BLOCK 1170 LOT 16 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 10-0080

CONSTRUCTION PERMIT APPLICATION

09-004113

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 970 Rt. 70 Brick, NJ
2. Name of Owner in Fee: Jace Mang. Co.
   Tel. (950) 784-3900 e-mail _____
   Address 2816A West 11 (street) Panama City (municipality) Fl. 32410 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor **Gorcey Plumbing & Heating Inc.** Tel. ( ) _____
   Address **36 Second Ave.** e-mail _____
   Long Branch, NJ 07740
   License No. OR, if new trade, Builder Reg. No. **Tel. 732-229-1198 Fax 732-229-6743** Exp. Date _____
   Home Improvement Contractor Registration No. **Lic.# BI06778 Fed.# 223239621** (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Bernard Gorcey
   Tel. (732) 229-1198 FAX: (732) 229-6743

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40		
2. Electrical			
3. Plumbing	75 ✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 4		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy	119-		
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 ____	

COMMERCIAL

Called 12/17/09

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovati
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Rem ion
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Opt

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewe	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		PB	11/6/09						
☐ Electrical									
☐ Plumbing				11-17-09		3W	12-14-09		3W
☐ Fire Protection					11-24-09	0			
☐ 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 O 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 04/13/2010
Control Number C-09-004113
Permit Number 10-0086
Permit Issue Date 01/12/2010
Certificate Number 10-0086

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 970 ROUTE 70 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: (950) 784-3900

Contractor GORCEY PLUMBING & HEATING INC

Address 36 SECOND AVENUE LONG BRANCH NJ 07740

Telephone: (732) 229-1198 Fax: (732) 229-6743

License Number or Builders Registration Number: BIO6778 Federal Emp. Number: 22-3239621

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: FIRE ALTERATIONS, PLUMBING ALTERATIONS RELOCATE AND INSTALL (2) FIRE SPRINKLER HEADS

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:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 04/13/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 1170 Lot 16 Qualification Code

Work Site Location 970 Route 70
Brick, NJ

Owner in Fee Jaco Mang. Co.

Address 2816 A West 11
Panama City, Fl. 32410

Tel. (950) 784-3900

Contractor Gorcey Plumbing & Heating Inc.

Address 36 Second Ave.
Long Branch, NJ 07740

Tel. ( ) Tel. 732-229-1198 Fax 732-229-8743

Lic. No. or Bldrs. Reg. No. Lic # BI06778 Fed# 223239621

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Extend 1- Hose Install New Hose
Install 1- Nov

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 $ 2400-

Construction Official

Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

(see reverse side)

UCC F170 (rev. 01/04)

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

OCS Printing (609) 393-4375

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.

(✓) Check if contractor.

Agent Name Gorey's Plumbing & Heating

Address 360 2nd Avenue

Long Branch, NJ 07740

Telephone (732) 229-1198

Signature Bernard Gorey

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

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1-12-10
Date Issued
Control #
Permit # 10-0086

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 Route 70 Brick, NJ

Owner in Fee: Jaco Mang. Inc

Tel. (950) 784-3900 e-mail

Address 2816 A West 11 (street) Panama City (municipality) FIA 32410 (zip code)

Contractor: Gorcey's P+H Inc Tel. (732) 229-1198

Address 36 2nd Ave LB, NJ 08740 e-mail Gorcey@Verizon.com

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00281

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153349

Fire Alarm Contractor No. 153349 Exp. Date 10-31-12

Federal Emp. ID No. 223239621 FAX: (732) 229-6743

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [✓] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel: ____

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other ____ Location of Main Control Valve: ____

Location: ____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity ____

Total Cost of Fire Protection Work $ $1200.00

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. Bernard Gorcey
Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Relocate and install (2) Fire Sprinkler heads

Water Supply Source ____

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	2	25-
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other ____		

PAID IN FULL 1/12/10

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 11-24-09

Approved by: DB

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 4-9-10

Approved by: DB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			1/22/2010	LFO
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			1/22/2010 4-9-10	RVD DB
Other ____				

