

Township Teen Center

BLOCK 701.29 LOT 1 QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) 270 Chambers Bridge Rd unit 1 PERMIT NO. 17-2980



# CONSTRUCTION PERMIT APPLICATION

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

C17-003967

**I. IDENTIFICATION**

1. Proposed Work Site at: 270 Chambers Bridge Rd unit 1

2. Name of Owner in Fee: Township of Brick  
 Tel. ( 732 ) 600 5667 e-mail bcampbell@Twp-brick.nj.us  
 Address 401 Chambers Bridge Rd Brick NJ 08723  
street municipality zip code

3. Ownership in Fee: Public ☒ Private ☐

4. Principal Contractor: Same Tel. ( )  
 Address e-mail

License No. OR, if new home, Builder Reg. No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

5. Architect or Engineer Contact ☒  
 Address e-mail  
 Tel. ( ) FAX: ( )

6. Responsible Person in Charge once Work has Begun Bryan Campbell  
 Tel. ( 732 ) 600 5667 FAX: (732) 836-1642

## V. FEE SUMMARY (for office use only)

|                                   |              | Update                              | Update                              |
|-----------------------------------|--------------|-------------------------------------|-------------------------------------|
| 1. Building                       | \$ <u>-2</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Electrical                     |              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Plumbing                       |              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Fire Protection                |              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Elevator Devices               |              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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

1. Number of Stories 1

2. Height of Structure \_\_\_\_\_ ft.

3. Area — Largest Floor \_\_\_\_\_ sq. ft.

4. New Building Area \_\_\_\_\_ sq. ft.

5. Volume of New Structure \_\_\_\_\_ cu. ft.

6. Max. Live Load \_\_\_\_\_

7. Max. Occupancy Load \_\_\_\_\_

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 \_\_\_\_\_

(office use only)

## 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)

- ☒ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

TOTAL COST

## FOR OFFICE USE ONLY (Optional)

| Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date   | Re-viewer | Resubmission Dates | Re-viewer |
|-----------|----------------|------------|----------------|-----------------|-----------|--------------------|-----------|
|           | <u>9/11/17</u> |            | <u>10/4/17</u> | <u>09/07/17</u> | <u>RC</u> | <u>10/4/17</u>     | <u>RC</u> |
|           |                |            |                |                 |           |                    |           |
|           |                |            |                |                 |           |                    |           |
|           |                |            |                |                 |           |                    |           |
|           |                |            |                |                 |           |                    |           |

## 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
- Gained, Sale \_\_\_\_\_
- Gained, Rental \_\_\_\_\_
- Lost, Sale \_\_\_\_\_
- Lost, Rental \_\_\_\_\_

### B. NON-RESIDENTIAL (primary use)

1. State Specific 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

CONFIDENTIAL



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723

Date Issued 11/3/2017  
Control Number C-17-003967  
Permit Number 17-2980  
Permit Issue Date 9/8/2017  
Certificate Number 17-2980

## Certificate

Construction Code Division  
(Certificate of Approval)

### Identification

Work Site Location: 270 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 701.29 Lot: 1 Qual: \_\_\_\_\_  
Owner in Fee: TOWNSHIP OF BRICK  
Owner Address: 401 CHAMBERSBRIDGE RD BRICK NJ 08723  
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: A-3 Construction Classification: \_\_\_\_\_  
Maximum Live Load: 0 Maximum Occupancy Load: 0  
Description of Work/Use: ALTERATION - COMMERCIAL - TOWNSHIP TEEN CENTER

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 \_\_\_\_\_ or the owner will be subject to fine or order to vacate:  
This certificate has an expiration date of: \_\_\_\_\_  
**Conditions to be met:**

\_\_\_\_\_  
Construction Official

Fee: \$0.00

Check Number: \_\_\_\_\_

Collected By: \_\_\_\_\_

**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.

☒ Check if contractor.

Agent Name

Address

Telephone

Signature

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



# TEEN CENTER ELECTRICAL SUBCODE TECHNICAL SECTION



17.2980

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.  
Block 701.29 Lot 270 Chumbea bridge Qualification Code \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner in Fee: Township of Buick

Tel. 732 262-1056 e-mail \_\_\_\_\_

Address 901 Chumbea Bridge Rd Buick NJ 08723

Contractor: Antonio Santos Municipality \_\_\_\_\_

Address 419 Edgemont Dr. Edison NJ 07112 Tel. 732-930-0301 e-mail asantos@edisonnj.us

Contractor License No. 14391 Exp. Date 03/2018

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
Federal Emp. ID No. 216000379 FAX: 732 930-0304

## B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other \_\_\_\_\_  
Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
Est. Cost of Elec. Work \$ 10000

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                                                  |  | INSPECTIONS                                 |         | Dates (Month/Day) |          |         |
|------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|---------|-------------------|----------|---------|
|                                                                                                                              |  | Type:                                       | Failure | Failure           | Approval | Initial |
| <input type="checkbox"/> No Plans Required                                                                                   |  | Rough                                       |         |                   |          |         |
| <input type="checkbox"/> Partial - Underslab Utilities Approved                                                              |  | Barrier-Free                                |         |                   |          |         |
| Date: _____ Approved by: _____                                                                                               |  | Trench                                      |         |                   |          |         |
| <input checked="" type="checkbox"/> Electric Plans Approved                                                                  |  | Temp. Serv.                                 |         |                   |          |         |
| Date: <u>10/18/17</u> Approved by: <u>PSC</u>                                                                                |  | Const. Serv.                                |         |                   |          |         |
| Joint Plan Review Required:                                                                                                  |  | TCO                                         |         |                   |          |         |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. |  | Other <u>ABOVE-CEILING</u>                  |         |                   |          |         |
| SUBCODE APPROVAL FOR PERMIT                                                                                                  |  | Service                                     |         |                   |          |         |
| Date: <u>10/18/17</u>                                                                                                        |  | Final                                       |         |                   |          |         |
| Approved by: <u>PSC</u>                                                                                                      |  | Barrier-Free                                |         |                   |          |         |
| SUBCODE APPROVAL FOR CERTIFICATE                                                                                             |  | Temp. Cut-in-Card Date Issued               |         |                   |          |         |
| <input checked="" type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                              |  | Final Cut-in-Card Date Issued               |         |                   |          |         |
| Date: <u>11/3/17</u>                                                                                                         |  | Annual Pool Inspection                      |         |                   |          |         |
| Approved by: <u>PSC</u>                                                                                                      |  | Date of Grounding and Bonding Certification |         |                   |          |         |

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

10/11/17 TEEN CENTER  
16/5/17  
17-2980-4

Print name here: ANTONIO SANTOS

☒ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Tenant space repairs & remodeling - see attached drawings.

QTY. SIZE ITEMS FEE (Office Use Only)

