701.29 C5-241

BLOCK ~~701~~ 13 12 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 270 Chambers Bridge Rd PERMIT NO 99-3082

701.29

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 270 Chambers Bridge RD
2. Name of Owner in Fee: BRICK Township Tel. ( ) _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Brick Board of Ed Tel. (732) 262-2625
   Address 101 Hendrickson Ave
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer BARLO & ASSOC Tel. (732) 477-7751
   Address 92 Mantoloking RD BRICK
6. Responsible Person in Charge of Work Joseph Guglielmo
   Tel. (732) 262-2625 FAX (732) 477-8228

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

		Est. Cost	Plans Req'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building			8/2/99		8-11-99	FM	10/28/99		
3.	☐ Addition									
4.	☒ Alteration	8,000								
5.	☒ Fire Protection					8-17-99	RW	10/28/99		
6.	☒ Plumbing	2,600				8-11-99	BJP	10/28/99		
7.	☒ Electrical	2,500				8-11-99	MM	10/25/99		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☒ Demolition	N/A								
	TOTAL COSTS	13,100								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

CALL ANDREA 362.1107

LDS BR 10109998

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 Joe Gubaviczko Brick Board of Ed

Address 101 Hew Drickson Ave

Brick

Telephone 732 - 262-2626

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/29/99
Control #
Permit # 99-3082

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 701.29 Lot 1 Qual
Work Site Location 270 CHAMBERS BRIDGE RD STE 4
RENOVATION
Owner in Fee/Occupant TOWNSHIP OF BRICK
Address 401 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Telephone ( ) -
Contractor MAINTENANCE DEPT
Address 346 CHAMBERSBRIDGE RD
BRICK, NJ 08723-
Telephone (732)262-2626 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group E
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

RENOVATE SUITE 4 AT THE CIVIC PLAZA INTO 2 CLASSR ROOM, AND VESTIBULE.

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

J Cuozzo 10/29

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [ ] Check No.
Collected by:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/13/99
Control #
Permit # 99-3082

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 701.29 Lot 1 Qual

Work Site Location 270 CHAMBERS BRIDGE RD STE 4
RENOVATION
Owner in Fee TOWNSHIP OF BRICK
Address 401 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Telephone ( ) -

Contractor MAINTENANCE DEPT
Address 346 CHAMBERSBRIDGE RD
BRICK, NJ 08723-
Telephone (732)262-2626
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RENOVATE SUITE 4 AT THE CIVIC PLAZA INTO 2 CLASSROOMS, 2 BATHROOMS, STAFF ROOM, AND VESTIBULE.

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 $ 13,600

J. Caviezza
Construction Official

08/13/99
Date

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

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	exempt 0
Check No.	
Cash	
Collected By	

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/02/99
Date Issued 8/31/99
Control # C3-291
Permit # 99-3082

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 Qual
Work Site Location 270 CHAMBERS BRIDGE RD STE 4
RENOVATION
Owner in Fee TOWNSHIP OF BRICK
Address 401 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Tele.( ) -
Contractor MAINTENANCE DEPT
Address 346 CHAMBERSBRIDGE RD
BRICK, NJ 08723-
Tele.(732)262-2626 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-11-99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-28-99
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			9-7-99	
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed E
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 8,000
3. Total (1+2)$ 8,000

Industrialized Building:
[ ] State Approved
[ ] HUD

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

RENOVATE SUITE 4 AT THE CIVIC PLAZA INTO 2 CLASSROOMS, 2 BATHROOMS, STAFF ROOM, AND VESTIBULE.

Builder to insure that Party walls are extended TO Ceiling and All. penetration are patched FM

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	210
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 0
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 08/02/99
Date Issued 8/13/99
Control # C3-291
Permit # 99-3082

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 Qual
Work Site Location 270 CHAMBERS BRIDGE RD STE 4
RENOVATION
Owner in Fee TOWNSHIP OF BRICK
Address 401 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Tele.(732)262-2625 Fax ( )
Contractor BRICK SCHOOLS MAINTENANCE
Address 346 CHAMBERSBRIDGE RD
BRICK, NJ 08724-
Tele.(732)262-2625
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 26-22625

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed E
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
~~[ ]~~ No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 8-11-99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10 25 99
Approved By:

INSPECTIONS Type	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			8-31-99	TO
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			10 25 99	MW

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
22		Lighting Fixtures	
13		Receptacles	
10		Switches	
8		Detectors	
0		Light Poles	
0		Motors-Fract HP	
5		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
58		TOTAL NUMBERS	45
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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 Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check # Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 0
DCA Training Fee	$ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/02/99
Date Issued 8/31/99
Control # C3-291
Permit # 99-3082

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 Qual
Work Site Location 270 CHAMBERS BRIDGE RD STE 4
RENOVATION
Owner in Fee TOWNSHIP OF BRICK
Address 401 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Tele.(732)262-2626 Fax ( )
Contractor MAINTENANCE DEPT
Address 346 CHAMBERSBRIDGE RD
BRICK, NJ 08723-
Tele.(732)262-2626
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed E
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 8/25/99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-28-99
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys	10-25		10-25	
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical	10-25	10-28	10-28	
Smoke Ctl				
TCO				
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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	8	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	8	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [1] or Oil [ ] Fired Appliances	1 0	0
Other	Roof Top	0
Other		0

