



Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

***This File Contains Personal Identifiable
Information of Private Citizen(s).***

Certain information contained in this file is *Exempt from Release* under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information **MUST** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson".

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020



CONSTRUCTION PERMIT APPLICATION

C21-002236

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

I. IDENTIFICATION

1. Proposed Work Site at: 350 Chambers Bridge Rd, Brick
2. Name of Owner in Fee: BOE of Ocean County Votch School
Tel. 732-505-8929 e-mail _____
Address 137 Bay Lea Road Toms River 08753
street municipality zip code
3. Ownership in Fee: Public ☒ Private _____
4. Principal Contractor: MAK Group LLC Tel. 973-341-2404
Address 40 Summit Road e-mail office@makgroup
Clifton NJ 07013 LLC, USA
License No. OR, if new home, Builder Reg. No. 13VH09286400 Exp. Date 03/31/22
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 26-218149 FAX: _____
5. Architect or Engineer YESZI Associates Contact _____
Address 18 Washington Street e-mail _____
Tel. 732-240-3433 FAX: RIVER
6. Responsible Person in Charge once Work has Begun Nanko VEIKOV
Tel. 973-626-3740 FAX: _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>100</u>	
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	\$	
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	\$	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	<u>2</u>
2. Height of Structure	_____ ft.
3. Area — Largest Floor	<u>79,134</u> 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 _____	

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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>1,985,758</u>	<u>MFP</u>	<u>6-8-21</u>		<u>9-15-21</u>	<u>MAK</u>			

TOTAL COST \$0

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

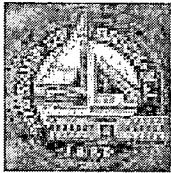
VII. DESCRIPTION OF BUILDING USE

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 _____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/01/2021
Control Number C-21-002236
Permit Number 21-2015
Permit Issue Date 07/30/2021
Certificate Number 21-2015

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 350 CHAMBERS BRIDGE ROAD Brick Township, NJ Block: 724 Lot: 1.01 Qual: _____
Owner in Fee: OCEAN COUNTY VOC SCHOOL BOARD OF ED
Owner Address: 137 BEY LEA RD TOMS RIVER NJ 08753
Telephone: _____
Contractor MAK GROUP LLC
Address 40 SUMMIT AVE CLIFTON NJ 07013
Telephone: (973) 341-2404 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private

Use Group: E Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ROOFING

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:

David Newman Jr.

Construction Official

Date Printed: 11/01/2021

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

Fee: \$0.00

Check Number: _____

Collected By: _____



BUILDING SUBCODE TECHNICAL SECTION



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

Block 724 Lot 1.01 Qualification Code _____
Work Site Location 350 Chambers Bridge Road Brick NJ

Owner in Fee: BOE of Ocean County Vtech School
Tel. (732) 505-8929 e-mail sbac@mail.oats.org
Address 137 Bay Lea Rd Toms River 08753
Contractor: MAK Group LLC Tel. (973) 341-2404
Address 40 Summit Ave e-mail office@makgroup
Clifton NJ 07003 LLC.US

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 26-218149 FAX: (_____) _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date Initial	Type:	Failure	Failure	Approval Initial
☐ No Plans Required	<u>06/11/14</u> <u>MAK</u>	Footings	_____	_____	_____
☒ All		Footings/Bonding	_____	_____	_____
☐ Footings/Foundations		Foundation	_____	_____	_____
☐ Structural/Framework		Slab	_____	_____	_____
☐ Exterior		Frame	_____	_____	_____
☐ Interior		Truss Sys./Bracing	_____	_____	_____
Joint Plan Review Required:		Barrier-Free	_____	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		Insulation	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Finishes -Base Layer	_____	_____	_____
Date: <u>06/12/14</u>		Finishes -Final	_____	_____	_____
Approved by: <u>MAK</u>		Energy	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Mechanical	_____	_____	_____
☐ CO ☐ CCO ☒ CA		TCO	_____	_____	_____
Date: <u>10/22/14</u>		Other	_____	_____	_____
Approved by: <u>MAK</u>		Final	_____	_____	_____
		Barrier-Free	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories 2
Height of Structure 39.13 ft.
Area — Largest Floor 79,134 sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Rehabilitation \$ 1985,758.00
3. Total (1+2) \$ 1985,758.00

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

Date Received
Control #

Date Issued
Permit #

7/30/14
21-2015

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: _____

Print name here: Gina Abyad

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Reroofing at BATS Brick
Campus

COMMERCIAL

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Rehabilitation
☒ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FEE (Office Use Only)

\$ _____

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

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

Block 124 Lot 1.01 Qualification Code _____
Work Site Location 350 Chambers Bridge Road, Brick NJ 08723

Owner in Fee: BOE of Ocean County VoTech School

Tel. (732) 505-8929 e-mail sba@mail.ocvts.org

Address 137 Bey Lea Road Toms River 08753

Contractor: Mak Group LLC Tel. (973) 341-2404

Address 40 Summit Ave Clifton NJ 07043 e-mail office@makgroupllc.us

Contractor License No. 13VH09286400 Exp. Date 03/31/2022

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 26-218149 FAX: (201) 820-0481

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 30,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS				Dates (Month/Day)	
		Type:	Failure	Failure	Approval	Initial	
☐ No Plans Required		Slab					
☐ Partial -Underslab Utilities Approved		Rough					
Date: _____ Approved by: _____		Water					
☐ Plumbing Plans Approved		Sewer					
Date: _____ Approved by: _____		Fixtures					
Joint Plan Review Required:		Gas Equipment					
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping					
SUBCODE APPROVAL for PERMIT		LPGas Tank					
Date: _____		Fuel Oil Piping					
Approved by: _____		Solar					
SUBCODE APPROVAL for CERTIFICATE		TCO					
☐ CO ☐ CCO ☐ CA		Final					
Date: _____							
Approved by: _____							

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: Gina Abyad

☒ Licensed Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roof Replacement at OCVTS Brick Campus

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____

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

No New Drains

JUN 14 2021



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 724 Lot 1.01 Qualification Code _____

Work Site Location Ocean Cty Vocational & Tech School

350 Chambersbridge Road, Brick NJ 08723

Owner in Fee: Ocean Cty Vocational & Tech School - BOE

Tel. (732) 240-6414 e-mail boe@mail.ocvts.org

Address 137 Bey Lea Rd, Toms River, NJ 08753

Contractor: Dennis Hoag T/A K&D Contractors, LLC Tel. (908) 709-1268

Address 351 Monroe Avenue e-mail kndcontractors@aol.com
Kenilworth, NJ 07033

Contractor License No. 9736 Exp. Date 06/30/2023

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223764912 FAX: (908) 709-0174

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 52,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required
☐ Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

☐ Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 9-10-21

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab	_____	_____	_____	_____
Rough	_____	_____	_____	_____
Water	_____	_____	_____	_____
Sewer	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____
LPGas Tank	_____	_____	_____	_____
Fuel Oil Piping	_____	_____	_____	_____
Solar	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Final	_____	_____	_____	_____

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here: _____

Print name here: Dennis Hoag

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install gas piping on roof

same location

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____

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

Update

Date Received
Control #
Date Issued
Permit #

9/10/21

21-20154A



PERMIT UPDATE

Date Update Issued 9/10/2021
 Control # C-21-003392
 Permit # 21-2015+A

IDENTIFICATION Block: 724 Lot: 1.01 Qualifier _____
 Work Site Location: 350 CHAMBERS BRIDGE ROAD Brick Township, NJ Contractor MAK GROUP LLC
 Address 40 SUMMIT AVE CLIFTON NJ 07013
 Owner in Fee OCEAN COUNTY VOC SCHOOL BOARD OF ED Telephone: (973) 341-2404
137 BEY LEA RD TOMS RIVER NJ 08753 Lic. No. or Bldrs. Reg. No. _____
 Telephone: _____ 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:

ROOFING UPDATE +A - GAS PIPING RECONNECT

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 \$52,000

D. I. Newman
 Construction Official

9/10/21
 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.



CONSTRUCTION PERMIT

Date Issued 7/30/2021
Control # C-21-002236
Permit # 21-2015

IDENTIFICATION Block: 724 Lot: 1.01 Qualifier _____
Work Site Location: 350 CHAMBERS BRIDGE ROAD Brick Township, NJ Contractor MAK GROUP LLC
Owner in Fee OCEAN COUNTY VOC SCHOOL BOARD OF ED Address 40 SUMMIT AVE CLIFTON NJ 07013
137 BEY LEA RD TOMS RIVER NJ 08753 Telephone: (973) 341-2404
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:

ROOFING

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 \$1,985,758

D. D. [Signature]
Construction Official

Date: 7/30/21

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.

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 350 Chambers Bridge Road

BLOCK: _____ LOT: _____

CONTRACTOR: MaK Group LLC

CONTRACTOR'S ADDRESS: 40 Summit Ave Clifton
NJ 07013

Type of Construction (minor, new home): roofing

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

Party responsible for removal: Express Sanitation / waste management
Recycling

Dumpster Size: 30 Cu yard

Destination of Debris: Mazza Recycling Services

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

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 I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Gina Abyad
Signature

6/8/21
Date

Gina Abyad
Print Name