called 9/8
6/13/94

BLOCK 1170 LOT 18.02 ADDRESS(site) BRICK HOSPITAL PERMIT NO. 1414-94

RECEIVED
JUN 10 1994
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

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

I. IDENTIFICATION

1. Proposed Work-site at: BRICK HOSPITAL
2. Name of Owner in Fee: BRICK HOSPITAL Tel. (908) 840-2200
   Address JACK MARTIN BLVD (street) BRICK (municipality) 0 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: ALLIED FIRE & SAFETY Tel. (908) 922-3399
   Address PO BOX 607 Neptune NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 221-904-087 Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address N/A
6. Responsible Person In Charge of Work _____ Tel. (____) _____

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			
12. Other			
13. TOTAL	$		

Exempt

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
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	

II. PROPOSED WORK

	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	2100—
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
			6/10/94		11/21/94		

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

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

LDS BR 10414726

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 u and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other th single family residential use. I attest that all construction, plumbing, or electrical work will be done, in wh or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; ar I further acknowledge that said new home is not covered under the New Home Warranty and Builde Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasi 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 RESPONSIBILI FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURIN AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIF EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK 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. 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, alteratic renovation, or repair to an existing single family residence owned and occupied by myself and located the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will deemed part of, an existing single family residence that is owned and occupied by myself and located 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 Jers 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 Sta county, and local prior approvals have been given, including such certification as the construction official may requi

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): proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make t 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 Sta county, and local prior approvals have been given, including such certification as the construction official may requi

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Divis 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 ALLIED FIRE & SAFETY

Address P.O. BOX 607

NEPTUNE NJ 07754

Telephone (908) 922-3399

Signature _____ Date 6/10/94

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ 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. _____	_____	

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 6/13/94
Control #
Permit # 1414-94

IDENTIFICATION Block 1170 Lot 18.02

Work Site Location Dutch Hoyers (?)

Contractor Allied Fire & Safety

Address

Owner in Fee

Address Park Marlin Blvd (?)

Tele. ( )

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

adding Sprinkler Heads

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 $ 21,00 (?)

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	N/A
Total	
Check No.	
Cash	
Collected By:	

G. Ciervo (?)

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

P# 0158950 Ready

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # AUG 7 96 0 0 7 1 0 6

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
Work Site Location Brick Hosp
Jack Martin Rd Brick
Owner in Fee Same (Brick Hosp.
Address
Tele. ( ) 840-3398
Contractor Lubeck Co South Inc
Address 235 Drum Pt Rd
Brick
Tele. (908) 920 6611
Lic. No. 8414
Federal Emp. No. 222209 329 or Social Security No.

B. ELECTRICAL CHARACTERISTICS
Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1800 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Signature—Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

8414

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
1		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
100A 1φ	Amp	~~Motor Control~~ Center/Sub Panels	35 -
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
1		Other Sign	35 -

Administrative Surcharge $
Paid [ ] Check # 1616 Minimum Fee $ 70 -
DCA Training Fee $ 1 -
Collected by: TOTAL FEE $ 71 -

U.C.C. Form F-120B m

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

CITY OF NEWARK
DEPARTMENT OF ENGINEERING

FIRE SUBCODE TECHNICAL SECTION

Date Received 6/13/94
Date Issued
Control #
Permit # 1414-94

ADD (4) Sprinkler Heads

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

Block 1170 Lot 18.02
Work Site Location BRICK HOSPITAL
JACK MARTIN BLVD. BRICK, N.J.
Owner in Fee BRICK HOSPITAL
Address SAME

Tele. (908) 840-2200
Contractor ALLIED FIRE & SAFETY
Address PO BOX 607
NEPTUNE NJ 07754
Tele. (908) 922-3399
Lic. No.
Federal Emp. No. 221-904-087 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 $ 2100 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 6/10/94
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 11/2/94
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Suppression Test			11/21/94	
Fire Alarm Test				
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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work ADD (4) Sprinkler Heads

Water Supply Source Existing
Method of Valve Supervision Flow Switch
Local Alarm Supervision existing
Central Supervision
Proprietary Supervision

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	4	
Dry Sprinkler Heads	—	46
TOTAL	4	
Smoke Detectors		
Heat Detectors	N/A	
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems	N/A	
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression	N/A	
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 46-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
Telephone (609) 971-7002

RECEIVED
JAN 21 1993
DIV. OF INSPECTION

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: Brick

PROJECT: Brick Hospital 1990 Expansion SCD NO.: 4128

BLOCK NO.(s) 1170 LOT NO.(s) 13, 18.02, 18.03

Complete Compliance ☐ Temporary Compliance ☑

Block No.	Lot No.	Conditions
		This **TEMPORARY** compliance expires on 4/30/93. The applicant is required to notify this office when work is properly completed. A $55.00 re-inspection fee will be billed to the applicant for each day required work is not properly completed.
		STONE ENTRANCE TO BE PLACED AT STOCK PILE AREA.
		TOTAL FEES DU

This verifies that the soil erosion and sediment control measures for the above designated block a compliance to the extent indicated above with the soil erosion and sediment control plan as certifi Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion a (N.J.S.A. 4:24-39 et. seq.)

AGENT RESPONSIBLE FOR PROJECT: [signature] 1-19-93

AUTHORIZED DISTRICT SIGNATURE: [signature]

DATE: 1/19/93

DISTRIBUTION: WHITE - Township
CANARY - Applicant

Revised 8/92

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
Telephone (609) 971-7002

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK

PROJECT: BRICK HOSPITAL 1990 EXPANSION SCD NO.: 4128

BLOCK NO.(s) 1170 LOT NO.(s) 18, 18.02, 18.03

Complete Compliance ☑ Temporary Compliance ☐

Block No.	Lot No.	Conditions

TOTAL FEES DUE: $ -

erifies that the soil erosion and sediment control measures for the above designated block and lot nu
ance to the extent indicated above with the soil erosion and sediment control plan as certified by the
nservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sedim
A. 4:24-39 et. seq.)

RESPONSIBLE FOR PROJECT: _____

RIZED DISTRICT SIGNATURE: _____

DATE: 5/16/95

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District