

1170

18.02



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Brick Hospital 425 Jack Martin Blvd.

2. Name of Owner in Fee: _____ Tel. (____) _____
Address 425 JACK MARTIN BLVD BRICK
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Grinnell Fire Prot. Tel. (908) 381-7722
Address 2323 Randolph Ave. Avenel N.J.

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. 0540346132 Social Security No. _____

5. Architect or Engineer _____ Tel. (____) _____
Address _____

6. Responsible Person JOHN PUZZO Tel. (908) 381-7722
In Charge of Work

II. PROPOSED WORK

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

TOTAL COSTS

Est. Cost

1975.00

Fire Sprinklers

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
		7/15/93	7/15/93		11/4/94		

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection	46-		
5. Other			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	2-		
10. Subtotal	\$		
11. Cert. of Occupancy	20-		
12. Other			
13. TOTAL	\$ 68-		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors _____ sq. ft.
5. Volume of Structure _____ cu. ft.
6. Construction Classification _____
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 _____

(office use only)

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:
BRICK HOSPITAL
2. Use Group:

3. Change in Use Group.

LDS BR 10315027

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. ☐ 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 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.

☒ Check if contractor.

Agent Name GRINNELL FIRE PROTECTION

Address 2323 Randolph Ave
Avenel NJ

Telephone (908) 381-7722

Signature John J. Papp Date 7/14/93

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 Protection									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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

Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
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. _____



CONSTRUCTION PERMIT

Date Issued 7-15-93
Control #
Permit # 1590-93

IDENTIFICATION Block 1170 Lot 18.02
Work Site Location 425 Jack Martin Blvd Contractor Grinnell Fire Prot.
Owner in Fee Brick Hospital Address _____
Address same Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____ Exp. Date 0002**
Federal Emp. No. 1590**
or Social Security No. BLOCK 0.00

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

fire sprinklers

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

Estimated Cost of Work \$ 1975.-
AD Cenzo
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		1170 4 18.02 #
Building	_____	0.00
Plumbing	_____	0.00
Electrical	_____	0.00
Fire Protection	<u>46.00</u>	0.00
Other	_____	0.00
Other	_____	0.00
DCA Training Fee	<u>2.00</u>	0.00
Cert. of Occ.	<u>20.00</u>	1.15
Other	_____	0.00
Total	<u>108.00</u>	
Check No.	_____	
Cash	_____	
Collected By:	_____	



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received 7-15-93
Date Issued 7-15-93
Control # 1590-93
Permit #

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

Block 1170 Lot 18.022
Work Site Location BRICK HOSPITAL

Owner in Fee 435 JACKMARTIN BLVD
Address BRICK NJ.

Tele. ()
Contractor KUNDLE FIRE PROTECTION

Address 2323 KADOLPH AVE.

Tele. (908) 381-7722

Lic. No.

Federal Emp. No. 0546346132 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other
Location:
Total Est. Cost of Fire Prot. Work \$ 1975.00 [] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW: INSPECTIONS: Dates (Month/Day)
[] No Plans Required Type: Failure Failure Approval Initial
Joint Plan Review Required:
[] Bldg. [] Plumb. [] Elec. Suppression Test
[] Fire Plans Approved Fire Alarm Test
Date: 11/19/93 Smoke Test
Approved by: Mechanical
SUBCODE APPROVAL: TCO
[] CO [] CCO [] CA Other
Date: Other
Approved by: 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.

Signature of John S. Dwyer

D. TECHNICAL SITE DATA
Description of Work 1st FL. OFFICES NEW HEADS

CITY

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
L.P.G. Storage Tanks
L.N.G. Storage Tanks

Wet Sprinkler Heads
Dry Sprinkler Heads
TOTAL
Number 6

Smoke Detectors
Heat Detectors
TOTAL

Stand Pipes
Kitchen Hood Exhaust Systems

Pre-Engineered Systems
CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas or Oil Fired Appliance
OTHER

Administrative Surcharge \$
Paid [] Check # Minimum Fee \$
Collected by TOTAL FEE \$

FEE (Office Use Only)

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**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 7-15-93
Date Issued 7-15-93
Control # 1590-93
Permit # 1590-93

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

Block 1170

18.02

Work Site Location BRICK HOSPITAL

Owner in Fee 4125 JACK MARINO BLVD
Address ISRECK NJ

Tele. () GRINDELL FIRE PROTECTION
Contractor 2323 KADOLPH AVE.

Address AVENUE N.J.
Tele. () 908 381-7722

Lic. No. OS40346132 or Social Security No. OS40346132

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems Present Proposed
Type: Gas Oil Electrical Solar
Other

Location: 1975 CO
Total Est. Cost of Fire Prot. Work \$ 1975.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)	Initial
☐ No Plans Required	Type:	Failure	Approval
Joint Plan Review Required:			
☐ Bldg. ☐ Plumb. ☐ Elec.	Suppression Test	1-14-93	14/93
☐ Fire Protection Approved	Fire Alarm Test	1-14-93	14/93
Date: <u>1/14/93</u>	Smoke Test		
Approved by: <u>[Signature]</u>	Mechanical		
SUBCODE APPROVAL:	TCO		
☐ CO ☐ CCO <u>1-14-93</u>	Other		
Date: <u>1-14-93</u>	Other		
Approved by: <u>[Signature]</u>	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.

[Signature]
SIGNATURE

D. TECHNICAL SITE DATA
Description of Work 157 FL. OFFICES NEW HEADS

CITY

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
L.P.G. Storage Tanks
L.N.G. Storage Tanks

Wet Sprinkler Heads
Dry Sprinkler Heads
TOTAL
Smoke Detectors
Heat Detectors
TOTAL

Number

FEE (Office Use Only)

Stand Pipes
Kitchen Hood Exhaust Systems
Pre-Engineered Systems
CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical
Gas or Oil Fired Appliance
OTHER

Administrative Surcharge

Paid ☐ Check # Minimum Fee \$

Collected by TOTAL FEE \$