30 24 Lighting Fixtures

5 Receptacles

5 Switches

5 Detectors

5 Light Poles

5 Motors—Fract. HP

5 Emergency & Exit Lights

5 Communications Points

5 Alarm Devices/F.A.C. Panel

5 TOTAL NUMBERS

5 Pool Permit/with UW Lights

5 Storable Pool/Spa/Hot Tub

5 KW Elec. Range/Receptacle

5 KW Oven/Surface Unit

5 KW Elec. Water Heater

5 KW Elec. Dryer/Receptacle

5 KW Dishwasher

5 HP Garbage Disposal

5 KW Central A/C Unit

5 HP/KW Space Heater/Air Handler

5 KW Baseboard Heat

5 HP Motors 1/4+ HP

5 KW Transformer/Generator

5 AMP Service

5 AMP Subpanels

5 AMP Motor Control Center

5 KW Elec. Sign/Outline Light

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



# BUILDING SUBCODE TECHNICAL SECTION



*TeamShip  
Teen Center*

Date Received  
Control #  
Date Issued  
Permit #

*9/8/17  
17-29880*

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

Block 701-29 Lot 1 Qualification Code Unit 1  
 Work Site Location 270 Chambers Bridge Rd  
 Block 24126 N5 08723  
 Owner in Fee: Corp of Build  
 Tel. (732) 600 5267 e-mail Wendell Campbell @Tuphbrick.NJ.US  
 Address 401 Chambers Bridge Rd Zip code 08723  
 Contractor: Same Tel. (732) 600 5267  
 Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. or Builder Registration No. \_\_\_\_\_ 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                             |          | INSPECTIONS                         |            | Type:                               |                      | Failure                             |                 | Failure                             |            | Approval                            |                      | Initial                             |                 |
|-------------------------------------|--------------------------------------|-------------------------------------|----------------------|-------------------------------------|------------|-------------------------------------|----------|-------------------------------------|------------|-------------------------------------|----------------------|-------------------------------------|-----------------|-------------------------------------|------------|-------------------------------------|----------------------|-------------------------------------|-----------------|
| <input checked="" type="checkbox"/> | No Plans Required                    | <input checked="" type="checkbox"/> | Footings/Foundations | <input checked="" type="checkbox"/> | Foundation | <input checked="" type="checkbox"/> | Slab     | <input checked="" type="checkbox"/> | Frame      | <input checked="" type="checkbox"/> | Truss Sys./Bracing   | <input checked="" type="checkbox"/> | Barrier-Free    | <input checked="" type="checkbox"/> | Insulation | <input checked="" type="checkbox"/> | Finishes -Base Layer | <input checked="" type="checkbox"/> | Finishes -Final |
| <input checked="" type="checkbox"/> | All                                  | <input checked="" type="checkbox"/> | Structural/Framework | <input checked="" type="checkbox"/> | Foundation | <input checked="" type="checkbox"/> | Slab     | <input checked="" type="checkbox"/> | Frame      | <input checked="" type="checkbox"/> | Truss Sys./Bracing   | <input checked="" type="checkbox"/> | Barrier-Free    | <input checked="" type="checkbox"/> | Insulation | <input checked="" type="checkbox"/> | Finishes -Base Layer | <input checked="" type="checkbox"/> | Finishes -Final |
| <input checked="" type="checkbox"/> | Exterior                             | <input checked="" type="checkbox"/> | Interior             | <input checked="" type="checkbox"/> | Foundation | <input checked="" type="checkbox"/> | Slab     | <input checked="" type="checkbox"/> | Frame      | <input checked="" type="checkbox"/> | Truss Sys./Bracing   | <input checked="" type="checkbox"/> | Barrier-Free    | <input checked="" type="checkbox"/> | Insulation | <input checked="" type="checkbox"/> | Finishes -Base Layer | <input checked="" type="checkbox"/> | Finishes -Final |
| <input checked="" type="checkbox"/> | Joint Plan Review Required:          | <input checked="" type="checkbox"/> | Plumb.               | <input checked="" type="checkbox"/> | Fire       | <input checked="" type="checkbox"/> | Elevator | <input checked="" type="checkbox"/> | Insulation | <input checked="" type="checkbox"/> | Finishes -Base Layer | <input checked="" type="checkbox"/> | Finishes -Final | <input checked="" type="checkbox"/> | Energy     | <input checked="" type="checkbox"/> | Mechanical           | <input checked="" type="checkbox"/> | TCO             |
| <input checked="" type="checkbox"/> | Approved by: <u>Wendell Campbell</u> | <input checked="" type="checkbox"/> | CO                   | <input checked="" type="checkbox"/> | CCO        | <input checked="" type="checkbox"/> | CA       | <input checked="" type="checkbox"/> | Other      | <input checked="" type="checkbox"/> | Final                | <input checked="" type="checkbox"/> | Barrier-Free    | <input checked="" type="checkbox"/> | Energy     | <input checked="" type="checkbox"/> | Mechanical           | <input checked="" type="checkbox"/> | TCO             |
| <input checked="" type="checkbox"/> | Date: <u>10/27/17</u>                | <input checked="" type="checkbox"/> | CO                   | <input checked="" type="checkbox"/> | CCO        | <input checked="" type="checkbox"/> | CA       | <input checked="" type="checkbox"/> | Other      | <input checked="" type="checkbox"/> | Final                | <input checked="" type="checkbox"/> | Barrier-Free    | <input checked="" type="checkbox"/> | Energy     | <input checked="" type="checkbox"/> | Mechanical           | <input checked="" type="checkbox"/> | TCO             |
| <input checked="" type="checkbox"/> | Approved by: <u>Wendell Campbell</u> | <input checked="" type="checkbox"/> | CO                   | <input checked="" type="checkbox"/> | CCO        | <input checked="" type="checkbox"/> | CA       | <input checked="" type="checkbox"/> | Other      | <input checked="" type="checkbox"/> | Final                | <input checked="" type="checkbox"/> | Barrier-Free    | <input checked="" type="checkbox"/> | Energy     | <input checked="" type="checkbox"/> | Mechanical           | <input checked="" type="checkbox"/> | TCO             |

