BLOCK 701.29 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 05-882231

CONSTRUCTION PERMIT APPLICATION

05-135752

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

I. IDENTIFICATION

1. Proposed Work Site at: 270 Chambersbridge Rd
2. Name of Owner in Fee: Twp. of Brick Tel. (732) 451-4078
   Address 401 Chambersbridge Rd (street) Brick (municipality) NJ 08724 (zip code)
3. Ownership in fee: Public ✓ Private _____
4. Principal Contractor: Twp of Brick Tel. (732) 451-4078
   Address 401 Chambersbridge Rd Brick NJ 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Jim Bayard
   Tel. (732) 836-1392 FAX: (732) 836-1642

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work					6-13-05		1-29-07		DK
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☑ b. Alteration	5000.00								
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		GM	6/10/05		6/10/05				
TOTAL COSTS	5000.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction _____
   After Construction _____
   Net Gain or Loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR-B 10677508

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name Twp. of Brick

Address 401 Chambersbridge Rd
Brick NJ 08724

Telephone (732) 451-4078

Signature Ellen Caufield

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	*Final* Date	*Prelimin.* Initial	*Final* Date	*Prelimin.* Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ *Continued Certificate of Occupancy*	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	01/31/2007
Tracking Number	C-05-135752
Permit Number	05-2231
Permit Issue Date	06/14/2005
Certificate Number	05-2231

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 TOWNSHIP OF BRICK

Address 401 CHAMBERSBRIDGE RD BRICK NJ 08723

Telephone: Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
ALTERATION

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:

Date Printed: 01/31/2007

CONSTRUCTION PERMIT

Date Issued 6/14/2005
Control # C-05-135752
Permit # 05-2231

IDENTIFICATION Block: 701.29 Lot: 1 Qualifier

Work Site Location: 270 CHAMBERS BRIDGE RD. Brick Township, NJ

Owner in Fee: TOWNSHIP OF BRICK
Address: 401 CHAMBERSBRIDGE RD BRICK NJ 08723
Telephone:

Contractor: TOWNSHIP OF BRICK
Address: 401 CHAMBERSBRIDGE RD BRICK NJ 08723
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION

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

Estimated Cost of Work $2,000

Construction Official

6/14/2005
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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 6-14-2005
Permit # 05-2231

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

Work Site Location 270 Chambersbridge Rd - Civic Plaza
Brick NJ 08724

Owner in Fee Twp of Brick

Address 401 Chambersbridge Rd
Brick NJ 08724

Tel. (732) 451-4078

Contractor Twp of Brick

Address 401 Chambersbridge Rd
Brick NJ 08724

Tel. (732) 451-4078 FAX (732) 458-0757

Contractor License No. or Builder Registration No.

Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alteration to Civic Activity Center - New Partitions to create New Office
No Change to exterior, structure, occupancy or egress.
Must Provide Required C.F.M. for office per Rehab code (FM)

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	6-13-05	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-29-07
Approved by: FM

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy			NO	
Mechanical			1-29-07	
TCO				
Other				
Final				
Barrier-Free				

Awaiting test report

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 26000.00
3. Total (1+ 2) $

Township of Brick
Zoning Permit

Approved: Wednesday, June 08, 2005 **Number:** 785

Block 701.29 **Lot** 1 **Zone:** B-2, Gen. Business

Property Address: 270 Chambers Bridge Road

Applicant: Glenn Campbell; Township of Brick

Property Owner Township of Brick

Existing Use: Brick Township Civic Center

Proposed Use: Brick Township Civic Center

Proposed Construction: Renovation of the Recreation Department offices.

Conditions: Interior alterations only.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
JUN 8 2005
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 701.29 LOT 1 QUALIFIER —

PROPERTY ADDRESS 270 Chambers Bridge Road

PERSONAL NAME OF APPLICANT Glenn Campbell

BUSINESS NAME OF APPLICANT Township of Brick

MAILING ADDRESS OF APPLICANT 401 Chambers Bridge Rd, Brick, NJ 08723

PROPERTY OWNER'S FULL NAME Township of Brick

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Civic Plaza

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Civic Plaza

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☒ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☒ All information completed above
☒ Two (2) copies of a plot plan containing:
☒ All existing and proposed structures
☒ All dimensions of the lot and structures
☒ All setbacks from the structures to the property lines
☒ All adjacent streets and waterways
☒ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Glenn Campbell Date 6-8-2005