Dates (Month/Day)

1. White-Inspector copy 2. Canary-Applicant copy

3. Pink-Office copy 4. White Tag- Office copy

UCC/F-140 (REV. 07/05)
Professional Printing
(856) 468-7933

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER C09-004074 - C09-004113

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 970 Route 70

DATE REVIEWED: 11-18-09

REVIEWED BY: ABP

CONTACT CALLED/FAXED: Contractor - GOLCO Plg + Htg 732-229-1198 - called busy signal

2 applications for the same thing -

1 application was sent to Toms River Bldg dept accidently - was forwarded to Brick -

1 application was dropped off in Brick Bldg dept

- to void out one permit application -

Frank/plan review template

CONSTRUCTION PERMIT

UCC NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued: 1-12-10
Control #: C-09-004113
Permit #: 10-00[illegible]

IDENTIFICATION Block: 1170 Lot: 16 Qualifier:

Work Site Location: 970 ROUTE 70 Brick Township, NJ

Owner in Fee: MEDICAL CENTER OF OCEAN COUNTY
%JACO 2816 WEST 11TH ST. PANAMA CITY FL
32401

Telephone: (950) 784-3900

Contractor: GORCEY PLUMBING & HEATING INC
Address: 36 SECOND AVENUE LONG BRANCH NJ 07740
Telephone: (732) 229-1198
Lic. No. or Bldrs. Reg. No. BIO6778
Federal Employee. No. 22-3239621

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

FIRE ALTERATIONS, PLUMBING ALTERATIONS RELOCATE AND INSTALL (2) FIRE SPRINKLER HEADS

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 $2,400

[signature]
Construction Official

Date: 12-15-09

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$0
Plumbing	$40
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$119
Check No.	16621
Cash	$0
Credit	$0
Collected By	

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.

PLUMBING	$40.00
FIRE	$75.00
DCA	$4.00
CHECK	$119.00

☐ 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.

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1-12-10
Date Issued
Control #
Permit # 10-0086

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 Route 70 Brick, NJ
Room #341 EXAM Room 1

Owner in Fee: Jaco Mang. Co.

Tel. (950) 784-3900 e-mail

Address 2816A west 11 Panama City FIA 32410
street city zip code

Contractor: Gorcey Plumbing & Heating Inc. Tel. ( )

Address 36 Second Ave. Long Branch, NJ 07740 mail

Tel. 732-229-1198 Fax 732-229-6743

Contractor License No. Lic # BIO6778 Exp. Date Fed # 223239621

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Com. Bld Proposed Same

Building Sewer Size Public Sewer ✓ Private Septic

Water Service Size Public Water ✓ Private Well

Est. Cost of Plumbing Work$ $1200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 12-14-09

Approved by: 2

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 2-4-10

Approved by: WOW

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			1/20/10	M
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO FINAL			02.02.10	PP

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 (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
1	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
	Garbage Disposal
	Other

FEE (Office Use Only)	
	$

COMMERCIAL

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

UCC/F-130 (REV. 07/05)
Professional Printing
(856) 468-7933

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office 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: Plumbing Subcode
Block: 1170 Lot: 16 Qual:
970 ROUTE 70
Permit Number: Control Number: C-09-004113
Last Submit Date: Monday, November 16, 2009

Date: Tuesday, November 17, 2009

Dear MEDICAL CENTER OF OCEAN COUNTY,

The following comments were made during the Plan Review process:

1 - need to know what toilet is serving now? show floor plan and supply specification sheet on basin

11-17-09
fax # 732-
229-6743
70 contractor

Sincerely,

Robert Wennlund

Robert Wennlund, Subcode Official

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

GORCEY PLUMBING & HEATING INC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Sprinkler System
Fire Alarm System

