BLOCK 547.01 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 387 Brick Blv PERMIT NO. 13-1566

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-001478

I. IDENTIFICATION

1. Proposed Work Site at: 387 Brick Blv, Brick NJ
2. Name of Owner in Fee: ~~Theodore Kozio1~~ (~~Theodore Kozial~~) Developer Development
3. Tel. [redacted]
4. Address 24 Seagoin Rd, Brick, NJ 08723 (street / municipality / zip code)
5. Ownership in Fee: Public _____ Private _____
6. Principal Contractor: ~~Self~~ T. Kozial Tel. [redacted]
   Address 24 Seagoin Rd e-mail [redacted]
   Brick, NJ 08723
   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: (___) _____
7. Architect or Engineer DARIO L. PASQUARIELLO Contact 732.608.6838
   Address 4057 Rte 9 N #159 e-mail DARIOPASQUARIELLO@GMAIL.COM
   Tel. 732) 608 6838 FAX: (732) 358.0236
8. Responsible Person in Charge once Work has Begun Theodore Kozial
   Tel. 732) 691 1238 FAX: (732) 477.9333

V. FEE SUMMARY (for office use only)

		$	Update	Update
1.	Building	405		
2.	Electrical	150		
3.	Plumbing	50		
4.	Fire Protection	45		
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	39		
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 709		

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.	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

Change of Use

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building	13,500.00		3/10/13	3/30/13	4/8/13	MV			
☐ Electrical	7100.00				4-11-13	JV			
☐ Plumbing	250.00			3-26-13		Q	4/10/13		
☐ Fire Protection	200.00			4/5/13		MSC	4/10/13		
☐ Elevator		Eng Exempt			3/21/13	ECC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: B
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: B
3. Change in Use Group, Indicate Present: M

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/7/2013
Control Number C-13-001478
Permit Number 13-1566
Permit Issue Date 4/11/2013
Certificate Number 13-1566

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 335-399 BRICK BLVD.(387) Brick Township, NJ Block: 547.01 Lot: 15 Qual:

Owner in Fee: DRUM POINT PLAZA LLC

Owner Address: 249 BRICK BLVD BRICK NJ 08723

Telephone: (732) 267-3336

Contractor T. Koziol

Address 24 Seagoin Rd. Brick NJ 08723

Telephone: [redacted] Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP Ted Koziol - Chiropractor

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 J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 6/7/2013

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/30/2013
Control Number C-13-001478
Permit Number 13-1566
Permit Issue Date 4/11/2013
Certificate Number 13-1566

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 335-399 BRICK BLVD.(387) Brick Township, NJ Block: 547.01 Lot: 15 Qual:

Owner in Fee: DRUM POINT PLAZA LLC

Owner Address: 249 BRICK BLVD BRICK NJ 08723

Telephone: (732) 267-3336

Contractor T. Koziol

Address 24 Seagoin Rd. Brick NJ 08723

Telephone: [redacted] Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP Ted Koziol - Chiropractor

Certificate Comments:

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

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☑ **Temporary Certificate of Occupancy**
The following conditions must be met no later than: 6/30/2013
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 6/30/2013
Conditions to be met:

Final Building inspection

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 5/30/2013

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

Block 547.01 Lot 15
335-399 Brick Blvd.

Dr. Koziol
Chiropractor

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 15
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP 6

DRWIN PL & BRICK BLVD

ELECTRICAL SUBCODE
TECHNICAL SECTION

Drum Pl Plaza

Date Received 4/11/13
Control #
Date Issued
Permit # 13-1566

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

Block 547.01 Lot 15 Qualification Code

Work Site Location 387 Brick Blvd

Owner in Fee: T. Koziol (Theodore Koziol)

Tel. [redacted]

Address 24 Seagoin Rd, Brick, NJ 08723
street municipality zip code

Contractor: Genesis Electrical Contractors Tel. (732) 245-7255

Address 1200 Mizzen Ave e-mail genlec@aol.com
Beachwood, NJ

Contractor License No. License # 9841 Exp. Date 3/2015

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

Federal Emp. ID No. 223467491 FAX: (732) 349-7112

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed B

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 7100

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: ANTHONY LORENZO

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: FIT UP

QTY.	SIZE	ITEMS
31		Lighting Fixtures
42		Receptacles
14		Switches
		Detectors
		Light Poles
1		Motors—Fract. HP
2		Emergency & Exit Lights
13		Communications Points
		Alarm Devices/F.A.C. Panel
103		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
1	10KW	X RAY