Reviewed by Zoning Office _____ Date 6/8/05 (X) Approved ( ) Denied

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 270 ~~401~~ Chambersbridge Rd

Block: 70.29 Lot: 1

Contractor: Twp of Brick

Contractor's Address: 401 Chambersbridge Rd

Type of Construction (minor, new home): Minor Alteration

Type of Debris (shingles, siding, wood, etc.): Wood

Party responsible for removal: Twp of Brick

Dumpster size: N/A

Destination of debris: Public Works

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.

Glenn Campbell
Signature

5-12-05
Date

Glenn Campbell
Print Name

TO ALL PERMIT APPLICANTS:

The Brick Building Department has developed a check list for any building plans that are to be submitted in an effort to assist you in the permit process.

In order to speed the process along, please review the two attached lists and be sure that the information is included on your plans.

Most plans are rejected for the simplest mistakes made by the applicant and taking time to review the check list will only help you in the process.

The following items are required to be shown on plans for BUILDING
(Please note this is a minimum list and maybe adjusted per code changes)

Soil boring (for basements and/or new homes with homeowner drawings)
Distance from grade to bottom of footing
Width and depth of footing (showing reinforcing if needed)
Foundation Vents
Flood Vents if required (complete details or cut sheet)
Foundation details
Sill anchor bolts and/or straps showing size, spacing and material
Size and type of sill
Perimeter insulation if slab on grade
Section and plan view of wall framing showing all details
Section and plan view of floor framing showing all details
Section and plan view of roof framing showing all details
Indicate egress windows and doors
Indicate any fire rated assemblies by UL design number
Supply all door sizes
Supply cut sheets for any engineered lumber
Supply manufacturer's layout for any TJI installation showing blocking
Furnish copy of Base Flood Elevation Certificate (flood zone only)
Supply all stair and railing details
Supply certification for EIFS system contractor (if applicable)
All additions and new dwellings must supply energy code data
Size, material, spacing on anchor bolts or straps if used
TJI plans as approved by Architect

ALL DRAWINGS MUST BE TO SCALE

IF DRAWINGS ARE DONE BY HOMEOWNER THEY MUST BE SIGNED BY HOMEOWNER

FRAMING CHECKLIST

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS

- ☐ SPACING
- ☐ SIZE

STRAPS

- ☐ SPACING (PER MANUFACTURER'S SPECS)
- ☐ SIZE

2. SILL PLATES:

- ☐ SIZE
- ☐ GRADE, SPECIES
- ☐ TREATMENT
- ☐ LAPS
- ☐ SILL SEALER
- ☐ PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
- ☐ TERMITE PROTECTION

3. BEAM POCKETS:

- ☐ BEARING/SHIMS
- ☐ TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:

- ☐ SIZED PER PLAN
- ☐ ATTACHMENT/PLATES
- ☐ SPACING/LOCATION
- ☐ PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1ST	2ND	3RD	FLOOR
☐	☐	☐	SIZE
☐	☐	☐	GRADE, SPECIES
☐	☐	☐	SINGLE OR DOUBLE
☐	☐	☐	PRE-ENGINEERED PER MANUF'S SPECS
☐	☐	☐	CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:

- ☐ SIZED PER PLAN
- ☐ TYPE
- ☐ GRADE, SPECIES
- ☐ LOCATION AND RELATION TO THE PLAN
- ☐ NAILING
- ☐ ATTACHMENT SCHEDULE
- ☐ BEARING
- ☐ LAPPING

3. FLOOR JOIST:

1ST	2ND	3RD	FLOOR
☐	☐	☐	SIZED PER PLAN
☐	☐	☐	GRADE, SPECIES
☐	☐	☐	PRE-ENGINEERED COMPONENTS AS SPECIFIED
☐	☐	☐	BEARING
☐	☐	☐	NAILING
☐	☐	☐	BRIDGING
☐	☐	☐	CUTTING AND NOTCHING (AS PER CODE)
☐	☐	☐	POINT LOADS - SUPPORTED AS PER PLAN
☐	☐	☐	SPAN HANGERS
☐	☐	☐	HEADERS
☐	☐	☐	FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1ST	2ND	3RD	FLOOR
			MATERIAL
☐	☐	☐	PANEL SPAN, THICKNESS
			SPECIAL REQUIREMENTS
☐	☐	☐	EDGE BLOCKING (IF REQUIRED)
☐	☐	☐	GAPPING
☐	☐	☐	LAYOUT

