BLOCK 1170 LOT 18.2 & 18.03 ADDRESS (SITE) 425 Jack Martin Blvd PERMIT NO. 2865-93

RECEIVED
SEP 16-93
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 425 Jack Martin Blvd., Brick, NJ
2. Name of Owner in Fee: Medical Center of Ocean County Tel. (908) 840-3344
   Address 2121 Edgewater Place, Pt. Pleasant, NJ 08742 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Fitzpatrick & Associates, Inc. Tel. (908) 542-6100
   Address 1115 Pine Brook Road, Tinton Falls, NJ 07724
   License No. OR, if new home, Builder Reg. No. 7068 Exp. Date 4/22/94
   Federal Emp. No. 22-2013709 Social Security No. _____
5. Architect or Engineer Lippincott Engineering Assoc. Tel. (609) 461-1239
   Address 1 Pavillion Ave., Riverside, NJ 08075
6. Responsible Person In Charge of Work Michael Hintz Tel. (908) 542-6100

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy		141.60	
12. Other	Free		
13. TOTAL	$	141.60	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories: two	
2. Height of Structure: 30 ft.	
3. Area—Largest Floor: 35,000 sq. ft.	
4. Building Area—All Floors: 57,500 sq. ft.	
5. Volume of Structure: 1,400,000 cu. ft.	
6. Construction Classification: 2B	
7. Total Land Area Disturbed: 257,000 sq. ft.	
8. Flood Hazard Zone: n/a	
9. Base Flood Elevation: n/a ft.	
10. Wetlands yes _____ sq. ft. / no X	
11. Fire Grading: 2B	
12. Max. Live Load: 80	
13. Max. Occupancy Load: 300	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	100,000.
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	100,000.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

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 Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

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:
3. Change in Use Group, Indicate Former:

UCC Form F-100A

LDS BR 10213985

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.

(X) Check if contractor.

Agent Name Fitzpatrick & Associates, Inc.

Address 1115 Pine Brook Road, Tinton Falls, NJ 07724

Telephone (908) 542-6100

Signature _____ Date 9/20/93

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							X	X	
☐ *Zoning Board*			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ 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. _____	_____	
☐ Certificate of Approval	No. _____	_____	
☐ None			

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Issued 12 7-93
Control #
Permit # 286593

IDENTIFICATION Block 1170 Lot 18.2 18.03

Work Site Location 475 Jack Martin Blvd. — Contractor Fitzpatrick [illegible]

Address [illegible]

Owner in Fee [illegible] Country C.C.

Address [illegible]

Tele. ( ) — Tele. ( )

Lic. No. or Bldrs. Reg. No. ______ Exp. Date **0002**

Tele. ( ) — Federal Emp. No. 2865**

or Social Security No. BLOCK 0.00

1170 **

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

trees

PAYMENTS (Office Use Only)	L18.2XXX18
Building	.03 **
Plumbing	TREES $41.60
Electrical	TOTAL $41.60
Fire Protection	CHECK $41.60
Other	CHANGE 0.00
Other	12/07/93 NO. 5 00001005 15:05
DCA Training Fee	
Cert. of Occ.	
Other	[illegible]
Total	[illegible]
Check No.	342152
Cash	
Collected By:	

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 $ 100,000.00

[signature]
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12-7-93
Control #
Permit # 2865-93

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

Block 1170 Lot 18.2 & 18.03

Work Site Location 425 Jack Martin Blvd. & Route #88

Owner in Fee Medical Center of Ocean County

Address 2121 Edgewater Place, Point Pleasant, NJ 08742

Tele. (908) 5 840-3344

Contractor Fitzpatrick & Associates, Inc.

Address 1115 Pine Brook Road, Tinton Falls, NJ 07724

Tele (908) 542-6100

Lic. No. or Bldrs. Reg. No. 7068

Federal Emp. No. 22-2013709 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date.			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present I-2 Proposed I-2

Constr. Class Present I-2 Proposed I-2

No. of Stories two

Height of Structure 30 Ft.

Area—Largest Floor 35,000 Sq. Ft.

Total Bldg. Area/All Floors 57,500 Sq. Ft.

Volume of Structure 1,400,000 Cu. Ft.

Total Land Area Disturbed 257,000 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 100,000.
2. Alteration $
3. Total (1+2) $ 100,000

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Site clearing including removals and grading for proposed nursing hope per attached drawing.

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Other
- [ ] Demolition
- [ ] Miscellaneous
  - [ ] Fence Height
  - [ ] Sign Sq. Ft.
  - [ ] Pool
  - [ ] Elevator
  - [ ] Asbestos Abatement
  - [ ] Other

(Office Use Only)

FEE $

Administrative Surcharge $

Paid [ ] Check # Minimum Fee $

Collected by: TOTAL FEE $

U.C.C. Form F-110A

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

SHADE TREE PERMIT

Permit # 2021

Applicant's Name FITZPATRICK & ASSOCIATES INC Block 1170

Property Address 425 JACK MARTIN BLVD Lot 18.2 & 18.03

Applicant's Address 1115 PINE BROOK RD Date 9/9/93

TINTON FALLS N.J. 07724

As per Shade Tree Application in conjunction with ordinance #158-A,B,C-75: filed in the Building Department, Township of Brick.

Comments: OK

Fee Paid $ Pd Check #141.60 Signed: Sterling Hulse

Sterling Hulse, Forrester
Township of Brick
Shade Tree Commission

This permit must be available on site for inspection upon demand.

Date September 15, 1993

APPLICATION IN CONNECTION WITH ORDINANCE #158-72

Name of Applicant Fitzpatrick & Associates, Inc.

Address 1115 Pine Brook Road

Tinton Falls, N.J. 07724

Property is Block 1170 Lot(s) 18.2 & 18.03

Residential _____ Commercial X

Address if different from applicant

425 Jack Martin Blvd, Brick, N.J.

Location of trees on property: See Attached Plan

Number of trees presently on property: See Attached Plan

Additional information to enable the application to be properly evaluated:

Fee: $5.00 for trees located on individual building lot.

($15.00) per acre for all other lands. x9.44 ACRES = $141.60

Recommendation from Shade Tree Commission:

OK ISSUED PERMIT # 2021

9/19/93
Date

Sterling Ruba
Signature of Chairman

Action by Council: Approved _____ Denied _____

Date

Township Clerk