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

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

[✓] Electric Plans Approved
Date: 4-11-13 Approved by: JS

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

SUBCODE APPROVAL for PERMIT
Date: 4-11-13
Approved by: JS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5-14-13
Approved by: JS

INSPECTIONS

Type:	Failure Dates (Month/Day)	Failure	Approval	Initial
Rough	BUS ONLY	4-15	BB	
Barrier-Free				
Trench	ABOVE	COM	4-29	BB
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5-10-13	JK
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

*Change of USE

M - B

BUILDING SUBCODE
TECHNICAL SECTION

Drum Pt. Plaza

Date Received / Control # 4/11/13

Date Issued / Permit # 13-1566

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

Block 547.01 Lot 15 Qualification Code

Work Site Location 387 Brick Blvd, Brick, NJ

DRum Point Plaza + Brick Blvd

Owner T Kaziol

Tel. [redacted]

Address 29 Seagoin Rd, Brick, NJ 08723 (street / municipality / zip code)

Contractor: Self Tel. ( )

Address Same 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: ( )

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: T. Kaziol

Print name here: Theodore Koziol

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

tennant Fit up

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	4/8/13	W
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 4-9-13

Approved by: VA/JC

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 06/07/13

Approved by: VA/JC

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			4-26-13	C.P.
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ C. CEILING			4-26-13	C.P.
Mechanical				
TCO 60 Days			5/22/13	W
Other				
Final			6-4-13	C.P.
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ~~R-3~~ B Proposed B

No. of Stories —

Height of Structure — ft.

Area — Largest Floor 1600 sq. ft.

New Bldg. Area/All Floors — sq. ft.

Volume of New Structure — cu. ft.

Max. Live Load —

Max. Occupancy Load 16

Constr. Class Present 3B Proposed 3B

If Industrialized Building:

State Approved — HUD —

Est. Cost of Bldg. Work:

1. New Bldg. $ —
2. Rehabilitation $ 13,500.00
3. Total (1+ 2) $ 13,500.00

* See Attached

TYPE OF WORK:

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

CONDITIONAL

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

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

M to B * Change of Use

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/30/2013
Control Number C-13-001478
Permit Number 13-1566
Permit Issue Date 4/11/2013
Certificate Number 13-1566

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 335-399 BRICK BLVD.(387) Brick Township, NJ Block: 547.01 Lot: 15 Qual:

Owner in Fee: DRUM POINT PLAZA LLC

Owner Address: 249 BRICK BLVD BRICK NJ 08723

Telephone: (732) 267-3336

Contractor T. Koziol

Address 24 Seagoin Rd. Brick NJ 08723

Telephone: [redacted] Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP Ted Koziol - Chiropractor

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: 6/30/2013
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 6/30/2013
Conditions to be met:

Final Building inspection

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 5/30/2013

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

DOVER TOWNSHIP CONSTRUCTION INSPECTION DEPT.

FIELD CORRECTION NOTICE

LOCATION _____ PERMIT # 13-1566

ISSUED TO _____ BLOCK _____ LOT _____
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO ~~X~~ Recomend TCO

Upon inspection, violations of the _____ Sec. _____ were in evidence.

The following orders are hereby issued for their correction:

(1) Remove Combo units in (A) Waiting Rm Corner and (3) Main Hallway. Replace them with emergency lights only as per plans

(2) Install emergency light in treatment room with door

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE GEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE

DATE 5/22/13 BY MV
INSPECTOR

White - Original Yellow - Field Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Drum pt. Plaza

Date Received / Control # 4/11/13

Date Issued / Permit # 13-1566

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

Block 547.01 Lot 13 Qualification Code

Work Site Location 387 Brick Blvd, Brick, NJ

Owner in Fee: Theodore Kozioł

Tel [redacted]

Address 24 Seggon Rd, Brick, NJ 08723 (street / municipality)

Contractor: ~~Same~~ PAUL J. REHBERGER PLUMBING & HEATING Tel. 732 905 1446 (zip code)

Address ~~Same~~ 147 Arnold Boulevard, Howell, N.J. 07731 e-mail PJRplumbing@live.com

Phone/Fax (732) 905-1446 Cell (732) 766-1875

Contractor License No. Licence Number 8264 Exp. Date 6/15/13

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): #8264

Federal Emp. ID No. [redacted] FAX: 732 905 1446

B. PLUMBING CHARACTERISTICS

Use Group Present ~~Same~~ Proposed ~~Same~~ Inspector B

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

* Est. Cost of Plumbing Work $ 2500.

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: X

Print name here X PAUL REHBERGER [ ] Licensed Plumbing Contractor [ ] Exempt Applicant

TECHNICAL SITE DATA

DESCRIPTION OF WORK Relocate Bathroom Toilet and sink, Add sink

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
1	Floor Drain	
1	Sink Mop 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	
1	Other Water Cooler	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Plumbing Plans Approved

Date: 4/10/13 Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 4-10-13

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 5-9-13

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			4/15/13	
Rough	4/16/13		04-18-13	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			5/7/13	

* Change of Use 14-B

No Bathroom Restrictions 3/4" Meter

Bldg: Next Center of Bldg

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

2209

Date Received / Control # 4/11/13

Date Issued / Permit # 13-1566

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

Block 517.01 Lot 15 Qualification Code

Work Site Location 387 Brick Blvd (Drum Point Plaza)

Owner in Fee: T. Koziol

Tel [redacted]

Address 24 Seagoing Rd, Brick, NJ
street municipality zip code

Contractor: SELF Tel. ( )

Address SAME e-mail

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed B

Constr. Class: Present Proposed 3B

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

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

Location:

Total Cost of Fire Protection Work $ 200

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: T. Koziol

Print name here: Theodore Koziol

[ ] Certified Contractor [ ] Exempt Applicant

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other ~~FIRE EX.~~	3	
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Fire Protection Plans Approved

Date 4/10/13 Approved by

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 4-10-13

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] TCO [ ] CA

Date: 5-22-13

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			5/22/13	
Other				

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CONFIRMED

Issued

Follow up

* Change of Use M-B

CONSTRUCTION PERMIT

Date Issued 4/11/13
Control # C13-001478
Permit # 13-1566

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier
Work Site Location: 335-399 BRICK BLVD.(387) Brick Township, NJ
Contractor T. Koziol
Address 24 Seagoin Rd. Brick NJ 08723

Owner in Fee DRUM POINT PLAZA LLC
249 BRICK BLVD BRICK NJ 08723
Telephone: [redacted]

Telephone: (732) 267-3336
Lic. No. or Bldrs. Reg. No.
Federal Employee. 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 (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
TENANT FIT UP Ted Koziol - Chiropractor

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

Estimated Cost of Work $23,300

David J. Newman Jr. 4/11/13
Construction Official Date

PAYMENTS (Office Use Only)

Building	$405
Electrical	$150
Plumbing	$50
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$39
CO Fee	
Other	$0
Total	$709
Check No.	6436/6439
Cash	$0
Credit	$0
Collected By	

150
759

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

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.

#12000
BUILDING $405.00
ELECTRIC $150.00
PLUMBING $50.00
FIRE $65.00
DCA $39.00
TOTAL $709.00
CHANGE $0.00

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

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

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

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

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

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

RECEIVING CLERK PBP
DATE REC'D 3/13/13

ZONING PERMIT APPLICATION

PERMIT # P-13-00228
DATE ISSUED 4/11/13

BLOCK: 5417.01 LOT: 15 QUALIFIER: — SITE ADDRESS: 387 Brick Blv

IDENTIFICATION:

1. NAME OF OWNER IN FEE: T. Koziol (Theodore Koziol) DeCeased Developer
   COMPLETE ADDRESS: ~~387~~ Drum Point Plaza
   387 Brick Blvd Brick
   PHONE [redacted] EMAIL: [redacted]

2. NAME OF APPLICANT: Theodore Koziol
   APPLICANT ADDRESS: 24 Seagoin Rd
   Brick, NJ 08723
   PHONE [redacted] EMAIL: [redacted]

3. RESPONSIBLE PERSON FOR WORK: SELF
   PHONE# _____ FAX# _____

4. SIGNATURE OF APPLICANT: T. M Koz

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Vacant
PROPOSED USE: Chiropractor

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION ✓ *PORCH _____ *DECK _____

COMMERCIAL

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Converting an empty strip mall space into a Chiropractic office

ZONING REVIEW:
DATE REVIEWED: 3/18/13 DATE DENIED: — DATE APPROVED: 3/18/13 INTLS: JCS

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
MAR 15 2013
SCZ

ZONING REVIEW:

DATE REVIEWED: 3-15-13 DATE DENIED: — DATE APPROVED: 3-15-13 INTLS: SCZ

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 4/11/13
Application Number: ZA-13-00179
Application Date: 03/15/2013
Project Number:
Permit Number: ZP-13-00228
Fee: $50

Zoning Permit

Worksite Location: **387 BRICK BLVD.**
Drum Point Plaza
Brick Township, NJ 08723

Block: **547.01**
Lot: **15**
Qualifier:
Zone: **B-2**

Owner: **DRUM POINT PLAZA LLC**
Address: **249 BRICK BLVD**
BRICK, NJ 08723

Applicant: **Theodore Koziol**
Address: **24 Seagoin Road**
Brick, NJ 08723

Application Approved Date: 03/15/2013

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Professional Offices -Chiropractic office (former delicatessen).

Nonconforming Use is:

Work Description:

Rehabilitation - Interior alterations for a tenant fit-up for a new business, changing from a delicatessen to a chiropractic office.

ZA-13-00127 approved on February 28, 2013.

Upon review it was determined that the Development Application:

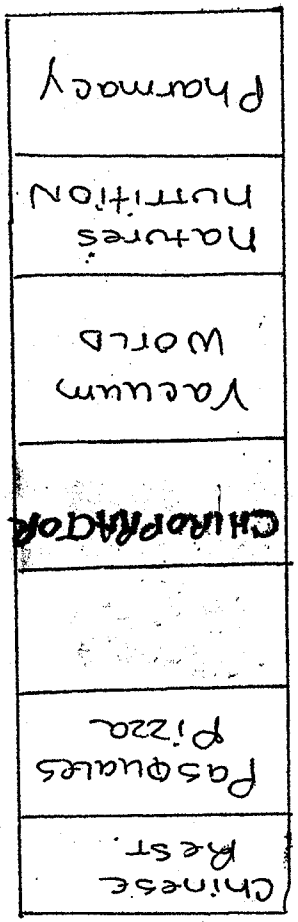
- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinney

Sean Kinney, Zoning Officer — 03/15/2013 Date

Michael P. Fowler, Township Planner — 3/15/13 **Date**

SITE MAP



CARVEL	Terrone Jewelers	RE/MAX Realtors	Eyes First Vision	SALON MILAN	LAUNDROMAT	SOCCER POST	K+T NAILS	PARADISE POOLS	7-11

PARKING LOT

DRUM POINT PLAZA

PARKING LOT

— BRICK BLVD —

APPROVED FOR ISSUANCE
SEAN KENNEDY ZONING OFFICER

MAR 15 2013

JS20
TFu-alt
Dr. Koziol

— DRUM PT. ROAD —

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-13-00127
Application Date: 02/28/2013
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **387 BRICK BLVD.**
Drum Point Plaza
Brick Township, NJ 08723

Block: **547.01**
Lot: **15**
Qualifier:
Zone: **B-2**

Owner: **DRUM POINT PLAZA LLC**
Address: **249 BRICK BLVD**
BRICK, NJ 08723

Applicant: **Allen Guddahl; Hollywood Signs**
Address: **203 Drum Point Road**
Brick, NJ 08723

Application Approved Date: 02/28/2013

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Professional Offices -Chiropractic office for Theodore Koziol.
Nonconforming Use is:

Work Description:
Sign - Wall sign, channel letters, 24" x 20', "Chiropractor".

The total sign area shall not exceed 15% of the total facade area.

The street address number must be displayed on the front and back doors.

Upon review it was determined that the Development Application:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinnevy, Zoning Officer — Date: Copy

Michael P. Fowler, Township Planner — **Date**

ELECTRICAL SUBCODE
TECHNICAL SECTION

Drum Pl. Plaza

Date Received 4/11/13
Control #
Date Issued
Permit # 13-1566

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

Block 547.01 Lot 15 Qualification Code
Work Site Location 387 Brick Blvd

Owner in Fee: T. Koziol (Theodore Koziol)
Tel. [redacted] mail [redacted]
Address 24 Seagoin Rd, Brick, NJ 08723
street municipality zip code
Contractor: Genesis Electrical Contractors Tel. (732) 245-7255
Address 1200 Mizzen Ave e-mail genlec@aol.com
Beachwood, NJ
Contractor License No. License # 9841 Exp. Date 3/2015
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 223467491 FAX: 732 349-7112

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 7100.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date: 4-11-13 Approved by: JS
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4-11-13
Approved by: JS
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

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

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:
Print name here: ANTHONY LORENZO
[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: FIT UP

QTY.	SIZE	ITEMS
31		Lighting Fixtures
42		Receptacles
14		Switches
		Detectors
		Light Poles
1		Motors—Fract. HP
2		Emergency & Exit Lights
13		Communications Points
		Alarm Devices/F.A.C. Panel
103		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
1	10KW	X RAY

FEE (Office Use Only)

$

COMMERCIAL

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

*Change of USE

M - B

U.C.C. F120 (rev. 11/08) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 547.01 LOT: 15 ADDRESS: 387 Brick BLV

IDENTIFICATION:

1. WORK SITE ADDRESS: 387 Brick BLV
2. NAME OF OWNER IN FEE: T. Kozlol

ADDRESS: _____ PHONE #: (__) _____

_____ FAX #: (__) _____

3. PRINCIPAL CONTRACTOR: _____

ADDRESS: _____ PHONE #: (__) _____

_____ FAX #: (__) _____

4. ARCHITECT OR ENGINEER: _____

ADDRESS: _____ PHONE: # (__) _____

5. RESPONSIBLE PERSON FOR WORK: _____

ADDRESS: _____

PHONE #: (__) _____ FAX #: (__) _____ E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

COMMERCIAL

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

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

Date:_____

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 547.01 Lot: 15

Property Address: 387 Brick Blvd

I,_____ of _____
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
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:_____ Signed:_____

Rejected on:_____ Signed:_____

Comments:

311 ACCESS BRICK TOWNSHIP

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

4117-6363
John

Subcode Official Review

Date: Saturday, March 30, 2013

To: DRUM POINT PLAZA LLC
249 BRICK BLVD
BRICK, NJ 08723

RE: Building Subcode
Block: 547.01 Lot: 15 Qual:
335-399 BRICK BLVD.(387)
Permit Number: Control Number: C-13-001478
Last Submit Date: Tuesday, March 26, 2013

Dear DRUM POINT PLAZA LLC,

Your request is hereby denied based upon the following infractions.

Provide complete details for walls which require protection from radiation.

Project is not Identified properly. M to B is a change of use. Be sure to indicate any factors which would change the requirements in the Rehab subcode.

2 BARRIER FREE OK

Sincerely,

Michael Vecchio, [redacted]

CC:

4/4/13 - Resubmit - Ltr

13-1566

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Ted Koziol - Chiropractor.
335-399(387) Brick Blvd. B: 547.01 L: 15

Tenant fit-ups / Commercial Renovations

Prior Approvals if Applicable

Affordable Housing Approval N/A	comment	☑
Approval of BTMUA N/A	comment	☑
Engineering Approval N/A	comment	☑
Ocean County Soils Conservation District Approval N/A	comment	☑

UCC Requirements

CO application	comment	☐
Final Building inspection -including original permit and all updates	comment	☑
Final Plumbing inspection - including original permit and all updates	comment	☑
Final Fire inspection - including original permit and all updates	comment	☑
Final Electrical inspection - including original permit and all updates	comment	☑
If applicable Final Elevator inspection - including original permit and all updates N/A	comment	☑

This checklist has been given to: (edit)

Nuclear Medicine
Mammography
Calibrations
QA Programs

CT/MRI
JCAHO Compliance
Shielding Design
Radiation Surveys

MEDICAL PHYSICS SERVICES

Thomas Piccoli, M.Sc., DABMP, DABR
Medical Physicist
Diplomate, American Board of Radiology
Diplomate, American Board of Medical Physicists

March 1, 2013

Dr. Koziol
391 Brick Boulevard
Brick, New Jersey 08723

Dear Dr. Koziol:

Enclosed are the calculations for the shielding requirements for your x-ray room at your new facility.

When protective barriers are provided, as indicated below, protection will be insured to all personnel and patients. Radiation doses will be below the Maximum Permissible Dose Equivalent (MPD) as recommended by state and federal guidelines.

The last page of this report is the most important page since it summarizes the shielding requirements for each wall.

Sincerely yours,

Thomas Piccoli, DABR
Diagnostic Radiological Physicist

405 Euclid Avenue • Manasquan, New Jersey 08736 • (732) 292-4661

4/4/13

Dario L. Pasquariello, R.A., A.I.A
DARIO
Architecture – Design, LLC
4057 Route 9 North #159
Howell, New Jersey 07731
Phone: 1-732-608-6838
Fax: 1-732-358-0236

-April 2, 2013

Re: **BACK & NECK CENTER OF BRICK**
387 Brick Boulevard
Bricktown, NJ

TOWNS
RELEASED FOR PERMI
Building Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official

Use group change:

'M' use group may be changed to 'B' use for the tenant fit out of the new Chiropractor office for the project listed above. As per the NJ UCC rehabilitation code subchapter 6 all requirements for 'B' use group shall be followed for all work performed.

Should you have any questions in this matter, or require additional documentation, please feel free to contact me at any time.

Hereby certified,

Dario Pasquariello, R.A., A.I.A.
Principal Architect
NJ LIC. NO. AI-17852
NY LIC. NO. 043696
PA LIC. NO. 405008

4/4/13

Koziol: 387 Brick Blvd. Brick, NJ 0873

SHIELDING CALCULATIONS

TERMINOLOGY:

- W = Workload – usually expressed in: Ma-Min/Week
- P = Permissible Dose: Controlled Areas = 10 mR/week
  Uncontrolled Areas = 2 mR/week
- U = Use Factor: Fraction of time beam is pointing at a particular barrier.
- T = Occupancy Factor: Fraction of time area is occupied
- T(x) = Transmission Factor
- Xn = Radiation Exposure Output: usually 1 R-m^2/Ma –min
- d = Distance from source of radiation to barrier in question
- B = Transmission through the barrier
- F = Radiation field size
- HVL = Half-Value-Layer
- n = Number of Half-Value-Layers
- X = Thickness of Lead Required

FORMULAS:

- PRIMARY BARRIERS: Barriers protected from the primary source of radiation.

$$B_{(transmission)} = Pd^2/W \bullet U \bullet T \bullet X_n$$

- SECONDARY BARRIERS: Barriers protected from scatter and leakage radiation.

$$E_{(scatter)} = (X_n)(W)(T)(F)/(d^2)(1000)(400)$$

- NUMBER OF HALF-VALUE LAYERS:

$$n_{HVL} = X/HVL$$

OCCUPANCY FACTORS (T)

Fraction of Workload the area on the other side of the barrier is occupied

Full Occupancy = T = 1

Work areas such as offices, laboratories, shops, nurses' stations, etc.

Partial Occupancy = (T= 1/4)

Corridors of non-occupational workers, rest rooms, elevators

Occasional Occupancy = (T =1/16)

Waiting rooms, stairways, closets, outside walls

CALCULATIONS

Wall "A" (Secondary Barrier) Corridor of Non-Occupational Workers :T = 1/4

Secondary Barrier:

Workload: = W

(15 patients/day)(5 days/week)(8 exposures/patient) (80 mAs/exp)((1 min/60 sec)

W = 800 mA-min/week

U = 1

T = 1/4

X(n) = 1 R-m^2/mA-min

E(scatter) = (1 R-m^2/mA-min)(800 mA-min/wk)(0.25)(1505 cm^2)/[2.5m^2][1000][400] =

E(scatter) = 0.12 = I(o)

I(x) = un-controlled area = 2 mR (0.002 R) per week

T(x) = I(x)/I(o) = 0.002/0.12 = 0.02

$1/2^n$ = 0.02

N(hvl) = 5.6 HVL

Koziol - 2013

HVL of lead at 70 kVp = 0.17 mm

Therefore: (5.6 HVL)(0.17 mm/HVL) = 0.95 mm lead required

MINIMUM LEAD REQUIRED FOR WALL "A" = 1.5 mm or 1/16"

MINIMUM REQUIRED FOR WALL "B" = 0 mm = OUTSIDE WALL

MINIMUM REQUIRD FOR WALL "C" = 0 mm = OUTSIDE WALL

Wall "D" (Secondary Barrier) Control Room of Radiation Workers :T = 0.75

Secondary Barrier:

Workload: = W

(15 patients/day)(5 days/week)(8 exposures/patient) (80 mAs/exp)((1 min/60 sec)

W = 800 mA-min/week

U = 1

T = 0.75

X(n) = 1 R-m^2/mA-min

E(scatter) = (1 R-m^2/mA-min)(800 mA-min/wk)(0.75)(1505 cm^2)/[2.3m^2][1000][400] =

E(scatter) = 0.43 = I(o)

I(x) = Controlled area = 10 mR/wk (0.01 R/wk)

T(x) = I(x)/I(o) = 0.01/0.43 = 0.02

$1/2^n$ = 0.02

N(hvl) = 5.6 HVL

HVL of lead at 70 kVp = 0.17 mm