TEST All Alarms
See Alarm subset

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	0
DCA Training Fee	$	0

Paid [ ] Check # Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY PLUMBING SUBCODE TECHNICAL SECTION

Date Received 08/02/99
Date Issued 8/5/99
Control # C3-291
Permit # 99-3082

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 Qual
Work Site Location 270 CHAMBERS BRIDGE RD STE 4
RENOVATION
Owner in Fee TOWNSHIP OF BRICK
Address 401 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Tele.(732)920-9627 Fax ( )
Contractor JOSEPH DIROSA
Address 507 SILVERTON RD
BRICK, NJ
Tele.(732)920-9627
Lic. No. or Bldrs. Reg. No. 6464
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed E
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 2,600

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
0	Bath Tub	0
2	Lavatory	20
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

JOB SUMMARY (Office Use Only).

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 8-11-99
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 10-28-99

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			9-24	
Water				
Sewer				
Fixtures	10-25-99		10-28-99	
Gas Equip.				
Gas Piping				
Solar				
TCO			10-25-99	

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 0
DCA Training Fee $ 0

C. CERTIFICATION 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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. F130 (rev. 3/96)

TRANSMITTAL LETTER

AIA Document G810

BARLO & ASSOCIATES, P.A.
92 Mantoloking Road
Brick, NJ 08723

PROJECT: (Name & address) CLASSROOMS @ BRICK CIVIC PLAZA

ARCHITECT'S PROJECT NO: 9903

DATE: 8/12/99

TO: [TOWNSHIP OF BRICK BLDG. DEPT.]

ATTN: [KEVIN BATZEL FIRE SUB-CODE OFFICIAL]

If enclosures are not as noted, please inform us immediately.
If checked below, please:
( ) Acknowledge receipt of enclosures
( ) Return enclosures to us.

WE TRANSMIT:
(X) herewith ( ) under separate cover via HAND
( ) in accordance with your request _____

FOR YOUR:
(X) approval ( ) distribution to parties ( ) information
(X) review & comment (X) record
( ) use ( ) _____

THE FOLLOWING:
(X) Drawings ( ) Shop Drawing Prints ( ) Samples
( ) Product Literature ( ) Specifications ( ) Shop Drawing Reproducibles
( ) Change Order ( ) _____

COPIES	DATE	REV. NO.	DESCRIPTION	ACTION CODE
3	8/12/99		REVISED E.1 DRAWING ADDRESSING	
			BLDG. DEPT. REVIEW COMMENTS	
			RESUBMITTAL - SIGNED & SEALED	

ACTION CODE
A. Action indicated on item transmitted
B. No action required
C. For signature and return to this office
D. For signature and forwarding as noted below under REMARKS
E. See REMARKS below

REMARKS _____

COPIES TO: (With Enclosures)
J. GUAGLIARDO - B.T.P.S.D. ☐
FILE ☐
RECEIVED BY: _____ ☐
R. MACDONALD - T.O. BRICK

BY: JIM TIERNEY

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date: 8-4-99

JURISDICTION _____ (City, County, Township, etc.)

BUILDING LOCATION Brick Church Plaza (Street address)

BUILDING DESCRIPTION _____

REVIEWED BY Keg

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	~~Alt system~~	
✓ –	NO manual pulls noted	
–	Provide Detect & Alarm System w/ Hrn/strobes	
–	Seal all new Partition penetrations	
–	S/D in Duct to Provide warning & detection	
–	Rear Exit	
–	Fire Extinguisher	
	8-11-99	
	called Caelo's office (Tierney) will come in w/ new plans to fix	

called - Tierney 8-4-99

Mitch Sammond (DMES) will provide

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Top of Brick DATE 8-11-99

PROPERTY ADDRESS 270 Chambers Bridge Rd BLOCK 701.29 LOT 1

ZONING _____ USE GROUP _____

CONTRACTOR Joseph DeRosa LICENSE # REGISTRATION 6464

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP	( )	( )	( )
2:KITCHEN GROUP	( )	( )	( )
3:WATER CLOSETS	2 ( )	5 ( )	( )
4:LAVATORY	2 ( )	2 ( )	( )
5:BATH TUB	( )	( )	( )
6:SHOWER STALL	( )	( )	( )
7:KITCHEN SINK	( )	( )	( )
8:SERVICE SINK	( )	( )	( )
9:LAUNDRY TRAY	( )	( )	( )
10:DISHWASHER	( )	( )	( )
11:WASHING MACHINE	( )	( )	( )
12:URINAL	( )	( )	( )
13:FLOOR DRAIN	( )	( )	( )
14:DRINK FOUNTAIN	1 ( )	.5 ( )	( )
15:AIR COND WATER COOLED	( )	( )	( )
16:DENTAL UNIT	( )	( )	( )
17:LAWN SPRINKLE	( )	( )	( )
18:FIRE SPRINKLE	( )	( )	( )
19:HOSE BIBS	( )	( )	( )

