BLOCK 1170 LOT 16 QUALIFICATION CODE _____ ADDRESS (SITE) 970 Route 70 PERMIT NO. 09-1817

CONSTRUCTION PERMIT APPLICATION 09-002270

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

I. IDENTIFICATION

1. Proposed Work Site at: 970 Route 70, Brick NJ
2. Name of Owner in Fee: Jaco Management Inc.
   Tel. (850) 784-3900 e-mail _____
   Address 2816 A West 11 st. (street) Panama City (municipality), FL 32401 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Bismark Const. Corp. Tel. (973) 900-0328
   Address 207- Berkley Ave. e-mail _____
   Newark NJ 07107
   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. 22-3658512 FAX: (973) 412-9204
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (___) _____ FAX: (___) _____
6. Responsible Person in Charge once Work has Begun Michael Purdom
   Tel. (973) 900-0328 FAX: (973) 412-9224

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 120 ✓	120	
2. Electrical	40 ✓		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 55	51	
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 155		

Void

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
- ☑ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☑ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

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		KB	6/26/09 UPDATE	7/1/09 KB 9-K-14 JL	6-30-9	KB	7/24/09		KA
☐ Electrical									
☐ Plumbing				7-2-09		BJ	7-23-09		BJ
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: 3 3 0
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 _____ 4-1

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/23/2009
Control Number C-09-002270
Permit Number 09-1817
Permit Issue Date 07/28/2009
Certificate Number 09-1817

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 970 ROUTE 70 ROOM 418 Brick Township, NJ Block: 1170 Lot: 16 Qual:

Owner in Fee: MEDICAL CENTER OF OCEAN COUNTY

Owner Address: %JACO 2816 WEST 11TH ST. PANAMA CITY FL 32401

Telephone: (850) 784-3900

Contractor BISMARK CONST CORP

Address 207 BERKEEY AVENUE NEWARK NJ 07107

Telephone: (973) 900-0328 Fax: (973) 412-9204

License Number or Builders Registration Number: Federal Emp. Number: 22-3658512

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-1 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL CONSTRUCTION OF TWO PARTITION WALLS AND NEW REST ROOM FOR ROOM 418

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: 09/23/2009 U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

U.A. Outpatient Clinic

Date Received / Control # 09-1817

Date Issued / Permit # 7-28-09

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

Block 1170 Lot 16 Qualification Code

Work Site Location 970 RT 70
Brick NJ

Owner in Fee: JACO MANAGEMENT INC.

Tel. (850) 784-3900 e-mail

Address 2816 A WEST 11TH ST. Panama City Fl. 32401
street municipality zip code

Contractor: Bismark Const. Corp. Tel. (973) 900-0328

Address 207 Berkley AVE e-mail
Newark NJ 07107

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

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

Federal Emp. ID No. 22-3658512 FAX: (973) 412-9224

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.

M. R.
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construction of two partitions walls for new rest room.

(RM-418)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	7/24/09	

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 9/23/09
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame * ok to close in			*9/8/09	MW
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final * 9/3/09 MW			9-18-09	JH
Barrier-Free				

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
- [X] Other partition walls
- [ ] Demolition

FEE (Office Use Only)

$ COMMERCIAL

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

B. BUILDING CHARACTERISTICS

Use Group Present ✓ Proposed
No. of Stories 1
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. $ 0
2. Rehabilitation $ 30,000
3. Total (1+ 2) $ 30,000

U.C.C. F110
(rev. 12/07)

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

(✓ Check if contractor.

Agent Name Bismark Construction Corp. Michael Purdom

Address 207 Berkeley Ave

Newark NJ 07107

Telephone (973) 900-0328

Signature M. Pu

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

9/3/09 MW Final Rej -

Work completed w/o any building inspections.

Removed tiles to reveal:

A) Waste vent not terminated

B) Additional Strap for Ceil grid main

9/8/09 MW- Frame O/C App - Insp done at face value only.

* Note:

Works exceeds scope of the permit update reqd. for:

1) Renovation of exist bathroom
2) Layout change for removing reception Area.

(B) tech

COMMERCIAL

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 09-1817

Date Issued Permit # 7-28-09

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

Block 1170 Lot 16 Qualification Code

Work Site Location 970 RT 70 VA CENTER
Brick NJ

Owner in Fee: JACO management Inc.

Tel. (850) 784-3900 e-mail

Address 2816 A WEST 11 Street Panama City Fl
street municipality zip code

Contractor: John Campbell Plumbing Tel. ( )

Address 3240 Windsor Ave. e-mail
Toms River 08753

Contractor License No. 10098 Exp. Date 10-10

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

Federal Emp. ID No. 22-3658512 FAX: (973) 412-9004

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
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 7-28-09 Approved by: 2
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 9-23-09
Approved by: 2

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	8/19/09		9/2/09	
Rough			8/21/09	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			09-17-09 PH	

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
Installation of 1 Lav & 1 wc & 1 sink
(Rm 418)

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

COMMERCIAL

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

PET PW WATER

U.C.C. F130 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received: 09-1817
Control #

Date Issued: 7-28-09
Permit #

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

Block 1170 Lot 16 Qualification Code

Work Site Location 970 RT 70 Brick NJ

Owner in Fee: JACO MANAGEMENT INC.

Tel. (850) 784-3900 e-mail

Address 2816 A West 11ST. Panama City Fla. 32401
street municipality zip code

Contractor: EDWARD SULLIVAN Tel. (201) 767 3593

Address 232 WEST ST CLOSTER NJ e-mail

Contractor License No. EL 4403 Exp. Date

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

Federal Emp. ID No. 22-3794-504 FAX: (201) 7677664

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 — Date Initial

[X] No Plans Required 6-30-09

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 7-22-09
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			8/21/09	CM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/14/09	CM
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.

Edward Sullivan
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of receptacles & switches.

Rough will & Final will only (Commercial)

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
4		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ COMMERCIAL
		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. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

8/19/09 MA

(1) SINK IN ROOM 315 NOT READY

(1) - W/C - MUST BE 16"-18" FROM WALL FINISH

8/21/09 MA

(1) BATHROOMS ONLY - #418

SINK IN ROOM 315 NOT READY - ROUGH.

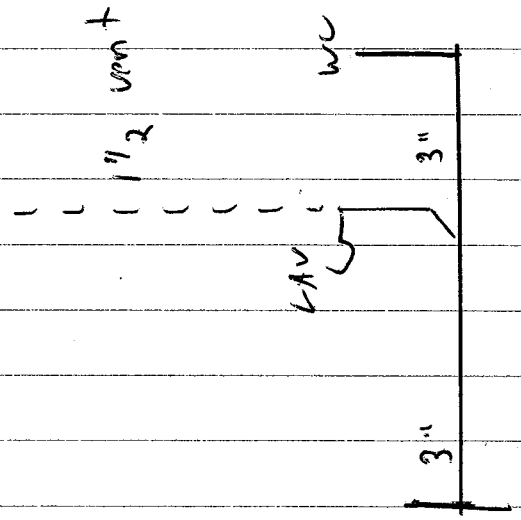
8/28/09 MA

(1) PVC WATER PIPE

(2) - ROOM 315 - OK - SINK

NO tech

VA Brick
970 RT 70
Brick NJ

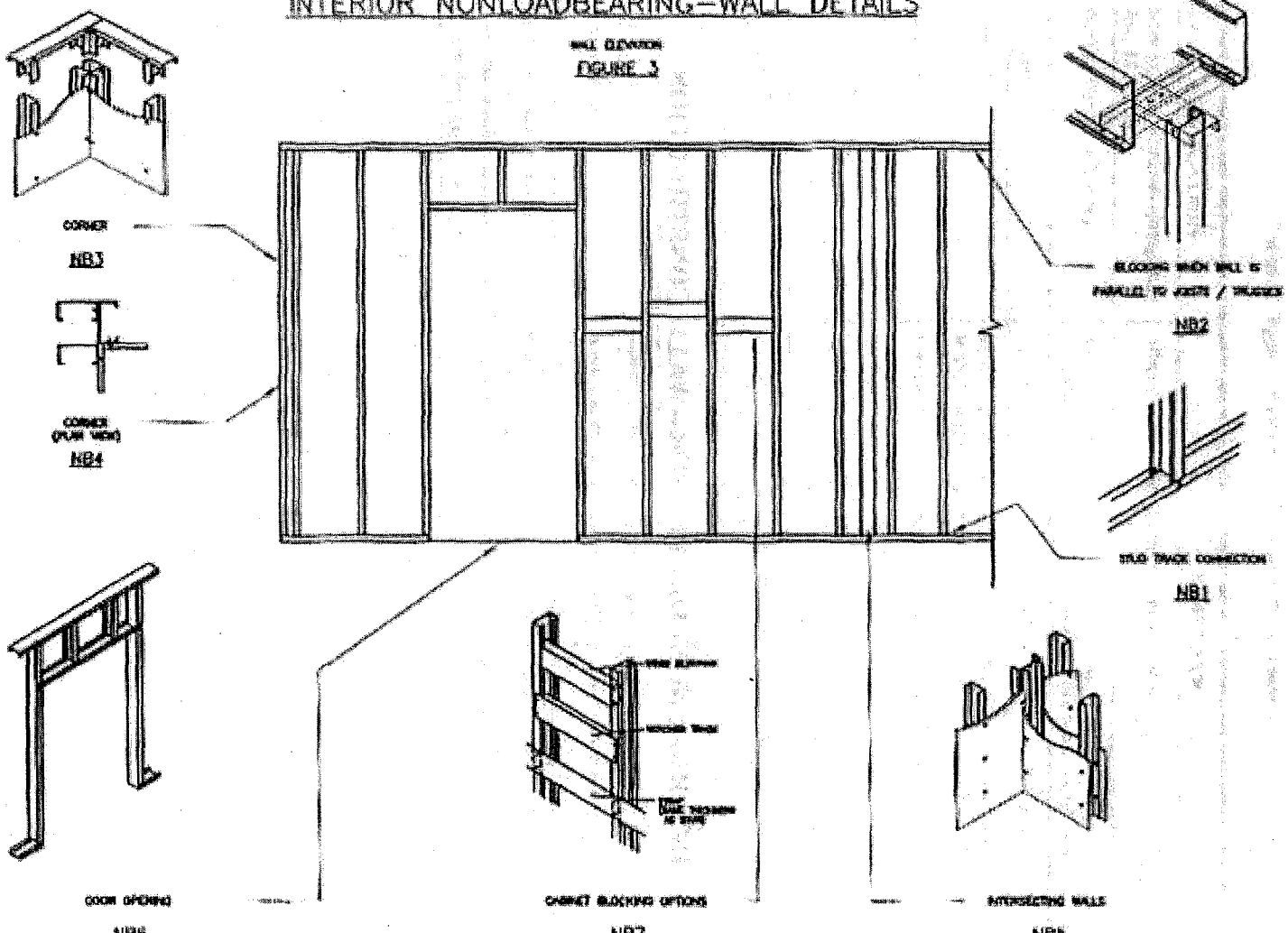


3" existing Sanitary

Typ stud 20ga. 5/8" Gyp board

INTERIOR NONLOADBEARING–WALL DETAILS

WALL ELEVATION
FIGURE 3



Robert M. Braun, AIA/ARCHITECT/LLC
1200 River Avenue - Suite 5C
Lakewood, NJ 08701

Tel. 732-370-8590
Fax 732-370-0822
Email rmb1200@aol.com

July 21, 2009

Mr. Kenneth Anderson, Subcode Official
Brick Township Building Department
401 Chambersbridge Road
Brick Township, NJ 08723

Reference: VA OUTPATIENT CLINIC OPC
970 Route 70

Dear Mr. Anderson:

In response to the plan review comments I am submitting the following information to correct or clarify my drawings:

1. BARRIER-FREE - the grab bar types and mounting locations shall conform to current code requirements, 2003 ICC/ANSI 117.1, I have attached copies of the code pages showing the pertinent information.
2. WHEELCHAIR TURNING RADIUS - has been shown on the revised drawing.
3. PLUMBING FIXTURES - American Standard fixtures are being furnished, catalog cuts are attached.
4. RISER DIAGRAM - has been shown on the revised drawing.

I trust the additional information contained in this submission is sufficient and acceptable. If you have any questions or concerns please do not hesitate to contact my office directly.

Respectfully submitted,

Robert M. Braun, AIA
NJ Cert. No. 07940

cc: Bismark Construction Corp.

Attachments (6)

between 39 inches (990 mm) and 41 inches (1040 mm) from the rear wall.

EXCEPTIONS:

1. In Type A ~~and Type B~~ units, the vertical grab bar component is not required.

~~2. In a Type B unit, when a side wall is not available for a 42 inch (1065 mm) grab bar, the sidewall grab bar shall be permitted to be 18 inches (455 mm) minimum in length, located 12 inches (305 mm) maximum from the rear wall and extending 30 inches (760 mm) minimum from the rear wall.~~

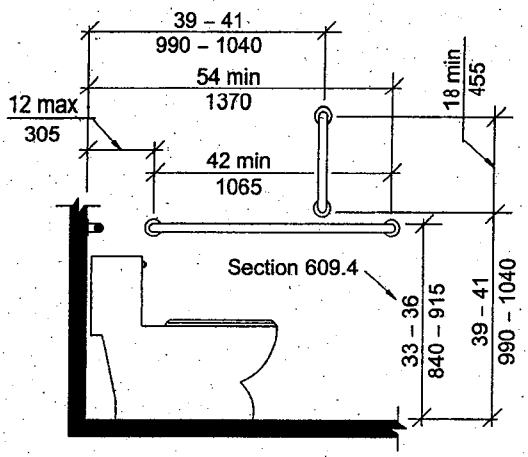


Fig. 604.5.1
Side Wall Grab Bar for Water Closet

604.5.2 Rear Wall Grab Bars. The rear wall grab bar shall be 36 inches (915 mm) minimum in length, and extend from the centerline of the water closet 12 inches (305 mm) minimum on the side closest to the wall, and 24 inches (610 mm) minimum on the transfer side.

EXCEPTIONS:

1. The rear grab bar shall be permitted to be 24 inches (610 mm) minimum in length, centered on the water closet, where wall space does not permit a grab bar 36 inches (915 mm) minimum in length due to the location of a recessed fixture adjacent to the water closet.

2. In a Type A ~~or Type B~~ unit, the rear grab bar shall be permitted to be 24 inches (610 mm) minimum in length, centered on the water closet, where wall space does not permit a grab bar 36 inches (915 mm) minimum in length.

~~3. Where an administrative authority requires flush controls for flush valves to be located in a position that conflicts with the location of the rear grab bar, that grab bar shall be permitted to be split or shifted to the open side of the toilet area.~~

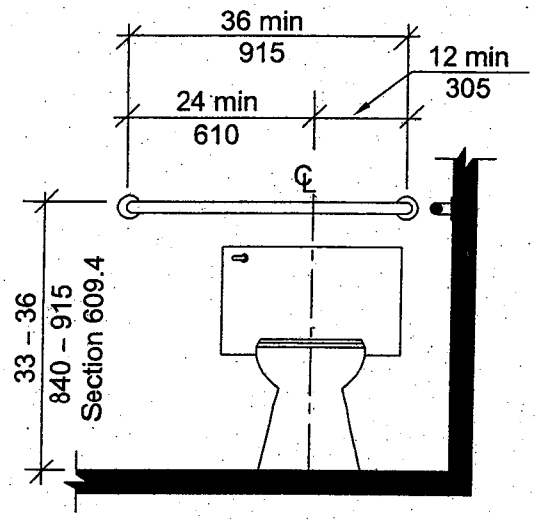


Fig. 604.5.2
Rear Wall Grab Bar for Water Closet

~~**604.5.3 Swing-up Grab Bars.** Where swing-up grab bars are installed, a clearance of 18 inches (455 mm) minimum from the centerline of the water closet to any side wall or obstruction shall be provided. A swing-up grab bar shall be installed with the centerline of the grab bar 15¾ inches (400 mm) from the centerline of the water closet. Swing-up grab bars shall be 28 inches (710 mm) minimum in length, measured from the wall to the end of the horizontal portion of the grab bar.~~

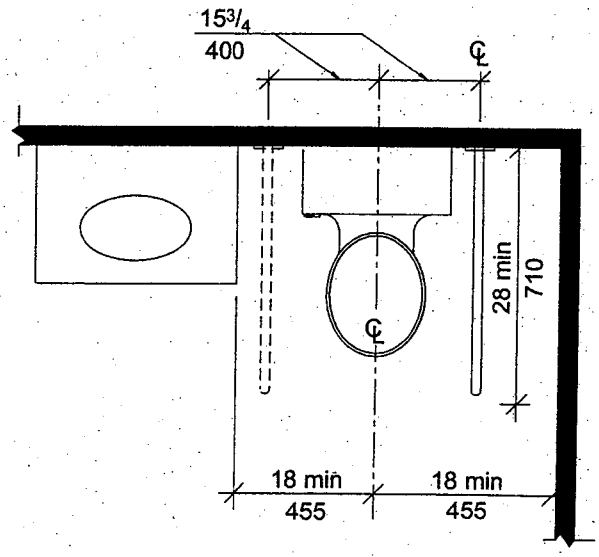


Fig. 604.5.3
Swing-up Grab Bar for Water Closet

604.3 Clearance.

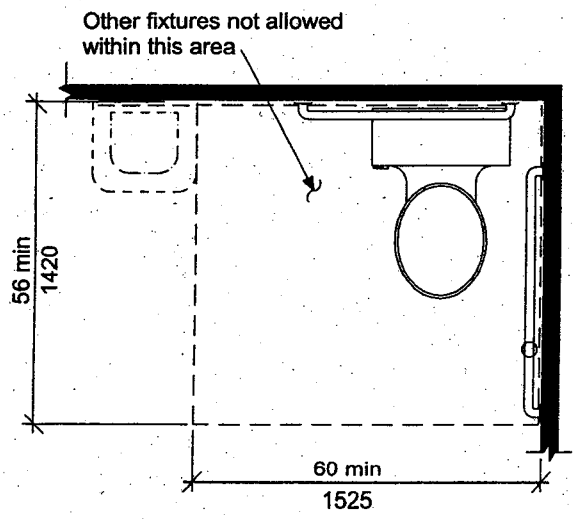


Fig. 604.3
Size of Clearance for Water Closet

604.3.1 Size. A clearance around a water closet 60 inches (1525 mm) minimum, measured perpendicular from the sidewall, and 56 inches (1420 mm) minimum, measured perpendicular from the rear wall, shall be provided.

604.3.2 Overlap. The required clearance around the water closet shall be permitted to overlap the water closet, associated grab bars, paper dispensers, sanitary napkin receptacles, coat hooks, shelves, accessible routes, clear floor space at other fixtures and the turning space. No other fixtures or obstructions shall be within the required water closet clearance.

604.4 Height. The height of water closet seats shall be 17 inches (430 mm) minimum and 19 inches (485 mm) maximum above the floor, measured to the top of the seat. Seats shall not be sprung to return to a lifted position.

EXCEPTION: A water closet in a toilet room for a single occupant, accessed only through a private office and not for common use or public use, shall not be required to comply with Section 604.4.

604.5 Grab Bars. Grab bars for water closets shall comply with Section 609 and shall be provided in accordance with Sections 604.5.1 and 604.5.2. Grab bars shall be provided on the rear wall and on the side wall closest to the water closet.

EXCEPTIONS:

1. Grab bars are not required to be installed in a toilet room for a single occupant, accessed only through a private office and not for common use or public use, provided reinforcement has been installed in walls and located so as to permit the installation of grab bars complying with Section 604.5.

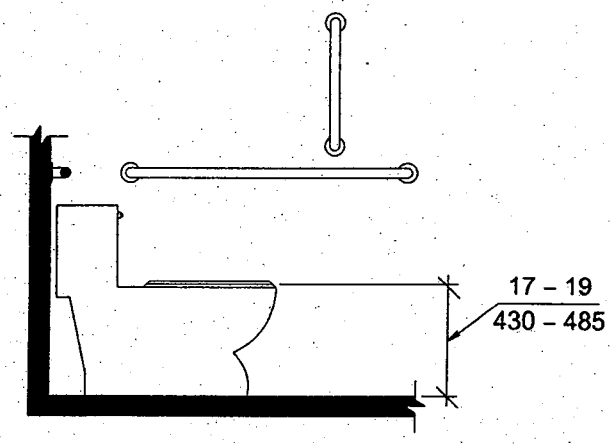


Fig. 604.4
Water Closet Height

2. In detention or correction facilities, grab bars are not required to be installed in housing or holding cells or rooms that are specially designed without protrusions for purposes of suicide prevention.

3. In Type A units, grab bars are not required to be installed where reinforcement complying with Section 1003.11.4 is installed for the future installation of grab bars.

~~4. In Type B units located in institutional facilities and assisted living facilities, two swing-up grab bars shall be permitted to be installed in lieu of the rear wall and side wall grab bars. Swing-up grab bars shall comply with Sections 604.5.3 and 609.~~

~~5. In a Type B unit, where fixtures are located on both sides of the water closet, a swing-up grab bar complying with Sections 604.5.3 and 609 shall be permitted. The swing-up grab bar shall be installed on the side of the water closet with the 18 inch (455 mm) clearance required by Section 1004.11.3.1.2.~~

604.5.1 Fixed Side Wall Grab Bars. Fixed sidewall grab bars shall be 42 inches (1065 mm) minimum in length, located 12 inches (305 mm) maximum from the rear wall and extending 54 inches (1370 mm) minimum from the rear wall. In addition, a vertical grab bar 18 inches (455 mm) minimum in length shall be mounted with the bottom of the bar located between 39 inches (990 mm) and 41 inches (1040 mm) above the floor, and with the center line of the bar located

2. The requirement for knee and toe clearance shall not apply to a lavatory in a toilet and bathing facility for a single occupant, accessed only through a private office and not for common use or public use.
3. A knee clearance of 24 inches (610 mm) minimum above the floor shall be permitted at lavatories and sinks used primarily by children ages 6 through 12 where the rim or counter surface is 31 inches (785 mm) maximum above the floor.
4. A parallel approach complying with Section 305 shall be permitted at lavatories and sinks used primarily by children ages 5 and younger.
5. The requirement for knee and toe clearance shall not apply to more than one bowl of a multibowl sink.
6. A parallel approach shall be permitted at wet bars.

606.3 Height. The front of lavatories and sinks shall be 34 inches (865 mm) maximum above the floor, measured to the higher of the rim or counter surface.

EXCEPTION: A lavatory in a toilet and bathing facility for a single occupant, accessed only through a private office and not for common use or public use, shall not be required to comply with Section 606.3.

606.4 Faucets. Faucets shall comply with Section 309. Hand-operated metering faucets shall remain open for 10 seconds minimum.

606.5 Lavatories with Enhanced Reach Range. Where enhanced reach range is required at lavatories, faucets and soap dispenser controls shall have a reach depth of 11 inches (280 mm) maximum or, if automatic, shall be activated within a reach depth of 11 inches (280 mm) maximum. Water and soap flow shall be provided with a reach depth of 11 inches (280 mm) maximum.

EXCEPTION: In Type A ~~and Type B~~ units, reach range for lavatory faucets and soap dispensers is not required.

606.6 Exposed Pipes and Surfaces. Water supply and drainpipes under lavatories and sinks shall be insulated or otherwise configured to protect against contact. There shall be no sharp or abrasive surfaces under lavatories and sinks.

606.7 Operable Parts. Operable parts on towel dispensers and hand dryers shall comply with Table 606.7.

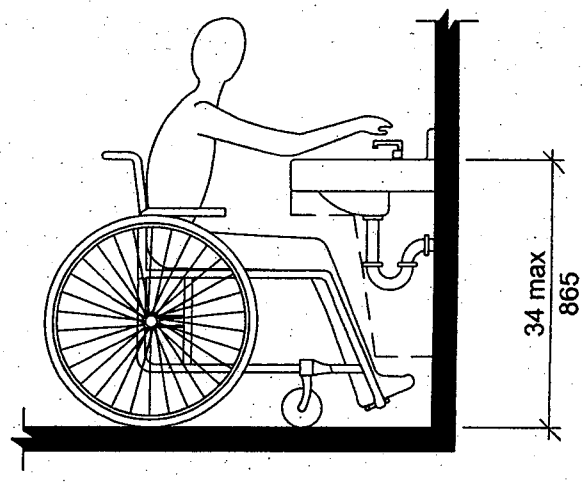
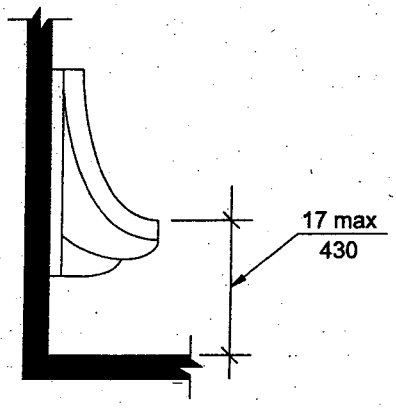
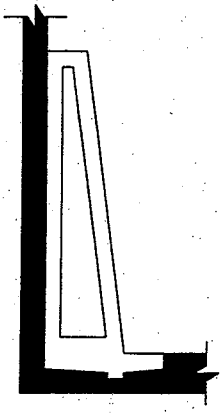