P00281	10/28/2009 to 10/31/2012	
Permit ID	Date Issued	Lapse Date

Acting Commissioner

Attn: Fire

Re: Permit app for Blk 1170 Lot 16 a/k/a 70 Mt. Zion
Control # C-09-004113

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

BERNARD GORCEY

The Following Certification As

FIRE SPRINKLER SYSTEM

10/28/2009 to 10/31/2012	153349
Issue Date Lapse Date	ID Number

Acting Commissioner

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

BERNARD GORCEY

The Following Certification As

FIRE ALARM SYSTEM

10/28/2009 to 10/31/2012	153349
Issue Date Lapse Date	ID Number

Acting Commissioner

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-09-004113
Last Submit Date: Monday, November 16, 2009

Date: Tuesday, November 17, 2009

Dear MEDICAL CENTER OF OCEAN COUNTY,

The following comments were made during the Plan Review process:

1 - need to know what toilet is serving now? show floor plan and supply specification sheet on basin

11-17-09
fax# 732-229-6743
770 contractor

Sincerely,

Robert Wennlund, Subcode Official

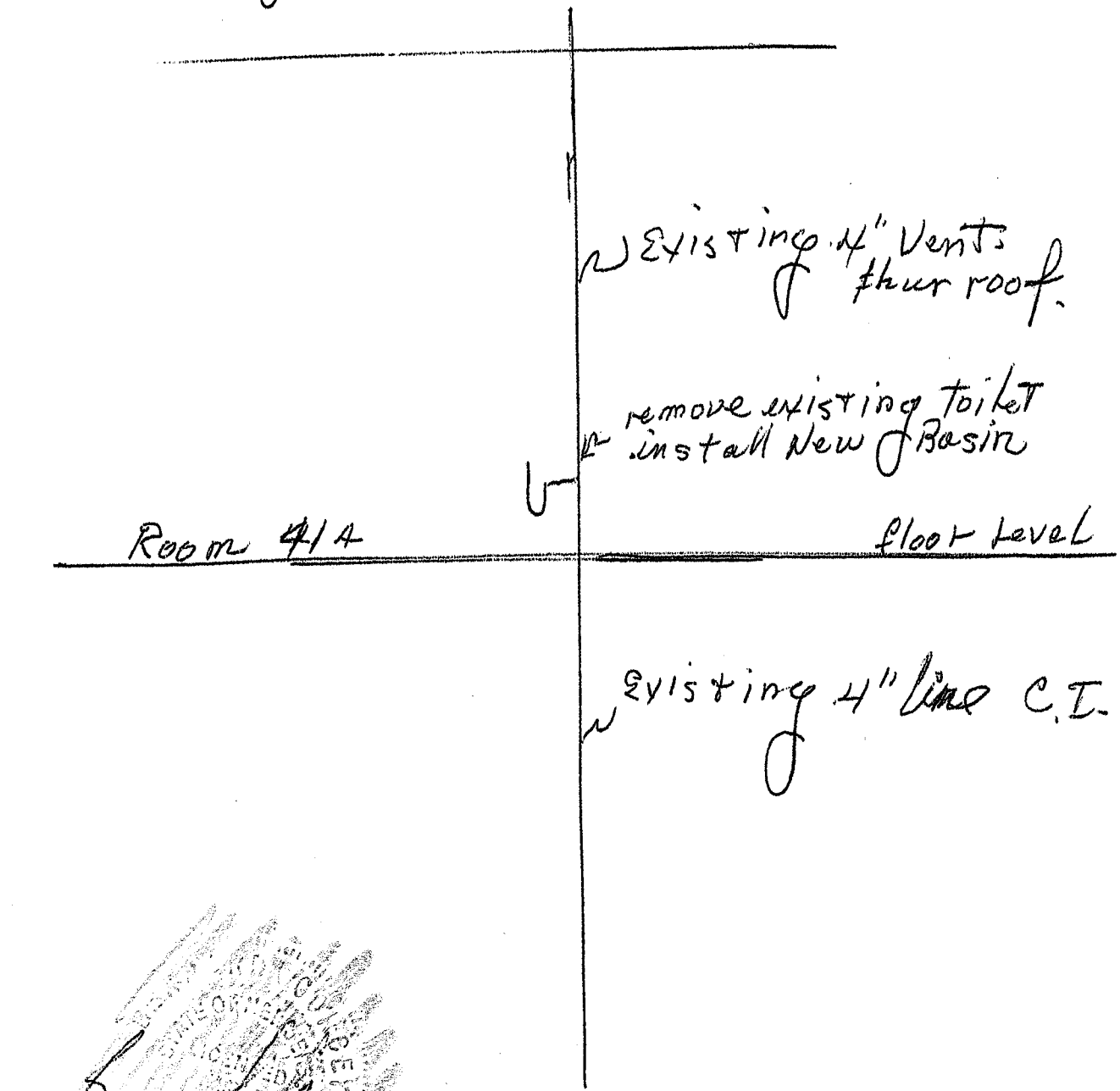
11/17/2009 TUE 15:34 FAX 7322622941 Brick Comm Dev/Land Use 001

