BLOCK ~~1170~~ 1170 LOT ~~8~~ 16 X ADDRESS (SITE) Rt 70 & Georges Rd. PERMIT NO. 1346-91

RECEIVED

APR 16 1991

CONSTRUCTION PERMIT APPLICATION

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

BUILDING

I. IDENTIFICATION

1. Proposed Work-site at: Rt 70 at Georges Road
2. Name of Owner in Fee: Medical Center Ocean County Tel. (201) 840-1786
   Address 2121 Edgewater Place, Pt. Pleasant, NJ 08742 (street / municipality / zip code)
3. Ownership in Fee: Public X Private ____
4. Principal Contractor: Mid-Jersey Fire Protection Tel. (908) 752-9239
   Address 28 Howard Street, Piscataway, NJ 08854
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. 22-3014487 Social Security No. ____
5. Architect or Engineer HLR Associates Tel. (201) 493-3384
   Address Oak Hurst, New Jersey
6. Responsible Person In Charge of Work ____ Tel. (____) 908 752-9239

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	50-		
4. Fire Protection	120-		
5. Other			
6. Subtotal	$ 170-		
7. Less 20% for State Plan Review	5-		
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20-		
12. Other			
13. TOTAL	$ 195-	✓	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 20 ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors 4020 sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification 5A	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone ____	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no ____	
11. Fire Grading ____	
12. Max. Live Load ____	
13. Max. Occupancy Load ____	

II. PROPOSED WORK

fire sprinklers

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☒ Fire Protection	$10000.
7. ☑ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
6. Fire Protection		4-17-91		4-17-91	JE	7-29-91		JE
7. Plumbing				4-18-91	Bak	7-29-91		

III. DO YOU WANT: (optional) 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
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL-
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group: I-2
3. Change in Use Group,

LDS BR 10315005

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.vii:

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. (X) 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 George R. Featherman Date 4-1-91

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 Mid-Jersey Fire Protection

Address 28 Howard ST

Piscataway, N.J. 08854

Telephone (201) 752-9239

Signature George R. Featherman Date 4-1-91

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED **(office use only)**

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 7-18-91
Control #
Permit # 1346-91

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

Block 1170 Lot 8 16X
Work Site Location Rt 70 at Georges Road

Owner in Fee Medical Center Ocean County
Address 2121 Edgewater Place
Pt. Pleasant, New Jersey 08742
Tele. (201) 840 1786
Contractor Mid-Jersey Fire Protection, Inc.
Address 28 Howard Street
Piscataway, New Jersey 08854
Tele. (908) 752-9239
Lic. No.
Federal Emp. No. 22-3014487 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Two hr. Test at 200 PSI JC

Use Group Present I2 Proposed I2
Constr. Class. Present 5A Proposed 5A
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 10000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 4-17-91
Approved by: JC
SUBCODE APPROVAL:
[X] CO [ ] CCO [X] CA
Date: 7/29/91
Approved by: JC

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Suppression Test			7/19/91	JC
Fire Alarm Test			7/19/91	JC
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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.

George R. Leatherman
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Sprinkler Sys.

Water Supply Source	City
Method of Valve Supervision	Tamper
Local Alarm Supervision	Electric Bell
Central Supervision	Water Flow
Proprietary Supervision	

Flammable Liquid Storage Tanks	(X) Capacity	Fuel	
Combustible Liquid Storage Tanks	(X) Capacity	Fuel	
L.P.G. Storage Tanks	(X) Capacity	Fuel	
L.N.G. Storage Tanks	(X) Capacity	Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	56	60
Dry Sprinkler Heads	Ø	
TOTAL	56	
Bell Gates alarm		
Smoke Detectors	-	20
Heat Detectors	-	
TOTAL	-	
Stand Pipes	-	
Kitchen Hood Exhaust Systems	-	
Pre-Engineered Systems		
CO_2 Suppression	-	
Halon Suppression	-	
Foam Suppression	-	
Dry Chemical	-	
Wet Chemical	-	
Gas or Oil Fired Appliance	-	
OTHER Plan & Insp		40
Administrative Surcharge		$
Minimum Fee		$ 120
TOTAL FEE		$

Paid [ ] Check #
Collected by

U.C.C. Form F-140A

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-18-91
Control #
Permit # 1346-91

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 X
Work Site Location Rt 70 at George Road

Owner in Fee Medical Center Ocean County
Address 2121 Edgewater Place
Pt. Pleasant, NJ 08742
Tele. (201) 840-1786
Contractor Mid-Jersey Fire Protection, Inc.
Address 28 Howard Street, Piscataway, NJ 08854
Tele. (908) 752-9239
Lic. No.
Federal Emp. No. 22-3014487 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [X] Fire
[ ] Plumb. Plans Approved
Date: 4-18-91
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] OA
Approved by:
Date: 7/29/91

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

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.

George R. Fee Jr. Seal
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	25-
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
1	Water Service Connection	15-
	Gas Service Connection	
	Active Solar System	
	Other	10-

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 50-

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy