◦ FAX 732-458-5540

Ocean County Library

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

Permit # 12-1397

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME: OCEAN COUNTY LIBRARY - BRICK BRANCH

DATE: 8-27-12

PROPERTY ADDRESS: 301 CHAMBERS BRIDGE ROAD BRICK TOWNSHIP NJ.

PLANS

ACCEPTED BY APPROVING AUTHORITY('S) NAMES: OWNER & LOCAL AUTHORITY

ADDRESS:

INSTALLATION CONFORMS TO ACCEPTED PLANS — ☒ YES ☐ NO

EQUIPMENT USED IS APPROVED — ☒ YES ☐ NO

IF NO, EXPLAIN DEVIATIONS

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT — ☒ YES ☐ NO

IF NO, EXPLAIN

HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES — ☒ YES ☐ NO

IF NO, EXPLAIN

LOCATION OF SYSTEM

SUPPLIES BLDGS. ENTIRE BUILDING

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
VIKING	V3802	2012	1/2"	197	155°

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA 13 STANDARD — ☒ YES ☐ NO

FITTINGS CONFORM TO NFPA 13 STANDARD — ☒ YES ☐ NO

IF NO, EXPLAIN

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE	
TYPE	MAKE	MODEL	MIN.	SEC.

DRY PIPE OPERATING TEST

DRY VALVE			Q.O.D.		
MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.

	TIME TO TRIP *		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET *		ALARM OPERATED PROPERLY	
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	YES	NO
Without Q.O.D.									
With Q.O.D.									

IF NO, EXPLAIN

*MEASURED FROM THE TIME INSPECTOR'S TEST CONNECTION VALVE IS OPENED.

DELUGE & PREACTION VALVES

OPERATION ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC

PIPING SUPERVISED ☐ YES ☐ NO | DETECTING MEDIA SUPERVISED ☐ YES ☐ NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS ☐ YES ☐ NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING ☐ YES ☐ NO | IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE	
		YES	NO	YES	NO	MIN.	SEC.

TEST DESCRIPTION

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.
FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.
PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-½ psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1-½ psi (0.1 bars) in 24 hours.

TESTS

ALL PIPING HYDROSTATICALLY TESTED AT 130 PSI FOR 2 HRS. | IF NO, STATE REASON

DRY PIPING PNEUMATICALLY TESTED ☐ YES ☐ NO

EQUIPMENT OPERATES PROPERLY ☒ YES ☐ NO

DRAIN TEST READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: _____ PSI | RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE _____ PSI

Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping.

VERIFIED BY COPY OF THE U FORM NO. 85B ☐ YES ☐ NO | OTHER EXPLAIN

FLUSHED BY INSTALLER OF UNDER-GROUND SPRINKLER PIPING ☐ YES ☐ NO

BLANK TESTING GASKETS

NUMBER USED	LOCATIONS	NUMBER REMOVED
0		

WELDING

WELDED PIPING ☒ YES ☐ NO

IF YES . . .

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 ☒ YES ☐ NO

DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 ☒ YES ☐ NO

DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED ☒ YES ☐ NO

HYDRAULIC DATA NAMEPLATE

NAMEPLATE PROVIDED ☐ YES ☐ NO | IF NO, EXPLAIN

REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: 8-27-12

SIGNATURES

NAME OF SPRINKLER CONTRACTOR: F.D.C. FIRE PROTECTION INC. HOWELL N.J.

TESTS WITNESSED BY

FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
[signature]	PROJECT MANAGER	8-27-12
FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE
WALTER J. RYCYK	FOREMAN	8-27-12

ADDITIONAL EXPLANATION AND NOTES

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/24/12

Date Issued / Permit # 12.1397

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 Qualification Code

Work Site Location 301 CHAMBERS BRIDGE RD
BRICK NJ 08723

Owner in Fee: OCEAN COUNTY LIBRARY

Tel. (732) 477-4513 e-mail

Address 301 CHAMBERS BRIDGE ROAD BRICK NJ 08723
street municipality zip code

Contractor: SANTORINI CONSTRUCTION INC Tel. (732) 774-2002

Address 1 SOUTH RIVERSIDE DR e-mail
NEPTUNE NJ 07753

Contractor License No. or Builder Registration No. 22-539721 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5-17-12	JL
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 5-17-12
Approved by: KA/JL