****
*** FAX TX REPORT ***
****

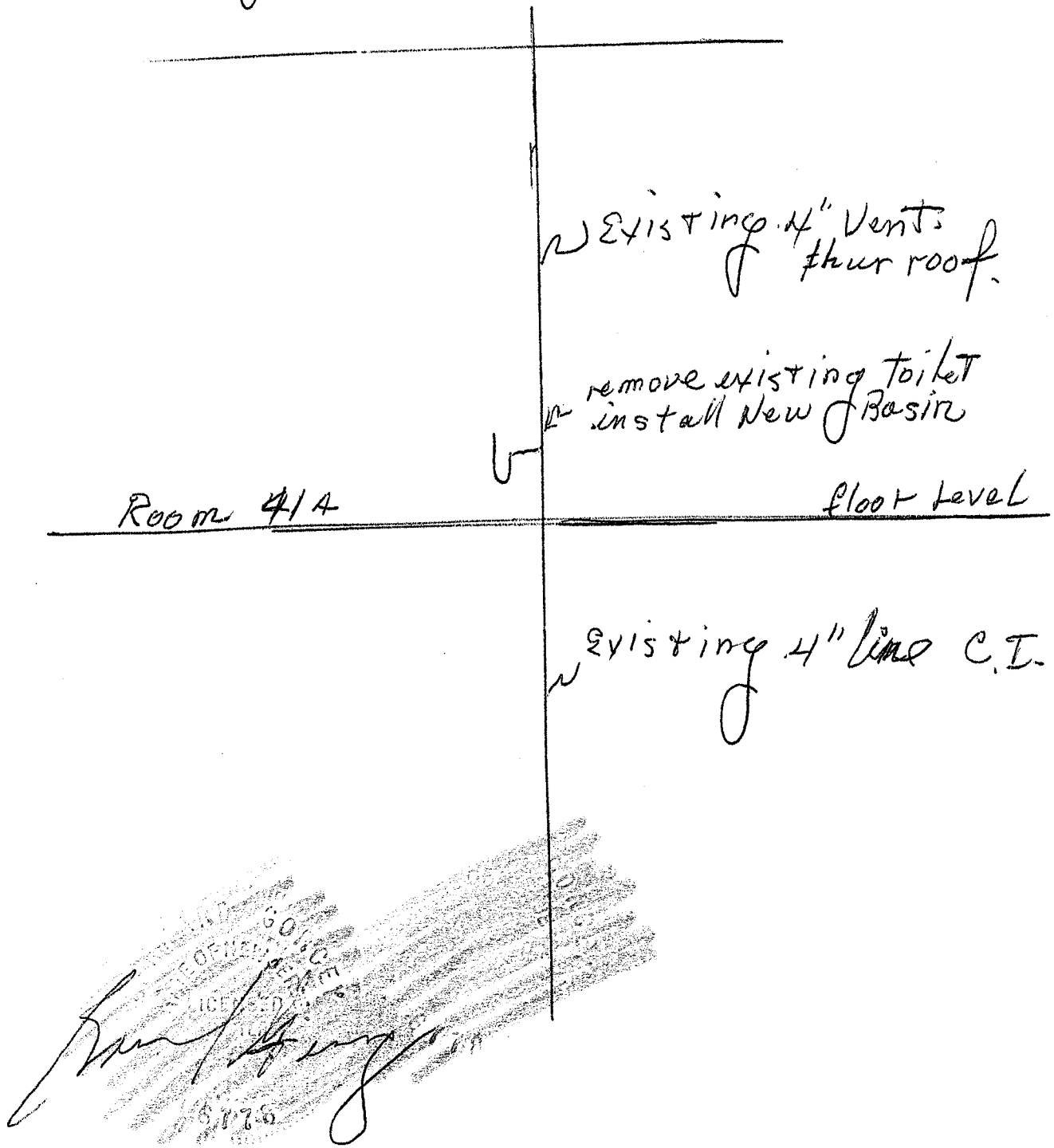
TRANSMISSION OK

JOB NO.	0152
DESTINATION ADDRESS	97322296743
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	11/17 15:33
USAGE T	00'53
PGS.	1
RESULT	OK

Taco Mang Inc. 970 Route 70 Brick N.J. Oct 29, 09



Jaco Mang Inc. 970 Route 70 Brick N.J. Oct 29, 09



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: Fire Subcode
Block: 1170 Lot: 16 Qual:
970 ROUTE 70
Permit Number: Control Number: C-09-004113
Last Submit Date: Friday, November 13, 2009

Date: Monday, November 16, 2009

Dear MEDICAL CENTER OF OCEAN COUNTY,
Your request is hereby denied based upon the following infractions.

Need New Jersey Division of Fire Safety licensed contractor to conduct installation and relocation of fire sprinkler heads.

Must supply drawing showing room layout and locations of sprinkler heads.

Sincerely,

Ron Piszar, Subcode Official

fax # 1-17-09 to contractor
732-262-1027

11/17/2009 TUE 09:42 FAX 7322622941 Brick Comm Dev/Land Use

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*** FAX TX REPORT ***
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TRANSMISSION OK

JOB NO.	0144
DESTINATION ADDRESS	97322296743
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	11/17 09:41
USAGE T	00'48
PGS.	1
RESULT	OK

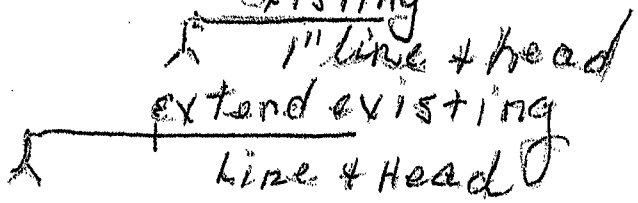
Teca Mang Inc. 970 Route 70 Brick N.J. 08753

R-339 R-441 R-Room

R-339

existing 1" line + head

extend existing Line + Head



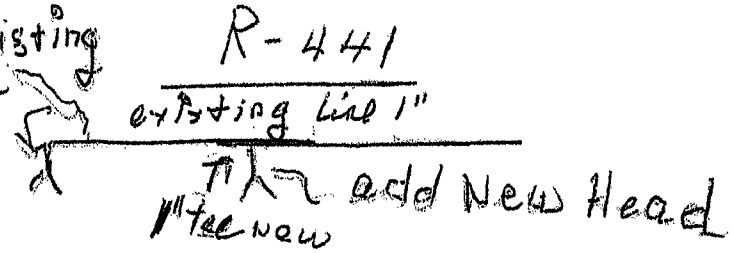
R-441

existing Line 1"

Existing Head

add New Head

1" tee New



Gorcey's P+H INC.
Permit No A00281
Installer No 153349