5. STAIR ATTACHMENT:

1ST	2ND	3RD	FLOOR
☐	☐	☐	BEARING
☐	☐	☐	NAILING

C. Wall Framing

1. Exterior Wall Frame:

1st	2nd	3rd Floor	
☐	☐	☐	Size
☐	☐	☐	Space
☐	☐	☐	Species and Grade
☐	☐	☐	Cutting, Notching, and Boring
☐	☐	☐	Header Sizes
☐	☐	☐	Jack Stud Bearing

Top Plates

☐	☐	☐	Nailing
☐	☐	☐	Laps
☐	☐	☐	Rafter Ties
☐	☐	☐	Hurricane Straps (as required)

2. Interior Load-Bearing Walls:

1st	2nd	3rd Floor	
☐	☐	☐	Size
☐	☐	☐	Space
☐	☐	☐	Layout - Support Below per Code
☐	☐	☐	Species and Grade
☐	☐	☐	Cutting, Notching, and Boring
☐	☐	☐	Fire Blocking
☐	☐	☐	Header Sizes
☐	☐	☐	Jack Stud Bearing

Top Plates

☐	☐	☐	Nailing
☐	☐	☐	Laps
☐	☐	☐	Strapping

3. Interior Non-Load-Bearing Walls:

1st	2nd	3rd Floor	
☐	☐	☐	Size
☐	☐	☐	Space
☐	☐	☐	Species and Grade
☐	☐	☐	Cutting, Notching, and Boring
☐	☐	☐	Fire Blocking
☐	☐	☐	Header Sizes
☐	☐	☐	Top Plate Nailing

D. Roof Framing

1. Truss Roof Framing (as per design):

Approved Documents which Show:

- ☐ Layout Plans
- ☐ Truss Members
- ☐ Connection Schedule
- ☐ Permanent Bracing Details
- ☐ Dormers / Roof Structures on Manufacturer's Drawings
- ☐ Equipment / Appliances on Manufacturer's Drawings

☐ Location as per Layout
- ☐ Alignment

☐ Bearing

☐ Spacing

☐ Connections to Bearing Points

☐ No Connection to Non-Bearing Points

☐ Damage and Defects
- ☐ Engineered Method of Repair

2. Permanent Truss-to-Truss Bracing (as per design):

- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Termination
- ☐ Transition (i.e. Cross) Bracing

3. Gable End Bracing (as per design):

- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Termination

4. Solid Sawn Roof Framing:

☐ Size

☐ Grades, Species

Layout
- ☐ Spacing
- ☐ Span

☐ Bearing

☐ Fastening
- ☐ Damage Caused by Fasteners (rafters not split by toenails)

☐ Cutting, Notching, and Boring

☐ Bridging

☐ Ridge Size

☐ Hurricane Ties Where Applicable

E. Sheathing

1. Sheathing – Exterior Walls:

Material
- ☐ Panel Span Thickness

Special Requirements
- ☐ Gapping
- ☐ Layout
- ☐ Corner Bracing (if required)

2. Sheathing – Roof:

Material
- ☐ Panel span, Thickness

Special Requirements
- ☐ Blocking, Edge (if required)
- ☐ Clips (if required)
- ☐ Gapping
- ☐ Layout

Sheathing, FRT - Roof
- ☐ Four Feet from Firewall
- ☐ Noncorrosive Fasteners

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Stephen C. Acropolis – President
Gregory S. Kavanagh
Anthony Matthews
Kathy M. Russell
Ruthanne Scaturro
Michael A. Thulen, Sr.
Frederick J. Underwood, Sr.

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: May 12, 2005

Block: 701.29 Lot: 1

Property Address: 270 Chambersbridge Rd Brick

I, Glenn Campbell (name) of 401 Chambersbridge Rd (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Glenn Campbell
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 6/10/05 Signed: [signature]

Rejected on: _____ Signed: _____

Comments: