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.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 1170 LOT 14.02 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 21-0641

CONSTRUCTION PERMIT APPLICATION C20-0041/21

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1640 RTE 88 BRICK, NJ 1ST FLOOR
2. Name of Owner in Fee: BRICK ORTHOPEDIC REAL ESTATE LLC
   Tel. 732-660-6200 e-mail _____
   Address 1200 EAGLE AVE, OCEAN, NJ 07712
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: MONMOUTH MEDICAL SERV Tel. 732-947-1425
   Address PO BOX 184 e-mail _____
   SHREWSBURY, NJ 07702
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason
   Federal Emp. ID No. 27-2393404 FAX: 732-530-5171
5. Architect or Engineer Jim BRICK Contact _____
   Address 106 HUCKLEBERRY RD, MEDFORD e-mail _____
   Tel. 609-417-5197 FAX: _____
6. Responsible Person in Charge once Work has Begun TERRI GRANGER
   Tel. 732-947-1425 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 450 ✓	150 ✓	180 ✓
2. Electrical	150 ✓		
3. Plumbing	165 ✓		
4. Fire Protection	100 ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 45-	16-	1-
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 1008	166-	301-

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. 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 (Alt. Commercial)
- ☐ 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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	15,000		12/1/20		1-29-21	SB2			
☒ Electrical	6,500				12-10-20	MM			
☒ Plumbing	1,500.00				2-15-21	MM			
☒ Fire Protection				2/1/21		RD	3/2/21		DD
☐ Elevator									
TOTAL COST	23,000.00								

VII. DESCRIPTION OF BUILDING USE

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

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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/08/2021
Control Number C-20-004122
Permit Number 21-0641
Permit Issue Date 03/15/2021
Certificate Number 21-0641

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1640 ROUTE 88 UNIT 101 Brick Township, NJ Block: 1170 Lot: 14.02 Qual:

Owner in Fee: BRICK ORTHOPAEDIC REAL ESTATE PARTN

Owner Address: 1200 EAGLE AVENUE OCEAN NJ 07712

Telephone: (732) 660-6200

Contractor Monmouth Medical Services

Address 20 Thomas Avenue P.O. Box 184 Shrewsbury NJ 07702

Telephone: (732) 618-8879 Fax: (732) 530-5171 Federal Emp. Number: 27-2393404

License Number or Builders Registration 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: ALTERATION - COMMERCIAL - - SEAVIEW ORTHOPEDICS ...INTERIOR ALTERATIONS

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

Date Printed: 07/08/2021

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

Fee: $0.00
Check Number:
Collected By:

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature_____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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.

(X) Check if contractor.

Agent Name Monmouth Medical Services LLC

Address Po Box 184
Shrewsbury, NJ 07702

Telephone 732-947-1425

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/15/21
Control #
Date Issued
Permit # 21-0641

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

Block 1170 Lot 14.02 Qualification Code

Work Site Location 1640 route 88 west -Brick NJ 08724

Owner in Fee: ~~SEA VIEW~~ BRICK ORTHOPAEDICS ~~& MEDICAL ASSOCIAT~~ REAL ESTATE LLC

Tel. (732) 947-1425 e-mail

Address ~~SAME AS ABOVE~~ 1200 EAGLE AVE, OCEAN, NJ 07712
street municipality zip code

Contractor: DOCTOR ELECTRIC NJ LLC Tel. 7327687814

Address 42 UNIVERSITY DRIVE e-mail mail@drelectricnj.com

LONG BRANCH - NEW JERSEY - 07740

Contractor License No. 16572 Exp. Date 3-2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 943484507 FAX: 7328624614

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 6,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Electric Plans Approved

Date: 12-10-2020 Approved by: WW

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12-10-2020

Approved by: WW

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 6-10-21

Approved by: WW

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough Wells			4-26-21	WW
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6/8/21	
Barrier-Free				

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: MOHAMED HASSAN

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
WIRING NEW XRAY-NEW100A DISCONNECT-25KVA TRANSFOR

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
19		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
19		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	
1	25	KW Transformer/Generator NOT Done -	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update

Date Received 4/21/21
Control #
Date Issued
Permit # ~~21-0624~~ 21-0641+A

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

Block 1170 Lot 14.02 Qualification Code

Work Site Location 1640 Route 88, Unit 101
Brick, NJ 08724

Owner in Fee: Brick Orthopaedic Real Estate Partners

Tel. (732) 660-6200 e-mail

Address 1200 Eagle Avenue (street) Ocean, NJ (municipality) 07712 (zip code)

Contractor: Systems Connect, Inc. Tel. (732) 223-3000

Address 1025 Highway 70 Suite 1 e-mail
Brielle, NJ 08730 harrym@systemsconnect.com

Contractor License No. 561 Tel Exempt Exp. Date N/A

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

Federal Emp. ID No. 22-3547542 FAX: (732) 223-0088

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 8,550.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required 4-14-21
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 6-10-21
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 6-10-21
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			Cghte	
Barrier-Free				
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: Harry J. Montalto

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of 38 communications points

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
38		Communications Points	
		Alarm Devices/F.A.C. Panel	
		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	

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

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PERMIT UPDATE #21-0641

5/19/21

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued
Permit # 21-0641+B

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

Block 1170 Lot 14.02 Qualification Code

Work Site Location 1640 route 88 west -Brick NJ 08724

Owner in Fee: SEA VIEW ORTHOPAEDICS & MEDICAL ASSOCIAT

Tel. (732) 947-1425 e-mail

Address SAME AS ABOVE
street municipality zip code

Contractor: DOCTOR ELECTRIC NJ LLC Tel. 7327687814

Address 42 UNIVERSITY DRIVE e-mail mail@drelectricnj.com

LONG BRANCH - NEW JERSEY - 07740

Contractor License No. 16572 Exp. Date 3-2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 943484507 FAX: 7328624614

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 5-7-21 MW

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 5-7-21
Approved by: MW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 6-10-21
Approved by: MW

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough			5-24-21 MW	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			6/9/21 TC	
Final				
Barrier-Free				

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: MOHAMED HASSAN

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
installing new 5 recessed led lights in new soffit

COMMERCIAL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
5		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
5		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	

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 3/15/21

Date Issued / Permit # 21-0641

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

Block 1170 Lot 14.02 Qualification Code

Work Site Location 1640 RTE 88 WEST 1ST FLOOR BRICK, NJ

Owner in Fee: BRICK ORTHOPEDIC REAL ESTATE LLC

Tel. 732-660-6200 e-mail

Address 1200 EAGLE AVE, OCEAN, NJ 07712

Contractor: MONMOUTH MEDICAL SERVICES (street / municipality) Tel. 732-947-1425 (zip code)

Address PO BOX 184 SHREWSBURY, NJ 07702 e-mail MONMOUTH420@AOL.COM

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 27-2393404 FAX: 732-530-5171

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	1.29.21	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 02/03/21
Approved by: TCM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 06/09/21
Approved by: TCM

INSPECTIONS Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame		4/30/21 TCM	5/28/21	
Truss Sys./Bracing				
Barrier-Free		Above comb 2 risers short		
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			06/09/21	TCM
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 15,000
3. Total (1+ 2) $ 15,000.00

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: TULLI GRANGER

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT RENOVATION

COMMERCIAL

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

K 1170 LOT 14.02 QUALIFICATION CODE _____ ADDRESS (SITE) 1640 Rt. 88, Unit 101 PERMIT NO. 21-0641 ~~21-0621~~

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1640 Route 88, Unit 101 Brick, NJ 08724
2. Name of Owner in Fee: Brick Orthopaedic Real Estate Partners
   Tel. (732) 660-6200 e-mail _____
   Address 1200 Eagle Avenue (street) Ocean, NJ (municipality) 07712 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Systems Connect, Inc. Tel. (732) 223-3000
   Address 1025 Highway 70, Suite 1 e-mail _____
   Brielle, NJ 08730 harrym@systemsconnect.com
   License No. OR, if new home, Builder Reg. No. 561 Tel Exept Exp. Date N/A
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): N/A
   Federal Emp. ID No. 22-3547542 FAX: (732) 223-0088
5. Architect or Engineer N/A Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Harry Montalto
   Tel. (732) 684-3884 FAX: (732) 223-0088

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
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 _____
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

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	8,550.00								
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature_____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(X) Check if contractor.

Agent Name Harry J. Montalto

Address 1025 Highway 70 Suite 1

Brielle, NJ 08730

Telephone (732) 223-3000

Signature Harry J Montalto

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 3/15/21

Date Issued / Permit # 21-0648

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

Block 1170 Lot 14.02 Qualification Code

Work Site Location 1640 RTE 88 1ST FLOOR Suite 101 BRICK, NJ

Owner in Fee: BRICK ORTHOPEDIC REAL ESTATE LLC

Tel. (732) 660-6200 e-mail

Address 1200 EAGLE AVE, OCEAN, NJ 07712

Contractor: EZ Plumbing and HVAC (street / municipality) Tel. (973) 202-2190 (zip code)

Address 19 Lockwood PL 07012 e-mail

Contractor License No. 12113 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH10885700

Federal Emp. ID No. 842-632-390 FAX: ( )

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 $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[X] Plumbing Plans Approved

Date: 2-15-21

Approved by: MW

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 6-9-21

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			4-30-21	JD
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			6-9-21	WM

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL ONE HAND SINK WITH Pump

Tie INTO Existing DRAIN(AWV)

COMMERCIAL

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

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

U.C.C. F130 (rev. 10/06)
Reorder from OCS Printing
609-390-1400

White = Applicant Copy Canary = Office Copy Index = Inspector Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Update

Date Received / Control # 5/27/21

Date Issued / Permit # 21-0641+C

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

Block 1170 Lot 14.02 Qualification Code

Work Site Location 1640 RTE. 88 WEST 1ST. FLOOR

Owner in Fee: BRICK ORTHOPEDIC REAL ESTATE LLC

Tel. (732) 660-6200 e-mail

Address 1200 EAGLE AVE. (street), OCEAN (municipality), NJ 07712 (zip code)

Contractor: Atlantic Sprinkler Corp. Tel. (732) 905-6918

Address 474 Bella Vista Road e-mail brinsko@bsprinkler.net

Brick, NJ 08724

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00209

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153380

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 22-1911981 FAX: (732) 892-3989

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 1000.00

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: Same Place

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Fire Protection Plans Approved

Date: 5-27-21 Approved by: LAC

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 5-27-21

Approved by: LAC

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [✓] CCO [ ] CA

Date: 6/11/21

Approved by: LAC

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			6/9/21	PM
Other Final			6/9/21	PM

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

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:

Print name here: Robert Vinsko

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Relocate Existing Sprinkler Heads

Water Supply Source City

Method of Alarm/Suppression System Supervision Central

	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)	8	
Standpipes	1	
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		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/15/21
Control #

Date Issued
Permit # 21-0641

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

Block 1170 Lot 14.02 Qualification Code

Work Site Location 1640 RTE 88, BRICK, NJ 1ST FLOOR

Owner in Fee: BRICK ORTHOPEDIC REAL ESTATE LLC

Tel. (732) 660-6200 e-mail

Address 1200 EAGLE AVE OCEAN, NJ
street municipality zip code

Contractor: ATLANTIC SPRINKLER Tel. ( )

Address 475 BUENA VISTA e-mail
BRICK

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 Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $

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 sign/Contractor sign and seal here:

Print name here:

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK NO SPRINKLER WORK

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		letter in file NO Sprinkler work
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 Plan Review		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/3/21
Approved by: NJD AFSC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 6/9/21
Approved by: NJD AFSC

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			6/9/21	RM
Other Above Ceilings	5/7/21		6/9/21	RM

Cel Lucia

5/17/21 – Need permit update for work
– Need aboveground pipe cert

Moved 4
Added 4 – 3 solar
1 enclosure

No Reinspection is necessary

(X) tech

May 18, 2021

Brick Township Bureau
253 Brick Blvd.
Brick, NJ 08723
Email: Rorlando@Brickfire.org

Subject: Seaview Orthopaedics
1640 Rt 88 Suite 100
Brick, NJ

Gentlemen:

The eight sprinkler heads that were relocated in the above subject named location conform to NFPA 13 Standards.

If there are any questions, please feel free to contact me on my cell at:
(732) 433-0643

Sincerely,

Robert Vinsko

ATLANTIC SPRINKLER CORP. "We believe in keeping Buildings, and the People in them, Safe From Fire."
474 BELLA VISTA ROAD, BRICK, NEW JERSEY 08724 • TELEPHONE (732) 905-6918 • (732) 793-5911 • FAX (732) 892-3989
NJ PERMIT # P00209

Contractor's Material and Test Certificate for Aboveground Piping

A. Procedure (Conforms to NFPA 13-1994)

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job. A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances. All "No" answers shall be explained in the Comments portion of this form.

Property Name: Sea View Ortho

Property Address: 640 Rt 88 Date: 5/7/21

B. Plans

1. Accepted by Approving Authorities (Names): Avick
2. Address:
3. Installation conforms to accepted plans N/A ☐ Yes ☐ No
4. Equipment used is approved ☐ Yes ☐ No

C. Instructions

1. Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment ☑ Yes ☐ No
2. Have copies of the following been left on the premises:
   a. System components instructions N/A ☐ Yes ☐ No
   b. Care and maintenance instructions ☐ Yes ☐ No
   c. NFPA 25 ☐ Yes ☐ No

D. Location of system - Supplies building: Same

E. Sprinklers

Make	Model	Year Made	Orifice	Quantity	Temperature
Vic	V88	2021	1/2	3	155°
Vic	V27	2021	1/2	5	155°

F. Pipe and Fittings

1. Type of Pipe: Seamless / Black
2. Type of Fittings: Steel

G. Alarm Valve or Flow Indicator

Type	Make	Model	Max. Time to Operate Through Insp. Test
			Existing

H. Dry-Pipe Valve

1. Make and Model:
2. Serial Number:

I. Quick Opening Device (Q.O.D.)

1. Make and Model:
2. Serial Number:

J. Dry-Pipe System Operating Test Without Q.O.D.

1. Time to trip through test connection*:
2. Water pressure _____ psi. Air pressure _____ psi.
3. Trip point air pressure _____ psi.
4. Time water reached test outlet*:
5. Alarm operated properly ☐ Yes ☐ No

K. Dry-Pipe System Operating Test With Q.O.D.

1. Time to trip through test connection*:
2. Water pressure _____ psi. Air pressure _____ psi.
3. Trip point air pressure _____ psi.
4. Time water reached test outlet*:
5. Alarm operated properly ☐ Yes ☐ No

L. Deluge and Preaction Valves

1. Make and Model:
2. Operation: ☐ Pneumatic ☐ Electric ☐ Hydraulic
3. Piping and detecting media supervised ☐ Yes ☐ No
4. Does valve operate from manual trip and/or remote control stations ☐ Yes ☐ No
5. Is there an accessible facility in each circuit for testing ☐ Yes ☐ No
6. Does each circuit operate supervision loss alarm ☐ Yes ☐ No
7. Does each circuit operate valve release ☐ Yes ☐ No
8. Maximum time to operate release:

M. Pressure Reducing Valve

1. Location and Floor:
2. Make and Model:
3. Setting:
4. Static Pressure: Inlet _____ psi, Outlet _____ psi
5. Residual Pressure (Flowing): Inlet _____ psi, Outlet _____ psi
6. Flow Rate: _____ gpm

*measured from time inspectors test connection is opened

N. Test Description

Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.

Pneumatic: Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1.5 psi (0.1 bars) in 24 hrs. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1.5 psi (0.1 bars) in 24 hrs.