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10/18/12
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing	N/A 7-5-12	COVER		
Footing 2nd Floor	*7/19/12 KW	Exist Stairs	7/9/12	KW
Slab			6-26-12	G.P.
Frame	COVER			
Truss Sys./Bracing				
Barrier-Free			7-16-12	G.P.
Insulation				
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ O, CEILING	COMPLETE		8-8-12	G.P.
Mechanical				
TCO 30 DAYS 9-26-12				
Other				
Final	9-26-12		10-17-12	G.P.
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present X Proposed
No. of Stories 2
Height of Structure 32'-0" ft.
Area — Largest Floor 18,717 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load EXISTING TO REMAIN
Max. Occupancy Load EXISTING TO REMAIN

Constr. Class Present Proposed 2B

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 1,227,000
3. Total (1+ 2) $

U.C.C. F110
(rev. 11/09)

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.

Sign here: Michael Harrington

Print name here: MICHAEL HARRINGTON

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR ALTERATIONS

Existing Heat

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[X] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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

YEZZI ASSOCIATES LLC
architecture • planning • interiors • administration

12-1397

AUG 16 2012

August 15, 2012

Brick Township Building Department
Municipal Building
401 Chambers Bridge Road
Brick Township, NJ 08723

Attn: Daniel F. Newman, Jr., Construction Official

Re: Ocean County Library, Brick Township Branch – Ceiling Framing
Architect's Project # YC 11125

Dear Mr. Newman:

Please be advised double-checked the ceiling framing (metal studs) and its connection to the existing structure above and have determined that it can carry the anticipated gyp board loads.

It should be further noted that the contractor added additional back bracing.

If you have any questions, please call my office. Thank you.

Yours truly,

Massimo F. Yezzi, Jr., RA PP
Member: AIA, NCARB, USGBC

MFY/rmr

cc: Joseph Cahill, Ocean County Library
Michael Harrington, Santorini Construction
Raymond Yezzi, Yezzi Associates

18 Washington Street, PO Box 1638, Toms River, NJ 08754 P: 732-240-3433 TF: 800-376-3433 F: 732-240-3463
E: info@yezziassociates.com W: www.yezziassociates.com
Massimo F. Yezzi, Jr., RA PP Lic: A17475 Member: AIA, NCARB

VOSB

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued 5/24/12
Permit # 12-1397

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

Block 96.702 Lot 7852 5 Qualification Code _____

Work Site Location 301 CHAMBERS BRIDGE RD
BRICK NJ 08723

Owner in Fee: OCEAN COUNTY LIBRARY

Tel. (732) 477-4513 e-mail _____

Address 301 CHAMBERS BRIDGE RD BRICK NJ 08723
street municipality zip code

Contractor: PIPE CRAFT INC. Tel. (609) 924-5045

Address 759 STATE ROAD PRINCETON N.J. 08540

e-mail _____

Contractor License No. BI07947 Exp. Date 6/13

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 22-2865628 FAX: (609) 924-1579

B.PLUMBING CHARACTERISTICS

Use Group: Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 20,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-8-12
Approved by: WEM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 6-11-13
Approved by: RW

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO 30 DAYS			09.26.12 PA	
FINAL	09.26.12	10.17.12	06.10.13 PA	
TCO 30 DAYS			10.17.12 PA	

Public occupancy.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.

Applicant Sign / Contractor Sign AND Seal here: _____

Print name here: DENNIS GURNICH

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

DESCRIPTION OF WORK
REMOVE & REPLACE 18 FIXTURES
FURNISH & INSTALL 2 SINKS

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
10	Water Closet	$ _____
2	Urinal/Bidet	
	Bath Tub	
10	Lavatory	
	Shower	
	Floor Drain	
2	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Garbage Disposal _____	
	Other _____	

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

UCC/F-130
(rev. 11/09)
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

List of Existing Plumbing Fixtures

BLOCK 42 LOT 702

ADDRESS 301 CRANBERRY BRIDGE RD

OWNER OCEAN COUNTY LIBRARY

7 WATER CLOSET (TOILET)

2 URINAL/BIDET

____ BATH TUB

9 LAVATORY (BATHROOM SINKS)

____ SHOWER

2 SINK (KITCHEN)

____ DISHWASHER

____ WASHING MACHINE

____ HOSE BIBS (TOWNSHIP WATER ONLY)

1 MOP SINK

ONLY FILL OUT ABOVE IF YOU ARE ADDING PLUMBING TO YOUR ADDITION.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12-1397+D
Control #

Date Issued 8/17/12
Permit #

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

Block 42 702 Lot 32 5 Qualification Code _____

Work Site Location 301 CHAMBOLS BRIDGE RD
BRICK NJ 08723

Owner in Fee: OCEAN COUNTY UTILITY

Tel. (732) 477-4513 e-mail _____

Address 301 CHAMBOLS BRIDGE RD BRICK NJ 08723
street municipality zip code

Contractor: Breakaway Electrical contractors, Inc Tel. (609) 859-4330

Address 10 Acorn Drive e-mail breakawayelect@AOL.com

Tabernacle, NJ 08088

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. 13326B - electrical Exp. Date 3.31.2015

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 262424978 FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 42,000

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date: 8/17/12 Approved by: [signature]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-17-12
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
CO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
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]
Applicant's Signature/Contractor's Signature

[√] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Provide and instal new building fire Alarm System.

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[√] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	20	
Supervisory Devices (i.e., tampers, low/high air)	2	
Signaling Devices (i.e., horn/strobes, bells)	20	Exempt
Other Devices FACP, Annunciator	2	
TOTAL	44	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Mike - 732-894-0035

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

February 26, 2013

Ocean County
101 Hooper Avenue
Toms River, NJ 08753

Dear Sir/Madam:

Re: Open Permit Number 12-1397 for Property 301 Chambers Bridge Rd.

Our records indicate that you have an open permit for the above-referenced Ocean County Library – commercial alteration and have not been issued the Certificate of Occupancy required to occupy the structure. Please be advised that your Temporary Certificate of Occupancy expired on December 31, 2012.

In order to issue the Certificate of Occupancy and close out your open permit, prior approvals including final plumbing inspection is required. Please note that occupancy of the space prior to the issuance of the Certificate of Occupancy is a violation of the Uniform Construction Code and shall subject you to a Notice and Order of Penalty and fine up to including $2,000.00.

Please contact this office within the next (14) fourteen business days to make arrangements to bring your project into compliance. Further questions, I can be reached at 732-262-1030.

Sincerely,

Daniel F. Newman, Jr.
Construction Official

DFN/ls

cc: Santori Construction

Santorini Construction Inc.
General Contractor

Phone 732-774-2002
Fax 732-774-8622
1 S. Riverside Dr., Neptune, NJ 07753

April 11, 2013

APR 15 2013

Daniel Newman
Brick Construction Office
401 Chambers Bridge Rd
Brick NJ 08723

Re: Brick Library Renovation

Dear Mr. Newman,

This letter is to inform you that the incomplete work for the ADA sinks installation was not part of our scope of work or contract. Santorini Construction submitted a change order for this work, based upon the plumbing inspectors and code requirements, however the architect,Yezzi & Associates, and the owners would not approve, and stated that they would correct this issue themselves. We informed all parties of the dates that the TCO would expire, and that the only item preventing the release of the Certificate of Occupancy is the ADA sinks.

Should you have any questions, please contact me anytime.

Sincerely,

Michael Harrington
Project Manager

cc: Joe Cahill
John Scheidt

NOTICE AND ORDER OF PENALTY

Permit/Control #: 12-1397
Date Issued: 3/26/2013
Violation #: V-13-00112

IDENTIFICATION

Work Site Location: 301 CHAMBERS BRIDGE RD. Brick Township, NJ
Block: 702 Lot: 5 Qualification Code:
Owner in Fee: OCEAN COUNTY
Owner Address: 101 HOOPER AVE TOMS RIVER NJ 08753
Agent/Contractor: SANTORINI CONSTRUCTION INC
Address: 1 SOUTH RIVERSIDE DR NEPTUNE NJ 07753-

To: [X] Owner [X] Other: Contractor Mr. Mike Harrington
[X] Agent/Contractor

ACTION

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

Following an investigation, it is found that you have been occupying the space: commercial interior alterations to the Library with an expired temporary Certificate of Occupancy. Certificate expired on 2/31/12.

[☑] On 2/26/2013, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [ ] failed to obtain a construction permit; or [ ] failed to request required inspections; or [X] allowed occupancy prior to receiving a certificate of occupancy.**

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 4/9/2013 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: _____ Construction Official Date: 3-26-13

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 301 CHAMBERS BRIDGE RD. Brick Township, NJ
Block: 702
Lot: 5
Owner: OCEAN COUNTY
Owner Address: 101 HOOPER AVE TOMS RIVER NJ 08753
Telephone: (732) 477-4513
Agent: SANTORINI CONSTRUCTION INC
Agent Address: 1 SOUTH RIVERSIDE DR NEPTUNE NJ 07753-
Telephone: (732) 774-2002

Infraction Details

Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1030
Issue Date: 3/26/2013
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.23(a) Occupying a Structure Without a Certificate of Occupancy
Infraction Summary: Following an investigation, it is found that you have been occupying the space: commercial interior alterations to the Library with an expired temporary Certificate of Occupancy. Certificate expired on 12/31/12.
Certified Mail Number: 7011 3500 0000 3697 0439

Enforcement Details

Inspection Date: 2/26/2013
Notice Date: 3/26/2013
Compliance Date: 4/9/2013
Compliance Inspection Date:
Compliance Summary: Must obtain all required final plumbing inspections, all prior approvals, and must receive a final Certificate of Occupancy for the new space. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due: $2,000.00
Total Paid: $0.00
Total Owed: $2,000.00

Date Printed: 3/27/2013

V-13-00112

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OCEAN COUNTY
101 HOOPER AVE
TOMS RIVER NJ
08753

COMPLETE THIS SECTION ON DELIVERY

A. Signature
COUNTY OF OCEAN
X P.O. Box 2191 ☐ Agent ☐ Addressee
Toms River, NJ 08754-2191

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MAR 27 2013
USPS

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0000 3697 0439

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

LC

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MIKE HARRINGTON
SANTORINI CONSTRUCTION INC
1 South Riverside Dr.
Neptune NJ 07753

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
3-28-13

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 3500 0000 3697 0422

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0000 3697 0422

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
V-13-00112

Sent To: MIKE HARRINGTON Santorini Construction
Street, Apt. No.; or PO Box No. 1 South Riverside Dr
City, State, ZIP+4 Neptune NJ 07753

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0000 3697 0439

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
V-13-00112

Sent To: OCEAN COUNTY
Street, Apt. No.; or PO Box No. 101 Hooper Ave
City, State, ZIP+4 Toms River NJ 08753

PS Form 3800, August 2006 See Reverse for Instructions

YEZZI ASSOCIATES LLC
architecture • planning • interiors • administration

October 16, 2012

Daniel Newman, Building Subcode Official
Brick Township
401 Chambersbridge Road
Brick, New Jersey 08723

Re: Ocean County Library
Brick Branch

Subject: Occupancy Load

Dear Mr. Newman,

Please be advised the Occupancy Load, as indicated on Sheet A-1.0, is as follows:

First Floor:	333 Occupants
Second Floor:	129 Occupants
Total Occupants:	462 Occupants

I trust this response satisfies your concerns regarding this matter. Should you have questions or need additional information please feel free to contact this office.

Respectfully,

Massimo F. Yezzi, RA
Architect

Cc: Joe Cahill, Ocean County Library
Michael Harrington, Santorini Construction

18 Washington Street, PO Box 1638, Toms River, NJ 08754 P: 732-240-3433 TF: 800-376-3433 F: 732-240-3463
E: info@yezziassociates.com W: www.yezziassociates.com
Massimo F. Yezzi, Jr., RA PP Lic: A17475 Member: AIA, NCARB

Mike 732-894-0035

APPLICATION FOR CERTIFICATE

Date Received 5/3/2012
Date Permit Issued 5/24/2012
Control # C-12-001566
Permit # 12-1397
Date Issued

IDENTIFICATION

Block 702 Lot 5 Qualifier

Work Site Location 301 CHAMBERS BRIDGE RD. Brick Township, NJ

Owner in Fee OCEAN COUNTY
101 HOOPER AVE TOMS RIVER NJ 08753

Telephone 7324774513

Contractor SANTORINI CONSTRUCTION INC
Address 1 SOUTH RIVERSIDE DR NEPTUNE NJ 07753-

Telephone 7327742002
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3391721

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☑ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous B Current

FINAL COST OF CONSTRUCTION: $ 1517000
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

WAITING FOR FINAL INSPECTION

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Alteration ALTERATION - -COMMERCIAL
Ocean County Library

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Michael Hampton SANTORINI CONSTRUCTION
Owner/Agent

☐ OWNER

☒ AGENT

UCC F270 equiv.

TO: OCT 05'98 10:18 No.001 P.01

State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS
124 HALSEY STREET, 6TH FLOOR, NEWARK NJ

CHRISTINE TODD WHITMAN
Governor

SEP 3 0 1998

PETER VERNIERO
Attorney General
MARK S. HERR
Director

Mailing Address
P.O. Box 450
Newark NJ 07
(973) 504-64

TELECOMMUNICATIONS WIRING EXEMPTION CARD

To whom it may concern:

Attached is the Telecommunications Wiring Exemption Card.

Please be advised that pursuant to N.J.A.C. 13:31-1.17, the Telecommunications Wiring Exemption, adopted January 6, 1993, by the Board of Examiners of Electrical Contractors, the exempt entity shall:

(g) Notify the Board in writing of any change of address within ten (10) days of the address change;

(h) Notify the Board in writing of any change in name, ownership, or form of ownership, within 30 days of such change.

These changes may be reported by writing to the State Board of Examiners of Electrical Contractors, P.O. Box 45006, Newark, NJ 07101.

Additionally, any questions concerning your exemption or your card should be directed to the Board by calling (973) 504-6410.

Sincerely,

THE STATE BOARD OF EXAMINERS
OF ELECTRICAL CONTRACTORS

Christine T. DeGregorio
Executive Director

State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

TELECOMMUNICATIONS
WIRING EXEMPTION

Issued to: New Jersey Business Systems, Inc.
7C Marlen Drive, Robbinsville, NJ 08691
Address

Signature of Holder Exemption No. 461

CTDeG:gb
Encl

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/24/12

Date Issued / Permit # 12-1397

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 Qualification Code

Work Site Location 301 CHAMBERS BRIDGE RD
BRICK NJ 08723

Owner in Fee: OCEAN COUNTY LIBRARY

Tel. (732) 477-4513 e-mail

Address 301 CHAMBERS BRIDGE RD BRICK NJ 08723
street municipality zip code

Contractor: Breakaway Electrical Contractors, INC Tel. (609) 859-4330

Address 10 Acorn Drive e-mail breakawayelect@AOL.com

Tabernacle, NJ 08088

Contractor License No. 13326 B Exp. Date 3.31.2015

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 262424978 FAX: (609) 859-4335

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 270,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 5-10-12 Approved by: JS

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 5-10-12

Approved by: JS

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demo existing light fixtures and associated wiring. Install new light fixtures and branch circuit wiring. Install new lighting control panels Install 2- new sub panels. Install new receptacles

QTY.	SIZE	ITEMS	FEE (Office Use Only)
378		Lighting Fixtures	
102		Receptacles	
37		Switches	
20		Detectors	
		Light Poles	
2		Motors—Fract. HP	
39		Emergency & Exit Lights	
83		Communications Points - Rough-in only no wiring	
		Alarm Devices/F.A.C. Panel	
1		Touch Screen Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
2	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
2		Dimmer Panels	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 12/07)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Certificate Number
609396

Registration Date: 03/22/2012
Expiration Date: 03/21/2014

State of New Jersey

Department of Labor and Workforce Development
Division of Wage and Hour Compliance

Public Works Contractor Registration Act

Pursuant to N.J.S.A. 34:11-56.48, et seq. of the Public Works Contractor Registration Act, this certificate of registration is issued for purposes of bidding on any contract for public work or for engaging in the performance of any public work to:

FDC Fire Protection, Inc.

2012

Responsible Representative(s):
Deborah Caruso, Vice-President

Harold J. Wirths

Harold J. Wirths, Commissioner
Department of Labor and Workforce Development

NON TRANSFERABLE

This certificate may not be transferred or assigned and may be revoked for cause by the Commissioner of Labor and Workforce Development.

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	FDC FIRE PROTECTION, INC.
Trade Name:	
Address:	224 BRY AVENUE HOWELL, NJ 07731
Certificate Number:	0592985
Effective Date:	June 10, 1992
Date of Issuance:	October 06, 2009

For Office Use Only:

20091006124802730

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

FDC FIRE PROTECTION INC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Sprinkler System

P00013	08/07/2009 to 10/31/2012
Permit ID	Date Issued Lapse Date

Commissioner

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

MICHAEL J CARUSO

The Following Certification As

FIRE SPRINKLER SYSTEM

08/07/2009 to 10/31/2012	153323
Issue Date Lapse Date	ID Number

Commissioner

TOWNSHIP OF BRICK
Debris form

Work Site Address: 301 CHAMBERS BRIDGE RD

Block: 42 Lot: 702

Contractor: SANTORINI CONSTRUCTION

Contractor's Address: 1 SOUTH RIVERSIDE DR

Type of Construction (minor, new home): INTERIOR RENOVATIONS

Type of Debris (shingles, siding, wood, etc.): FLOORING, ACT CEILINGS, STAIRS

Party responsible for removal: SANTORINI CONSTRUCTION

Dumpster size: 30 YARDS

Destination of debris: LAND FILL

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission 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 of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

5/2/12
Date

MICHAEL HARRINGTON, PROJECT MANAGER
Print Name