B. BUILDING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories \_\_\_\_\_

Height of Structure \_\_\_\_\_ ft.

Area — Largest Floor \_\_\_\_\_ sq. ft.

New Bldg. Area/All Floors \_\_\_\_\_ sq. ft.

Volume of New Structure \_\_\_\_\_ cu. ft.

Max. Live Load \_\_\_\_\_

Max. Occupancy Load \_\_\_\_\_

Const. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

If Industrialized Building: \_\_\_\_\_

State Approved \_\_\_\_\_ HUD \_\_\_\_\_

Est. Cost of Bldg. Work:

1. New Bldg. \$ 2000

2. Rehabilitation \$ 2000

3. Total (1+2) \$ 2000

U.C.C. F10 (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: Wendell Campbell

Print name here: Wendell Campbell

## DESCRIPTION OF WORK

*Construct computer Island  
2x6 Frame w/ Galv. Roaming Finish  
Black laminate Counter Tops  
Paint interior of Building & replace  
ceiling tiles, Paint Floors*

## COMMERCIAL

TYPE OF WORK:

☒ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence \_\_\_\_\_ Height (exceeds 6') \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

☐ Sign \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

☐ Pool

☐ Retaining Wall \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other \_\_\_\_\_

☐ Demolition

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

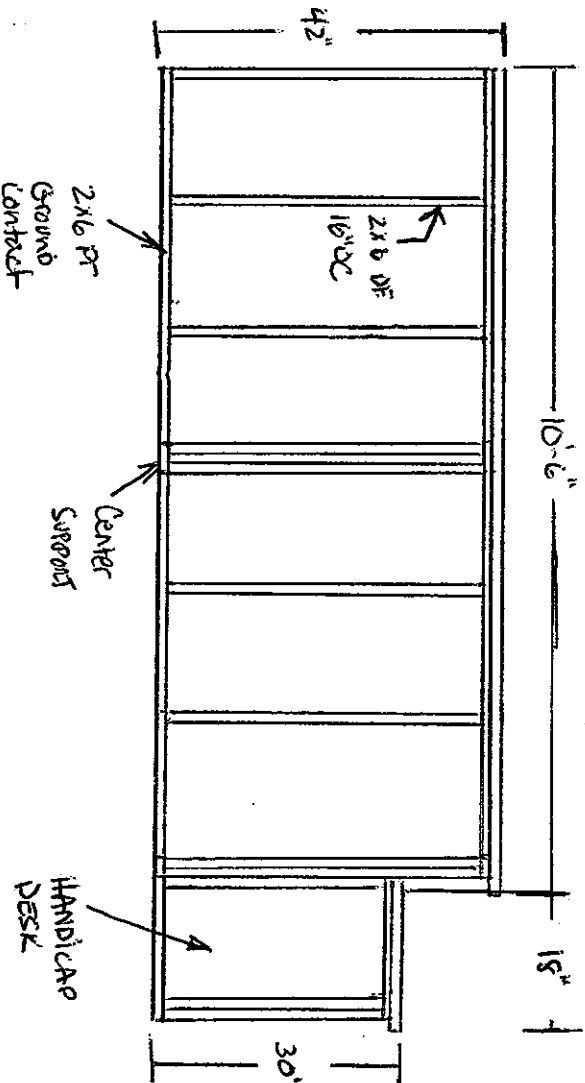
TOTAL FEE \$ \_\_\_\_\_

1 White = Inspector Copy  
3 Print = Office Copy

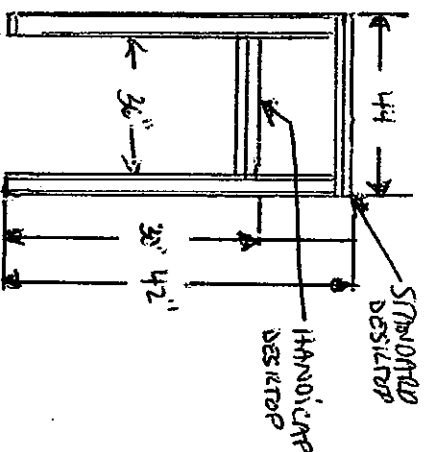
2 Canary = Office Copy  
4 Gold = Applicant Copy

FILE COPY

SIDE VIEW



FRONT VIEW



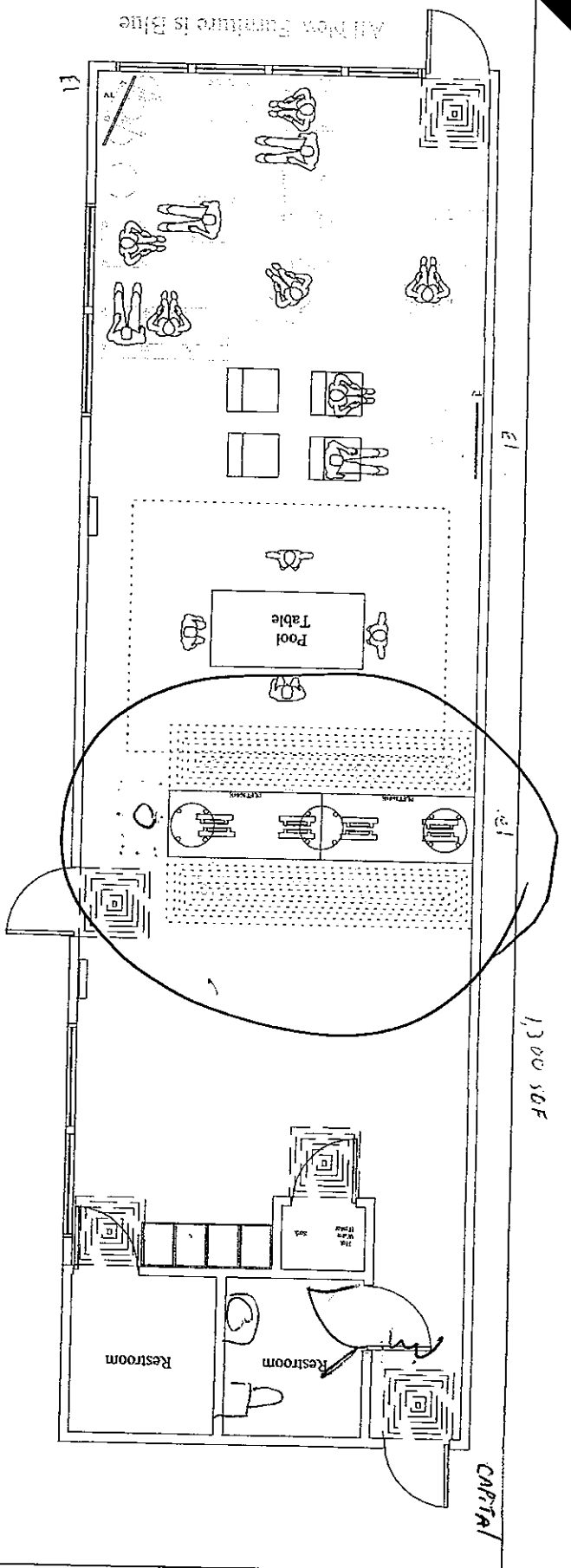
NOTE: Laminate Countertop  
Base Finished w/ stain Roaring

**TOWNSHIP OF BRICK**  
**RELEASED FOR PERMIT**  
Building Subcode \_\_\_\_\_  
Plumbing Subcode \_\_\_\_\_  
Fire Subcode \_\_\_\_\_  
Electrical Subcode \_\_\_\_\_  
Plan Reviewer \_\_\_\_\_  
Plans Released \_\_\_\_\_  
Construction Official \_\_\_\_\_

INITIAL DATE  
Deck 09/07/17

COMPUTER ISLAND Teen Center  
Block: 701.29 LOT: 1 Unit 1

FILE COPY



|          |              |                                                                   |
|----------|--------------|-------------------------------------------------------------------|
| DWG SIZE | Scale:       | CLIENT/PROJECT:                                                   |
| A        | Not to Scale | Township of Brick<br>Teen Center<br>Plan A                        |
| Date:    |              |                                                                   |
| 04/27/17 |              |                                                                   |
|          |              | Office Furniture - Panel Systems - Space Planning - Office Design |



# PERMIT UPDATE

Date Update Issued 10/5/2017  
Control # C-17-003967+A  
Permit # 17-2980+A

IDENTIFICATION Block: 701.29 Lot: 1 Qualifier \_\_\_\_\_  
Work Site Location: 270 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor TOWNSHIP OF BRICK  
Address 401 CHAMBERS BRIDGE RD. BRICK NJ 08723  
Owner in Fee TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD. BRICK NJ 08723 Telephone: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Employee No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

- |                                                |                                                                    |                                                |
|------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> BUILDING              | <input type="checkbox"/> PLUMBING                                  | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION                           | <input type="checkbox"/> DEMOLITION            |
| <input type="checkbox"/> ELEVATOR DEVICES      | <input type="checkbox"/> ASBESTOS ABATEMENT<br>(Subchapter 8 only) | <input type="checkbox"/> OTHER                 |

DESCRIPTION OF WORK:

- TOWNSHIP TEEN CENTER UPDATE +A - ELECTRICAL

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$10,000

D. Newman  
Construction Official

10/5/17  
Date

U.C.C. F170  
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## 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     |        |

## 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.





Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723  
(732) 262-1030

## Subcode Official Review

Date: Wednesday, October 4, 2017

To: TOWNSHIP OF BRICK  
401 CHAMBERSBRIDGE RD  
BRICK, NJ 08723

RE: Electrical Subcode  
Block: 701.29 Lot: 1 Qual:  
270 CHAMBERS BRIDGE RD.  
Permit Number: 17-2980+A Control Number: C-17-003967+A  
Last Submit Date: Wednesday, October 4, 2017

Dear TOWNSHIP OF BRICK,

Your request is hereby denied based upon the following infractions.

Locations of 2x2 LED lights are not shown on plan.

Sincerely,

Patrick Callahan, Subcode Official

CC:

Resubmit  
10/4/17



# CONSTRUCTION PERMIT

Date Issued 9/8/2017  
Control # C-17-003967  
Permit # 17-2980

IDENTIFICATION Block: 70129 Lot: 1 Qualifier \_\_\_\_\_  
Work Site Location: 270 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor TOWNSHIP OF BRICK  
Address 401 CHAMBERSBRIDGE RD BRICK NJ 08723  
Owner in Fee TOWNSHIP OF BRICK  
401 CHAMBERSBRIDGE RD BRICK NJ 08723 Telephone: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Employee No. \_\_\_\_\_

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:

ALTERATION - COMMERCIAL - TOWNSHIP TEEN CENTER

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$2,000

D. Newman Jr  
Construction Official

9/8/17  
Date

U.C.C. F170  
equiv (rev 1/04)

1 WHITE - INSPECTOR

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