O. Tests

1. All piping hydrostatically tested at 75 psi for 24 hours
2. Dry piping pneumatically tested N/A ☐ Yes ☐ No
3. Equipment operates properly ☑ Yes ☐ No
4. Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks? ☑ Yes ☐ No
5. Drain Test:
   a. Static pressure reading of gage located near water supply connection 75 psi.
   b. Residual pressure with valve in test connection open wide 70 psi.
6. Underground mains and lead in connections to risers flushed before connection made to sprinkler piping and verified by copy of form No. 13-U ☐ Yes ☐ No
7. Flushed by installer of underground piping ☐ Yes ☐ No
8. If powder driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? ☐ Yes ☐ No

P. Blank Testing Gaskets

1. Number used: N/A
2. Locations:
3. Number removed:

Q. Welded Piping - If welded piping was used in the system, complete the following:

1. Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS D10.9, Level AR-3 ☐ Yes ☐ No
2. Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS D10.9, Level AR-3 ☐ Yes ☐ No
3. Do you certify that welding was carried out in compliance with a documented quality control procedure to insure that all discs are retrieved, openings in the pipe are smooth, slag and other welding residue are removed, and the internal diameters of piping are not penetrated ☐ Yes ☐ No

R. Cutouts (Disks)

Do you certify that you have a control feature to ensure that all cutouts (disks) are retrieved? ☐ Yes ☐ No

S. Hydraulic Data Nameplate Provided ☐ Yes ☐ No

T. Date left in service (with all control valves open): 4/25/21

U. Signatures

1. Name of sprinkler contractor: Atlantic Sprinkler
2. Tests witnessed by:
   For property owner (Signed):
   Title: Supt Date: 4/25/21
   For sprinkler contractor (Signed):
   Title: Foreman Date: 4/25/21

V. Comments (This section is for additional explanation and notes. All "No" answers must be explained here.)

☐ Check here if comments continue on reverse side of this form

February 26, 2021

Brick Township Bureau
253 Brick Blvd.
Brick, NJ 08723
Email: Rorlando@Brickfire.org

Subject: Seaview Orthopaedics
1640 Rt 88 Suite 100
Brick, NJ

Gentlemen:

The above subject named project, so far, has no fire sprinkler work.

If for some reason fire sprinkler work is needed, after the walls are constructed, we will notify you.

If there are any questions, please call me. Cell: 732-433-0643

Very Truly Yours,
Robert Vinsko
Robert Vinsko

ATLANTIC SPRINKLER CORP. "We believe in keeping Buildings, and the People in them, Safe From Fire."
474 BELLA VISTA ROAD, BRICK, NEW JERSEY 08724 • TELEPHONE (732) 905-6918 • (732) 793-5911 • FAX (732) 892-3989
NJ PERMIT # P00209

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

ck Township

CORRECTION NOTICE

ADDRESS 1640 Rt 88

PERMIT NUMBER 21-0641 BLOCK _____ LOT _____

~~OWNER~~ _____

Upon inspection, violations of the X Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

1. Entry layout not to plans
2. Doors not to plans
3. Drop ceiling detail for build and connection-

(update Required)

Architect to update

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 4/30/21 INSPECTOR _____

BUILDING SUBCODE
TECHNICAL SECTION

Update

Date Received 5/19/21
Control #

Date Issued
Permit # 21-0641 + B

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

Block 1170 Lot 14.02 Qualification Code

Work Site Location 1640 RTE 88 BRICK NJ

Owner in Fee: SEAVIEW ORTHO ASSOC.

Tel. 732-947-1425 e-mail

Address 1640 RTE 88

Contractor: MONMOUTH MEDICAL (street / municipality) Tel. 732-947-1425 (zip code)

Address PO BOX 184 SHREWSBURY NJ 07702 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. 27-2393404 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All 5/17/21 MG
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 05/17/21
Approved by: MGK.

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [V] CA
Date: 06/09/21
Approved by: MGK.

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			5/17/21	MGK
Truss Sys./Bracing				
Barrier-Free			Above ceiling & Area 5/17/21	MGK
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			06/09/21	MGK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____

No. of Stories

Height of Structure ____ ft.

Area — Largest Floor ____ sq. ft.

New Bldg. Area/All Floors ____ sq. ft.

Volume of New Structure ____ cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present ____ Proposed ____

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 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.

Sign here: [signature]

Print name here: TIMOTHY BRANGER

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REVISED SOFFIT DETAIL
RELOCATED WALLS
ALL CHANGES CLOUDED ON DRAWINGS

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 $

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PERMIT UPDATE

Date Update Issued 5/7/21
Control # C-20-004122+C
Permit # 21-0641+C

IDENTIFICATION Block: 1170 Lot: 14.02 Qualifier
Work Site Location: 1640 ROUTE 88 UNIT 101 Brick Township, NJ
Owner in Fee: BRICK ORTHOPAEDIC REAL ESTATE PARTN
1200 EAGLE AVENUE OCEAN NJ 07712
Telephone: (732) 660-6200

Contractor: Monmouth Medical Services
Address: 20 Thomas Avenue P.O. Box 184 Shrewsbury NJ 07702
Telephone: (732) 618-8879
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 27-2393404

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL - SEAVIEW ORTHOPEDICS ; UPDATE +C - SPRINKLERS

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 $1,000

D. Neuman Jr FPE 5/24/21
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$118
Check No.	5494
Cash	$0
Credit	$0
Collected By	M. Fagan

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.

☐ 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.

May 18, 2021

Brick Township Bureau
253 Brick Blvd.
Brick, NJ 08723
Email: Rorlando@Brickfire.org

Subject: Seaview Orthopaedics
1640 Rt 88 Suite 100
Brick, NJ

Gentlemen:

The eight sprinkler heads that were relocated in the above subject named location conform to NFPA 13 Standards.

If there are any questions, please feel free to contact me on my cell at:
(732) 433-0643

Sincerely,

Robert Vinsko

ATLANTIC SPRINKLER CORP. "We believe in keeping Buildings, and the People in them, Safe From Fire."
474 BELLA VISTA ROAD, BRICK, NEW JERSEY 08724 • TELEPHONE (732) 905-6918 • (732) 793-5911 • FAX (732) 892-3989
NJ PERMIT # P00209

PERMIT UPDATE

Date Update Issued 5/19/21
Control # C-20-004122+B
Permit # 21-0641+B

IDENTIFICATION Block: 1170 Lot: 14.02 Qualifier
Work Site Location: 1640 ROUTE 88 UNIT 101 Brick Township, NJ
Owner in Fee: BRICK ORTHOPAEDIC REAL ESTATE PARTN
1200 EAGLE AVENUE OCEAN NJ 07712
Telephone: (732) 660-6200

Contractor: Monmouth Medical Services
Address: 20 Thomas Avenue P.O. Box 184 Shrewsbury NJ 07702
Telephone: (732) 618-8879
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 27-2393404

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL - SEAVIEW ORTHOPEDICS ...REVISED SOFFIT DETAIL; RELOCATED WALLS; ELECTRICAL ALT.

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 $501

D. Nunnari Jr. 5/18/21
Construction Official Date

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$301
Check No.	1482
Cash	$0
Credit	$0
Collected By	

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.

05/19/21 [illegible] 00155848858
#10 SERV 010
BUILDING $150.00
ELECTRIC $150.00
DCA $1.00
TOTAL $301.00

- [ ] 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.

PERMIT UPDATE

Date Update Issued 4/21/21
Control # C-20-004122+A
Permit # 21-0641+A

IDENTIFICATION Block: 1170 Lot: 14.02 Qualifier
Work Site Location: 1640 ROUTE 88 UNIT 101 Brick Township, NJ
Owner in Fee: BRICK ORTHOPAEDIC REAL ESTATE PARTN
1200 EAGLE AVENUE OCEAN NJ 07712
Telephone: (732) 660-6200

Contractor: Monmouth Medical Services
Address: 20 Thomas Avenue P.O. Box 184 Shrewsbury NJ 07702
Telephone: (732) 618-8879
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 27-2393404

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL ...UPDATE +A- COMMUNICATION POINTS
SEAVIEW ORTHOPEDICS

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 $8,550

Construction Official

Date 4/14/21

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	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$16
CO Fee	
Other	$0
Total	$166
Check No.	
Cash	$0
Credit	$0
Collected By	

REQUIRED INSPECTIONS

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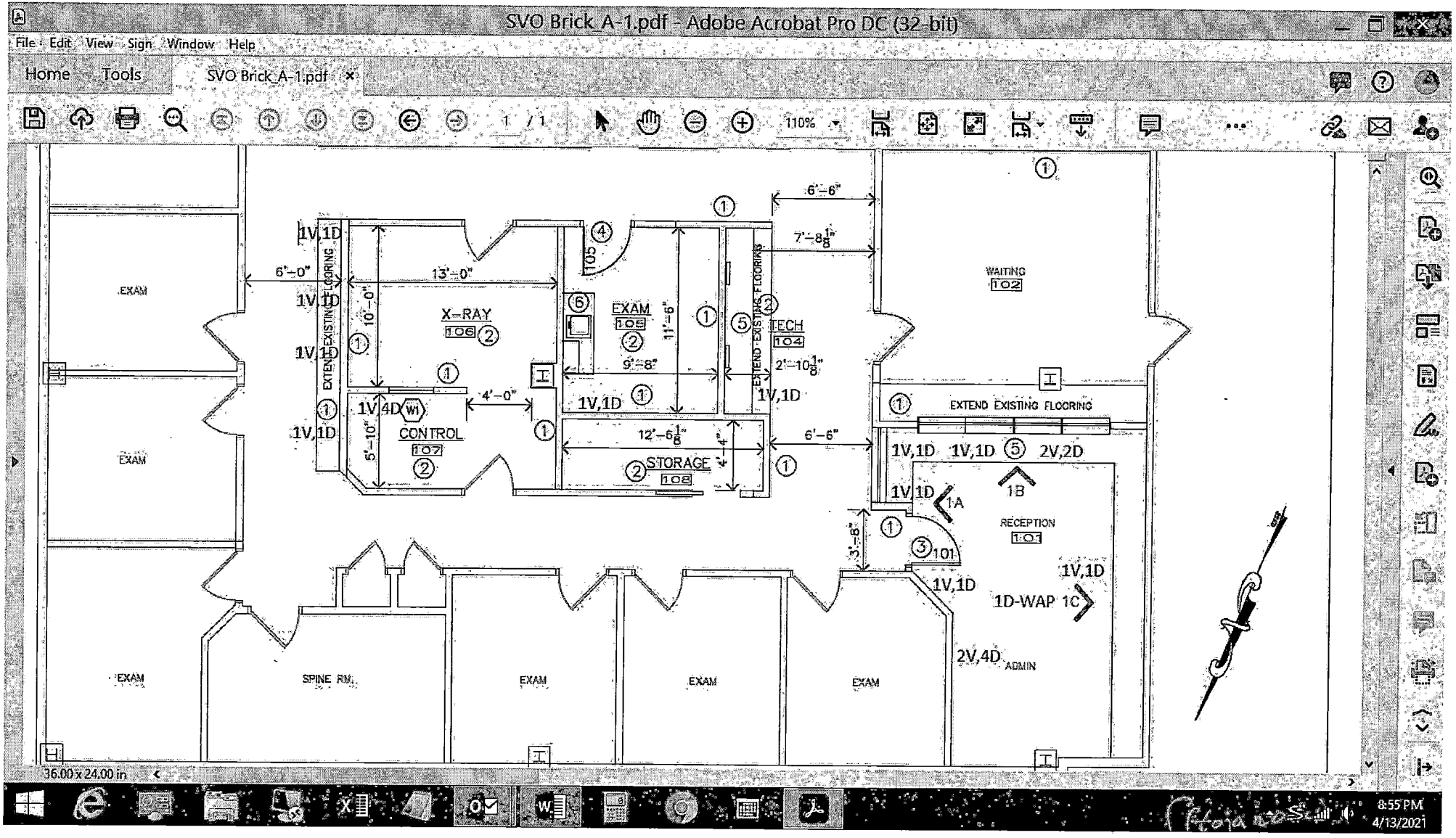
SVO Brick_A-1.pdf - Adobe Acrobat Pro DC (32-bit)
File Edit View Sign Window Help
Home Tools SVO Brick_A-1.pdf
EXAM
EXAM
EXAM
SPINE RM.
EXAM
EXAM
EXAM
X-RAY 106
CONTROL 107
EXAM 105
STORAGE 108
TECH 104
WAITING 102
RECEPTION 101
ADMIN
EXTEND EXISTING FLOORING
1V,1D
1V,4D
2V,2D
1D-WAP
6'-0"
13'-0"
10'-0"
5'-10"
4'-0"
9'-8"
11'-6"
12'-6 1/8"
6'-6"
7'-8 1/8"
2'-10 1/8"
3'-8"
36.00 x 24.00 in
8:55 PM
4/13/2021

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Examiners of Electrical Contractors

TELECOMMUNICATIONS

Limited Wiring Exemption*

Issued to: Systems Connect, Inc.
1025 Highway 70, Suite 1
Brielle, NJ 08730

Signature of holder

561
Exemption No.

CONSTRUCTION PERMIT

Date Issued 3/15/21
Control # C-20-004122
Permit # 21-0021

IDENTIFICATION Block: 1170 Lot: 14.02 Qualifier
Work Site Location: 1640 ROUTE 88 UNIT 101 Brick Township, NJ
Owner in Fee: BRICK ORTHOPAEDIC REAL ESTATE PARTN
1200 EAGLE AVENUE OCEAN NJ 07712
Telephone:

Contractor: Monmouth Medical Services
Address: 20 Thomas Avenue P.O. Box 184 Shrewsbury NJ 07702
Telephone: (732) 618-8879
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 27-2393404

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:
ALTERATION - COMMERCIAL - SEAVIEW ORTHOPEDICS ...INTERIOR ALTERATIONS

PAYMENTS (Office Use Only)

Building	$750
Electrical	$165
Plumbing	$150
Fire Protection	$100
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$43
CO Fee	
Other	$0
Total	$1,208
Check No.	5370
Cash	$0
Credit	$0
Collected By	LD

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 $23,001

D. Naumann Jr. 3/15/21
Construction Official Date

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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- [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.

Tax
842-632-390

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors
HAS LICENSED
Daoud O. Othman
Master HVACR Contractor

05/27/2018 TO 06/30/2020
VALID

Daoud Othman
SIGNATURE

19HC00108400
License/Registration/Certificate #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers
HAS LICENSED
Daoud O. Othman
Master Plumber

05/21/2019 TO 06/30/2021
VALID

Daoud Othman
SIGNATURE

36BI01211300
License/Registration/Certificate #

Paul Rodriguez
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
EZ PLUMBING AND HVAC LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

02/10/2020 TO 03/31/2021
VALID

SIGNATURE

13VH10885700
License/Registration/Certificate #

Paul Rodriguez
ACTING DIRECTOR

JAMES W.
BRICK Architect L.L.C.
HealthcareArchitecturePlanningDesign

May 6, 2021

Mr. Peter Macnamara, Construction Official
Township of Brick
Building Department
401 Chambers Bridge Road
Brick, N.J. 08723

RE: ***Seaview Orthopaedics and Medical Associates***
1649 Route 88 West, Brick, NJ
First Floor Renovation
Project No. 1902

Dear Peter,

I am sorry I missed your call this past Friday, April 30, 2021. I did receive your voice mail which was clear and subsequently visited the site this past Monday May 3, 2021. I reviewed the new soffit framing and requested the builder add another brace at the corner (45 d angle) of the soffit. Accordingly, I found that with that additional brace it is acceptable and structurally sound. I also gathered all the field revisions on site that differed from the original permit drawings.

I have attached signed and sealed copies of drawings A-1 and EP-1 that have been revised as per the field revisions for your update and review.

Please feel free to contact me with any questions.

Sincerely,

James W. Brick, RA

c: Krystal Kaplan, SVO
Tuuli Granger, MMS

106 Tuckerton Road, Medford, NJ 08055 Tel: 609.417.5197 Email: jwballc@comcast.net