Fig. 606.3
Height of Lavatories and Sinks



(a)
Wall Hung Type



(b)
Stall Type

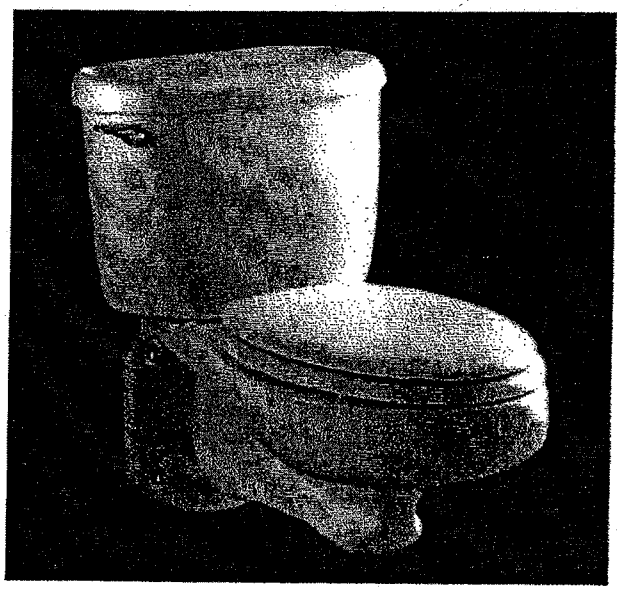
Fig. 605.2
Height of Urinals

ATTN ROBERT

American Standard
Style That Works Better
BARRIER FREE

GLENWALL™ PRESSURE-ASSISTED WALL-MOUNTED TOILET
VITREOUS CHINA

GLENWALL™ PRESSURE-ASSISTED TOILET



- ❑ **2093.100**
  - Vitreous china
  - Low-consumption (6.0 Lpf/1.6 gpf)
  - Wall-mounted, back-outlet toilet
  - Elongated bowl
  - Fully-glazed 2" ballpass trapway
  - 10" x 12" water surface area
  - Pressure-assisted siphon jet action
  - Side-mounted chrome trip lever
  - Close-coupled flushometer tank*
  - Speed Connect® tank/bowl coupling system
  - Sanitary bar on bowl

- ❑ **3402.016** Elongated bowl
- ❑ **4098.100** Tank complete with coupling components

Nominal Dimensions:
749 x 495 x 762 mm
(29-1/2" x 19-1/2" x 30")

Fixture only, seat and supply by others

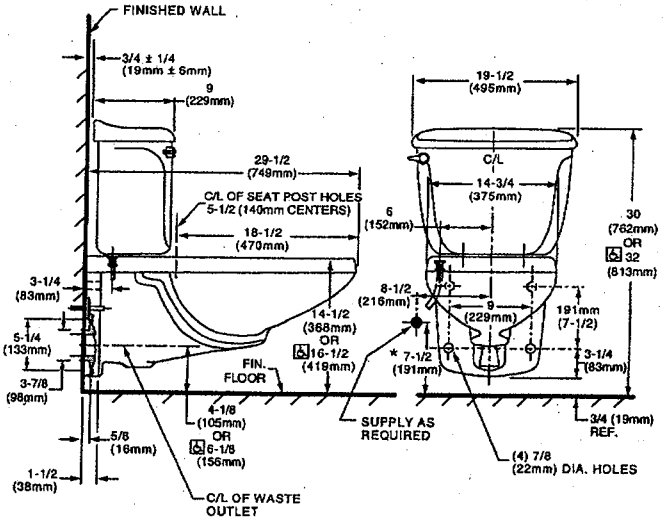
Required working pressure range 25 psi - 80 psi

Alternate Configurations Available:
- ❑ **4098.700** Tank and tank cover only with tank cover locking device
- ❑ **4098.800** Tank and tank cover only with right hand trip lever

Compliance Certifications -
Meets or Exceeds the Following Specifications:
- ASME A112.19.2 for Vitreous China Fixtures

To Be Specified:
- ❑ Color: ❑ White ❑ Bone ❑ Linen ❑ Silver ❑ Fawn Beige ❑ Black
- ❑ Seat: American Standard #5324.019 "Rise and Shine" (with easy to clean lift-off hinge system) solid plastic closed front seat with cover.
- ❑ Seat: American Standard #5311.012 "Laurel" molded closed front seat with cover.
- ❑ Alternate Seat:
- ❑ Supply with Stop:

* Flushmate III tank system by Flushmate® Div. of Sloan Valve Co



NOTES:
WASTE OUTLET SEAL RING MUST BE NEOPRENE OR GRAPHITE-FELT (WAX RING NOT RECOMMENDED)
SUGGEST 1/16" CLEARANCE BETWEEN FACE AT WALL AND BACK OF BOWL.
CARRIER FITTING AS REQUIRED TO BE FIGURED AND FURNISHED BY OTHERS.
PROVIDE SUITABLE REINFORCEMENT FOR ALL SUPPORTS.
SUPPLY NOT INCLUDED WITH FIXTURE AND MUST BE ORDERED SEPARATELY.
* DIMENSION SHOWN FOR LOCATION OF SUPPLY IS SUGGESTED. FOR ADDITIONAL INFORMATION REFER TO INSTALLATION INSTRUCTIONS SUPPLIED.

IMPORTANT: Dimensions of fixtures are nominal and may vary within the range of tolerances established by ANSI Standard A112.19.2. These measurements are subject to change or cancellation. No responsibility is assumed for use of superseded or voided pages.

When installed so top of seat is 432 to 483mm (17" to 19") from the finished floor.
MEETS THE AMERICANS WITH DISABILITIES ACT GUIDELINES AND ANSI A117.1 REQUIREMENTS FOR ACCESSIBLE AND USEABLE BUILDING FACILITIES-CHECK LOCAL CODES.

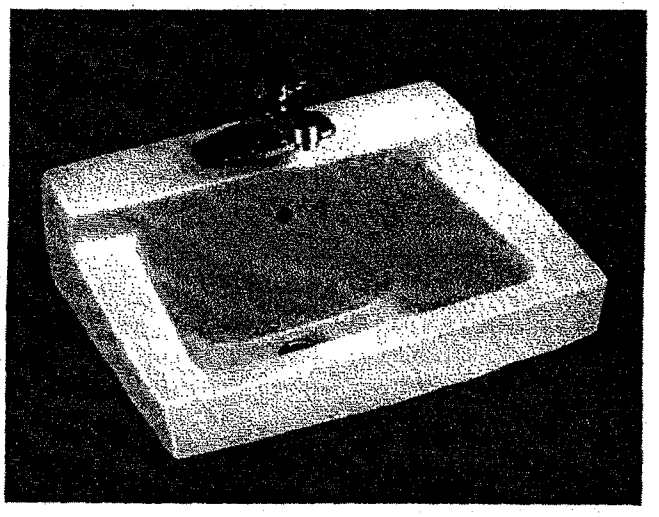
ATTN: ROBERT

American Standard
Style That Works Better

BARRIER FREE

DECLYN™ WALL-HUNG LAVATORY
VITREOUS CHINA

DECLYN™ WALL-HUNG LAVATORY



- Wall-hung sink
- Vitreous china
- Rear overflow
- Soap depression
- Faucet ledge

Shown with 2000.101 Ceramix faucet (not included)

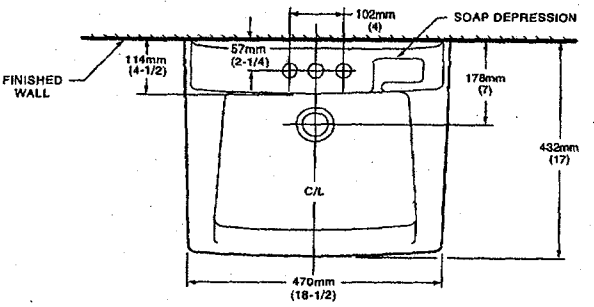
❑ **0321.026** With wall hanger (Illustrated)
Faucet holes on 102mm (4") centers

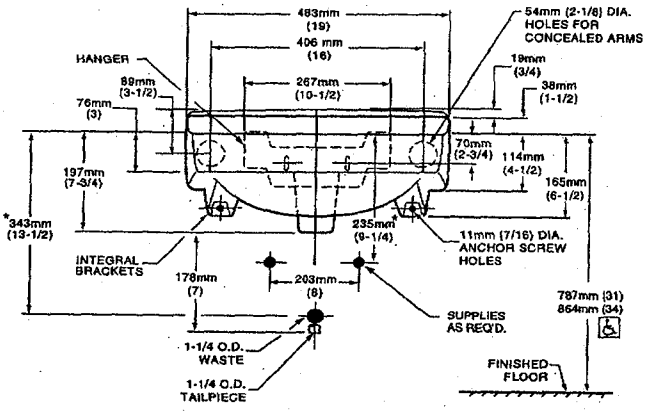
❑ **0321.075** For concealed arms support
Faucet holes on 102mm (4") centers

Nominal Dimensions:
470 x 432mm
(18-1/2" x 17")

Bowl sizes:
362mm (14-1/4") wide
273mm (10-3/4") front to back
152mm (6") deep

Compliance Certifications -
Meets or Exceeds the Following Specifications:
- ASME A112.19.2 for Vitreous China Fixtures





To Be Specified:
- ❑ Color: ❑ White ❑ Bone ❑ Silver
- ❑ Faucet*:
- ❑ Faucet Finish:
- ❑ Supplies:
- ❑ 1-1/4" Trap:
- ❑ Nipple:
- ❑ Concealed Arms Support (by others):

* See faucet section for additional models available

MEETS THE AMERICANS WITH DISABILITIES ACT GUIDELINES AND ANSI A117.1 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES - CHECK LOCAL CODES.
Top of front rim mounted 864mm (34") from finished floor.

NOTES:
* DIMENSIONS SHOWN FOR LOCATION OF SUPPLIES AND "P" TRAP ARE SUGGESTED.
PROVIDE SUITABLE REINFORCEMENT FOR ALL WALL SUPPORTS.
FITTINGS NOT INCLUDED AND MUST BE ORDERED SEPARATELY.

IMPORTANT: Dimensions of fixtures are nominal and may vary within the range of tolerances established by ANSI Standard A112.19.2. These measurements are subject to change or cancellation. No responsibility is assumed for use of superseded or voided pages.

CHICAGO FAUCETS

Last As Long As The Building

2100 SOUTH CLEARWATER DRIVE
DES PLAINES, ILLINOIS 60018-5999

FITTING NO.

802-V317

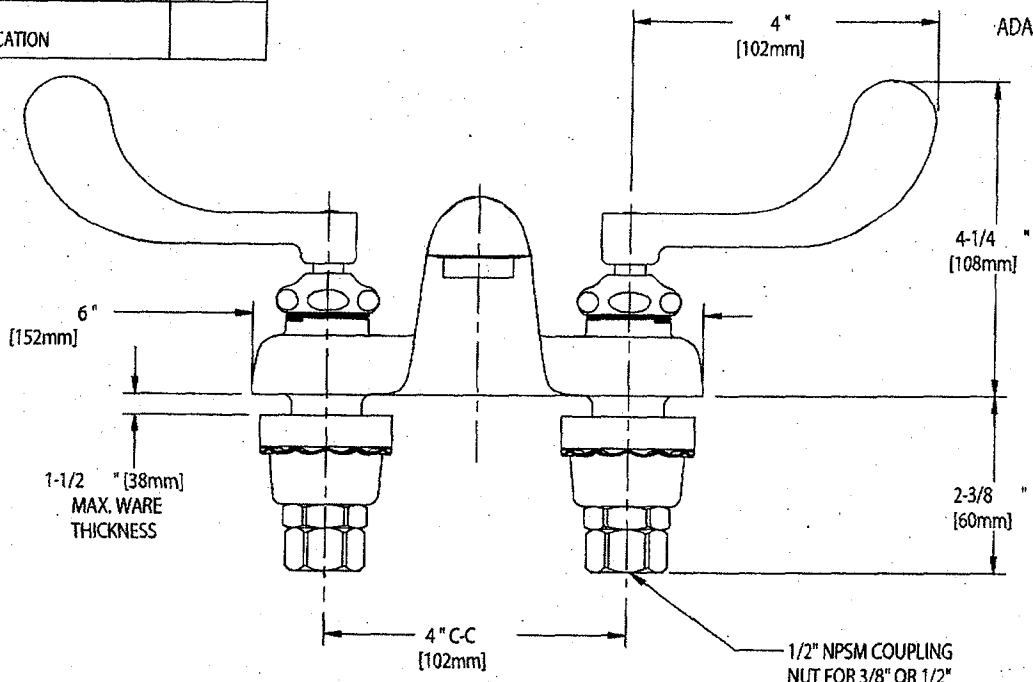
SUBMITTED MODEL NO.

JOB NAME

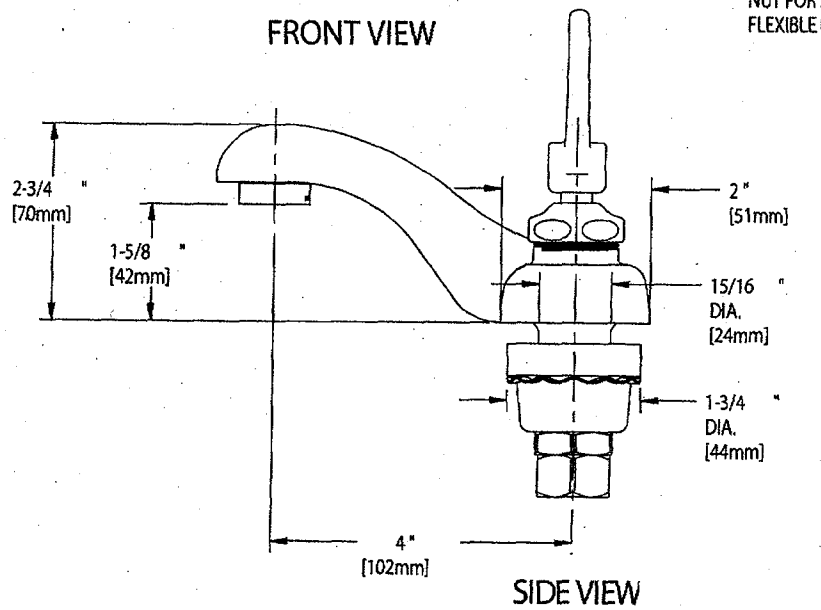
ITEM NO.

SUBMITTED AS SHOWN	
SUBMITTED AS NOTED	
SEE ATTACHED FOR SUBMITTED MODIFICATION	

ADA COMPLIANT



FRONT VIEW



SIDE VIEW

DIMENSIONS IN INCHES AND [MILLIMETERS].

TECHNICAL DATA

- DECK MOUNTED LAVATORY FAUCET
- 4" INTEGRAL SPOUT
- 317 INDEXED WRISTBLADE HANDLES WITH VANDAL RESISTANT SCREWS
- QUATURN OPERATING CARTRIDGES
- FINISH: CHROME PLATE
- E12VP VANDAL RESISTANT SOFTFLO AERATOR
- 2.2 GPM [8.3 L/min.] MAXIMUM FLOWRATE
- ASME A112.18.1M COMPLIANT
- CSA B125 COMPLIANT
- NSF 61 COMPLIANT

DATE: 01-15-03
BY: JAR
CHK'D:
APP'D:
REV: B

802-V317

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 09-1817

Date Issued Permit # 7-28-09

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

Block 1170 Lot 16 Qualification Code

Work Site Location 970 RT 70
Brick NJ

Owner in Fee: JACO management Inc.

Tel. (850) 784-3900 e-mail

Address 2816 A West 11th St. Panama City Fl. 32401
street municipality

Contractor: Bismark Const. Corp. Tel. (973) 900-0328
zip code

Address 207 Berkley Ave e-mail
Newark NJ 07107

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

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

Federal Emp. ID No. 22-3058512 FAX: (973) 412-9224

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	7/24/09	

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free	7/29/09			

B. BUILDING CHARACTERISTICS

Use Group Present ✓ Proposed
No. of Stories 1
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. $ 0
2. Rehabilitation $ 30,000
3. Total (1+ 2) $ 30,000

U.C.C. F110
(rev. 12/07)

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.

M. Pl
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Construction of two partition walls for new rest room. (Rm 418)

(Rm 418)

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 partition walls
[ ] Demolition

FEE (Office Use Only)
$

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

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

CONSTRUCTION PERMIT

Date Issued 7-28-09
Control # C-09-002270
Permit # 09-1817

IDENTIFICATION Block: 1170 Lot: 16 Qualifier
Work Site Location: 970 ROUTE 70 ROOM 418 Brick Township, NJ

Owner in Fee: MEDICAL CENTER OF OCEAN COUNTY %JACO 2816 WEST 11TH ST. PANAMA CITY FL 32401
Telephone: (850) 784-3900

Contractor: BISMARK CONST CORP
Address: 207 BERKEEY AVENUE NEWARK NJ 07107
Telephone: (973) 900-0328
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3658512

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - -COMMERCIAL CONSTRUCTION OF TWO PARTITION WALLS AND NEW REST ROOM FOR ROOM 418

PAYMENTS (Office Use Only)

Building	$720
Electrical	$40
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$55
CO Fee	
Other	$0
Total	$855
Check No.	1616
Cash	$0
Credit	$0
Collected By	

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 $32,000

Construction Official

Date 7.24.09

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

#1817
BUILDING $720.00
ELECTRIC $40.00
PLUMBING $40.00
DCA $55.00
CHECK $855.00

- [ ] 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:

- [ ] 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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-1817

Date Issued / Permit # 7-28-09

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

Block 1170 Lot 16 Qualification Code

Work Site Location 970 RT 70 Brick NJ

Owner in Fee: JACO MANAGEMENT INC.

Tel. (850) 784-3900 e-mail

Address 2816 A West 11th. Panama C.ty Fla. 32410
street municipality zip code

Contractor: EDWARD SULLIVAN Tel. (201) 767 3593

Address 232 WEST ST CLOSTER NJ e-mail

Contractor License No. EL 4403 Exp. Date

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

Federal Emp. ID No. 22-3794-504 FAX: (201) 7677664

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 — Date — Initial

[X] No Plans Required 7-30-09

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Edward Sullivan

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of receptacles & switches.

Rough will & Final will only (Lm 418)

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
12		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		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	$

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: %JACO 2816 WEST 11TH ST. PANAMA CITY, FL 32401 CC:

RE: Plumbing Subcode
Block: 1170 Lot: 16 Qual:
970 ROUTE 70
Permit Number: Control Number: C-09-002270
Last Submit Date: Wednesday, July 01, 2009

Date: Thursday, July 02, 2009

Dear MEDICAL CENTER OF OCEAN COUNTY,

The following comments were made during the Plan Review process:

1- state fixtures being used;show clear floor spaces on plan

2- show riser diagram on plans

Sincerely,

Robert Wennlund, Subcode Official

07-13-09
fax # 973-412-9224
Attn: Michael

Brian, L
7-23-09

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 09-1817

Date Issued Permit # 7-28-09

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

Block 1170 Lot 16 Qualification Code Rm 418

Work Site Location 970 RT 70 Brick NJ

Owner in Fee: Jaco management Inc.

Tel. (850) 784-3900 e-mail

Address 2816 A West 11 Street (street) Panama City (municipality) Fl (zip code)

Contractor: John Campbell Plumbing Tel. ( )

Address 3240 Windsor Ave. e-mail

Toms River 08753

Contractor License No. 10098 Exp. Date 10-10

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

Federal Emp. ID No. 22-3658512 FAX: (973) 412-9004

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
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 7-23-09 Approved by: 2

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and 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
Installation of 1 lav & 1 wc & 1 sink
(Rm 418)

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: %JACO 2816 WEST 11TH ST. PANAMA CITY, FL 32401 CC:

RE: Building Subcode
Block: 1170 Lot: 16 Qual:
970 ROUTE 70
Permit Number: Control Number: C-09-002270
Last Submit Date: Tuesday, June 30, 2009

Date: Wednesday, July 01, 2009

Dear MEDICAL CENTER OF OCEAN COUNTY,

The following comments were made during the Plan Review process:

Please provide barrier-free component details. Grab bar sections, location, mounting heights. Provide vertical grab bar per code. 2003 ICC/ANSI 117.1

Show 5' turning radius or equivalent within bathroom area.

Sincerely,

K Anderson 7/1/09

Kenneth Anderson, Subcode Official

7.13.09
fax # 973-412-9224
Attn: Michael

Received
07-23-09

Land Use/ Bldg Dept Fax:732-262-8954

**** Transmit Conf.Report ****

P.1 Jul 13 2009 10:20

Telephone Number	Mode	Start	Time	Page	Result	Note
19734129224	NORMAL	13,10:19	0'21"	1	* O K	

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: %JACO 2816 WEST 11TH ST. PANAMA CITY, FL 32401 CC:

RE: Building Subcode
Block: 1170 Lot: 16 Qual:
970 ROUTE 70
Permit Number: Control Number: C-09-002270
Last Submit Date: Tuesday, June 30, 2009

Date: Wednesday, July 01, 2009

Dear MEDICAL CENTER OF OCEAN COUNTY,

The following comments were made during the Plan Review process:

Please provide barrier-free component details. Grab bar sections, location, mounting heights. Provide vertical grab bar per code. 2003 ICC/ANSI 117.1

Show 5' turning radius or equivalent within bathroom area.

7.13.09
fax # 973-
412-9224
Attn:
Michael

Sincerely,

K Anderson 7/1/09

Kenneth Anderson, Subcode Official

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

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 970 RT 70 Brick NJ

Block: _____ Lot: _____

Contractor: Bismark Const. Corp.

Contractor's Address: 207 Berkley Ave Newark NJ

Type of Construction (minor, new home): minor (new Rest Room)

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

Party responsible for removal: Waste Management

Dumpster size: 10 yrd.

Destination of debris: local land fill

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

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

M. Purdon
Signature

6-1-09
Date

Michael Purdon
Print Name

update

C09-003217

Date Received 09/8/17 #17
Control #

Date Issued 7/28/09
Permit #

BUILDING SUBCODE
TECHNICAL SECTION

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

Block 1170 Lot 16 Qualification Code

Work Site Location 970 Rt 70

Owner in Fee: Jaco Management Inc

Tel. (850) 784-3900 e-mail

Address 2816 A West 11th St. Panama City Fl 32401
street municipality zip code

Contractor: Bismark Construction Corp Tel. (973) 412-9223

Address 207-209 Berkeley Ave e-mail

Newark NJ 07107

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

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

Federal Emp. ID No. 22 3675812 FAX: (973) 412-9224

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.

Ryan F Campbell
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construction of two partition walls & new Restroom

Cap opening with oak moulding in Hallway

BATH ROOMS 420 Finish

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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 partition walls
[ ] Demolition

FEE (Office Use Only)
$

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

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. $ 0
2. Rehabilitation $ 30,000
3. Total (1+ 2) $ 30,000

U.C.C. F110
(rev. 12/07)

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: %JACO 2816 WEST 11TH ST. PANAMA CITY, FL 32401 CC:

RE: Building Subcode
Block: 1170 Lot: 16 Qual:
970 ROUTE 70
Permit Number: 09-1817+A Control Number: C-09-003217
Last Submit Date: Thursday, September 10, 2009

Date: Tuesday, September 15, 2009

Dear MEDICAL CENTER OF OCEAN COUNTY,
Your request is hereby denied based upon the following infractions. Applicant must submit 2 sets of plans with specifications for new restroom 315 A as per permit update. Existing plans are designated for room 420 conversion only.

Resubmit 9/15/09 MB

Sincerely,

John Gerrity, Subcode Official

9/15/09 - Faxed

John - 973-634-4672 JAMES
@ per DFN -
Bathroom is being in 420 - the partion walls are being done in an adjacent area - see him @ this B

Date: Tuesday, September 15, 2009

Dear MEDICAL CENTER OF OCEAN COUNTY,

Your request is hereby denied based upon the following infractions. Applicant must submit 2 sets of plans with specifications for new restroom 315 A as per permit update. Existing plans are designated for room 420 conversion only.

Sincerely,

John Gerrity, Subcode Official

Land Use/ Bldg Dept Fax:732-262-8954

** Transmit Conf. Report **

Sep 15 2009 9:22 P.1

Telephone Number	Mode	Start	Time	Page	Result	Note
19734129224	NORMAL	15, 9:22	0'20"	1	* O K	