TOTAL 7.5

GALLONS PER MINUTE 8

SIZE OF SERVICE 3/4"

DATE: 8-11-99 APPROVED: BJK

Sizing Sheet

Existing 1" waterservice
upgrade meter to 1"

270 Chambersbridge RD
Suite #4

Commercial

			WSFU
(2)	WC Flushometer 1" MAX. Demand 35 gpm	5.0 @	= 10. WSFU gpm
(2)	LAVS	1.0 @	= 2. WSFU gpm
(1)	WATER FOUNTAIN 8 gpm		.5 WSFU gpm
(1)	Hose bib		2.5 WSFU gpm

13 gpm

COUNTER FORM
PLEASE PRINT

PLUMBING

CONTRACTOR: Joseph DiRosa Plt
ADDRESS: 507 Silverton Rd Brick

PHONE: 920-9627
LIC #: 6464
LIC EXPIRATION DATE: 9/99
FEDERAL EMPL # (or S.S. #): [redacted]

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
2	Water Closet
	Urinal / Bidet
	Bath Tub
2	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
1	Water Heater 5gal. Electric
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer - Vacume breaker
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof Existing
	Other

Estimated Cost of Plumbing Work: $ 2,600.00
Signature: DiRosa
Owner ○ Contractor ☒
SUBCODE APPROVAL:
PLANS: Required ○ Approved ○
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

Plumbing Alteration

FIRE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #: EXP DATE:
FEDERAL EMPL # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ○ Gas ○ Oil ○ Electric ○ Solar
Heating Sys: ○ New ○ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ○ Contractor ○
SUBCODE APPROVAL:
PLANS: Required ○ Approved ○
Approved by:

Site Location: 270 Chambers Bridge RD
Block: 701.B-12 Lot: 1 Date Rec'd:
Owner id Fee: Brick Board of Education Date Issued:
Address: 101 Hendrickson Ave. Control #:
Brick, NJ Permit #:

State: NJ Zip: 08724 Phone: (732) 262-2626
S.S.#: Provide only if Applicant is owner

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

BUILDING

CONTRACTOR:
ADDRESS:

PHONE:
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. #. (or S.S.#):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

- o New Building
- o Addition
- o Alteration
- o Roofing
- o Siding
- o Other:
- o Other:
- o Fence: Height (6' or More)
- o Sign: Sq. Ft.
- o Pool (In Ground)
- o Pool (Above Ground)
- o Asbestos Abatement
- o Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

timated Cost of Building Work:
w Building (1): $
teration (2): $
OTAL (1+2): $
SUBCODE APPROVAL:
LANS: Required o Approved o

Approved by:

Date:

ELECTRICAL

CONTRACTOR:
ADDRESS:

PHONE:
LIC.#: EXP. DATE:
FEDERAL EMPL. #. (or S.S.#):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Exact HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		
Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle		KW
KW Oven / Surface Unit		KW
KW Elec. Water Heater		KW
KW Elec. Dryer / Receptacle		KW
KW Dishwasher		KW
HP Garbage Disposal		HP
KW Central A/C Unit		KW
HP/KW Space Heater/Air Handler		HP/KW
KW Baseboard Heat		KW
HP Motors 1/+ HP		HP
KW Transformer/Generator		KW
AMP Service		AMP
AMP Subpanels		AMP
AMP Motor Control Center		AMP
AMP Elec. Sign/Outline Light		KW
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner o Contractor o
SUBCODE APPROVAL:
PLANS: Required o Approved o
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 270 Chambers Bridge Rd Date Rec'd.:
Block: 701.13-12 Lot: 1 Date Issued:
Owner in Fee: BRICK Board of Ed Control #:
Address: 101 Hendrickson Ave Permit #:
Brick N.J.
State: N.J. Zip: 08724 Phone: (732) 262-2626
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: Brick Board of Ed
ADDRESS: 101 Hendrickson Ave
Brick N.J.
PHONE: (732)-262-2626
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Renovate Suite #4 At the Civic Plaza into 2 Classrooms, 2 Bathroom, Staff Room & Vestible

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☒ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☒ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $ 8,000
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: Brick Board of Ed
ADDRESS: 101 Hendrickson Ave Brick N.J.
PHONE: (732) 262-2625
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION ITEMS	QTY	SIZE
Lighting Fixtures	22	
Receptacles	13	
Switches	10	
Detectors	8	
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights	8	
Communications Points		
Alarm Devices/E.A.C. Panel		

TOTAL NUMBERS

Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $ 2,500
Signature (print name): Joseph Cunfini & Co
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR: Brick Board Of Ed
ADDRESS: 101 Hendrickson Ave Brick N.J.
PHONE: 732 262-2626
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☒ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source		
Method of Valve Supervision		
Local Alarm Supervision		
Central Supervsion		
Proprietary Supervision		
Flammable Liquip Storage Tanks	Capacity:	Fuel:
Combustable Liquid Storage Tanks	Capacity:	Fuel:
L.G.P. Storage Tanks	Capacity:	Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	8
Heat Derectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date: