Called 8-95 DD

12-6-95 CALLED 7-21-95 CALLED

BLOCK 1170 LOT 18.2+18.03 ADDRESS (SITE) Rt 64 PERMIT NO. 3034-96

RECEIVED 9-18-95 CALLED

MAR 2 1995

DIV. OF CONSTRUCTION

CONSTRUCTION PERMIT APPLICATION "By MAIL"

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

I. IDENTIFICATION

1. Proposed Work-site at: Jack Martin Blvd Ocean Nursing Pavilion
2. Name of Owner in Fee: same Jack Martin Blvd.
   Address MEDICAL CENTER OF O.C 425 JACK MARTIN BLVD NORTHERN OCEAN HOSPITAL SYSTEM 2121 EDGEWATER PL HOUSE PT. PLEASANT
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: N.W. SIGN Industries Tel. (609) 488-6366
   Address 6985 Airport Hwy Lane, Pennsauken NJ. 08110
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 223176338 Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work Michael Uhorchuk Tel. (609) 488-6366

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building 110	$ 50.00		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal 110	$ 50.00		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	3.00		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZPA	75.00		
13. TOTAL	$ 128.00		128.00

AD

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. 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. Max. Live Load	
12. 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	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	3400

Sign

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
			3/8/95	RL			
	3/9/95						

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: Nursing Home
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10414727

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 N.W. Stone Industries

Address 6985 Airport Hwy Lane
Pennsauken N.J. 08110

Telephone (609) 488-6366

[redacted] Date _____

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
☐ Zoning Officer			X	X	X	X	X	X	
☐ 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	
☐									
☐									

IMPORTANT
A.H.B.I. EXEMPT

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

RECEIVED

MAR 7 1995

Code Enforcement

Per John Chusler
Work was done
without a permit.
Notice needs to be sent. DAP

UCC CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 11/26/96
Control #
Permit # 3034-96

IDENTIFICATION Block 1170 Lot 18.2 & 18.03

Work Site Location Ocean Nursing Pavilion

Owner in Fee Medical Center [illegible]

Address [illegible] Martin [illegible]

[illegible] Beach NJ

Tele. ( )

Contractor N.W. [illegible] Industries

Address 498 [illegible]

[illegible] NJ 08110

Tele. ( )

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

Federal Emp. No. 22 517 633 [illegible]034##

or Social Security No. BLOCK [illegible].00

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [✓] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

PAYMENTS (Office Use Only)		
Building	110 [illegible]	[illegible].00
Plumbing	BUILDING	11[illegible].00
Electrical	D C A	[illegible].00
Fire Protection	ZONE/LOT	1[illegible].00
Other		
Other	BUILDING	11[illegible].00
DCA Training Fee	[illegible]	11[illegible].00
Cert. of Occ.	TOTAL	12[illegible].00
Other 2017	[illegible]	12[illegible].00
Total	[illegible]	[illegible].00
Check No.	12 3156	
Cash	[illegible]	1[illegible]:17
Collected By:	[illegible]	

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 $ 3400

J. Cunanza

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/26/96
Date Issued
Control #
Permit # 3034-96

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 Ocean Nursing Pavilion
Rt 64 Brick N.J.
Owner in Fee Same
Address
Tele. ( )
Contractor N.W. Sign Industries
Address 6965 Airport Hwy Lane
Pennsauken N.J. 08110
Tele. (609) 486-6366
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1716338 or Social Security No.

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

Install (1) 52"x110" double face freestanding sign as per print

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	3/6	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. *New Bldg.* $
2. Alteration $
3. Total (1+2) $ 3410.00

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence Height (6' or over)
  [X] Sign 40 Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other
  [ ] Other
[ ] Demolition

(Office Use Only)

FEE	
$	

Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$
TOTAL FEE	$

Paid [ ] Check #
Collected by:

U.C.C. Form F-110B

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

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: March 2, 1995 — 1995 Z 0221

Block 1170 **Lot** 18.02 & 18.03 **Zone** H-S

Property Address: 415-419 Jack Martin Boulevard

Owner: Ocean Nursing Pavilion **(Phone):**

Applicant: N.W. Sign Industies; Michael Whorchuk **(Phone):** 609-488-6366

Use: Nursing home

Proposed Construction (if any): Ground sign, "Ocean Nursing Pavilion", 4'6" by 11', 50 square feet.

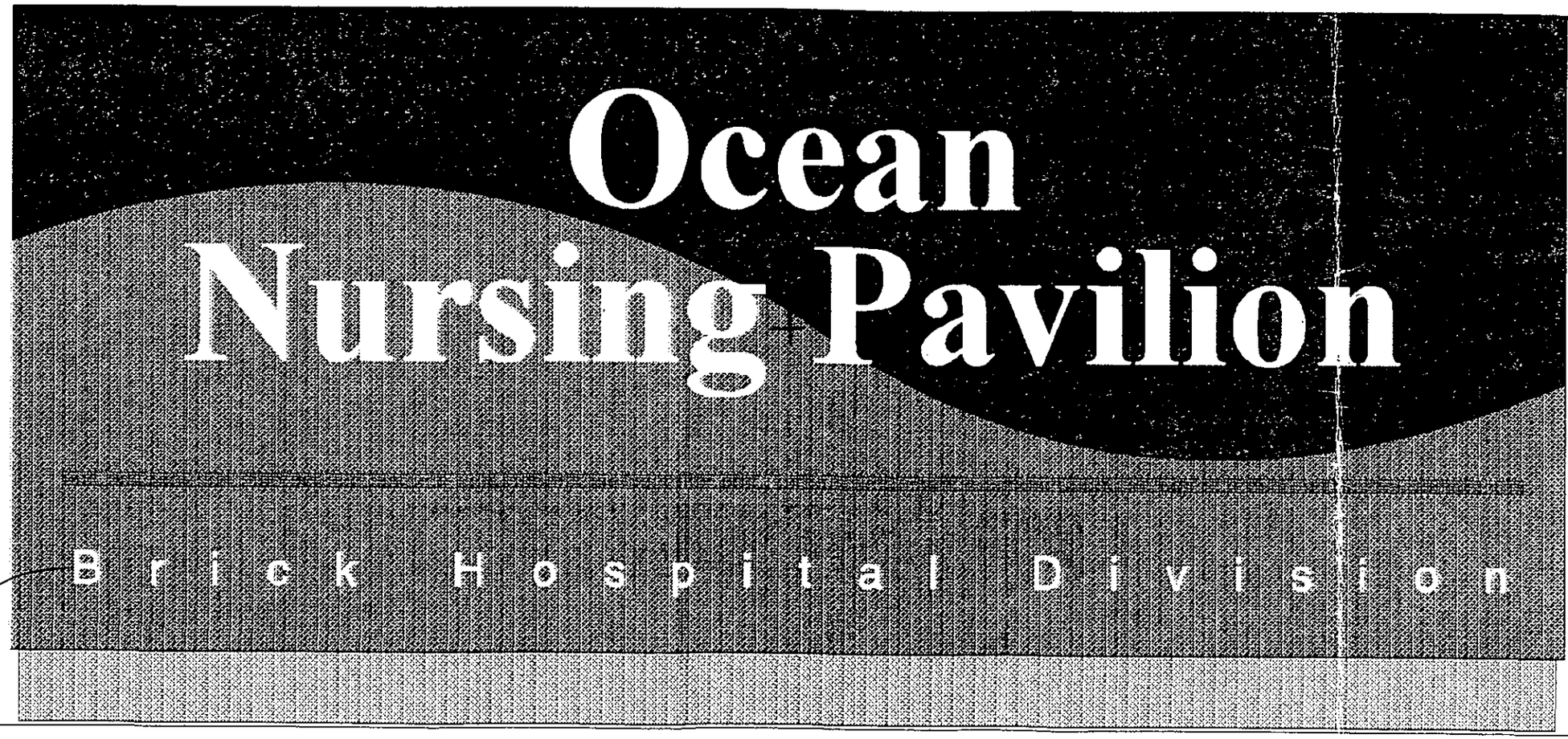
Conditions: Must comply with signed site plan.

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Sean Kinnevy

Sean Kinnevy — Land Use Officer



GROUND SIGN

MANUFACTURE & INSTALL (2) D/F INTERNALLY ILLUMINATED MONOLITH GROUNG SIGNS.
12" DEEP EXTRUDED ALUMINUM CABINET. ROUTED 1/8" ALUMINUM FACES, WHITE PLEX BACK-UP.
WHITE COPY. GREEN RULE. BLUE BKGD COLORS TBD.

AN AFFILIATE OF THE MEDICAL CENTER OF OCEAN COUNTY

GROUND SIGN

MANUFACTURE AND INSTALL (2) D/F ILLUMINATED GROUND SIGNS.
12" DEEP EXTRUDED ALUMINUM CABINET. ROUTED 1/8" ALUMINUM FACES W/ WHITE ACRYLIC BACKED COPY, GREEN VINYL RULE, DARK AND LIGHT BLUE FACES

TOWNSHIP OF BRICK

(x) NOTICE OF VIOLATION AND ORDER TO TERMINATE

() NOTICE AND ORDER OF PENALTY

IDENTIFICATION:

SITE: 425 JACK MARTIN BLVD
OCEAN NURSING PAVILION
BLOCK: 1170 LOT: 18.2 & 18.3

OWNER: NORTHERN OCEAN HOSPITAL
AGENT: N.W. SIGN INDUSTRIES

ADDRESS: 2121 EDGEWATER PLACE
HOUSE C
PT PLEASANT NJ 08742

6985 Airport Highway
Lane
PENNSAUKEN NJ 08110

ACTION:

SIGN CONSTRUCTED WITHOUT A BUILDING PERMIT
APPLICATION IN OFFICE WAS NEVER ISSUED A PERMIT
DATE OF NOTICE: 03/07/96 DATE OF INSPECTION: 03/06/96
COMPLIANCE DUE DATE: 04/07/96

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgates thereunder (N.J.A.C. 5:23-2.30 and 2.31) in that:

5:23-2.14--Construction Permits when required
(a) It shall be unlawful to construct, enlarge, alter or demolish a structure, or change the occupancy of a building or structure requiring greater strength, exitway or sanitary provisions, or to change to a different use group, or to install or alter any equipment for which provision is made or the installation of which is regulated by the regulations, without first filing an application with the construction official or the appropriate sub-code official where the construction involves only one trade or subcode, in writing and obtaining the required permit therefor.

You are hereby ordered to terminate the said violation(s) on or before April 7, 1996. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

(x) Failure to comply with this Order will subject you to a penalty of $ 500 per day.

() You are hereby ordered to pay a penalty in the amount of $ for each violation for a total penalty of $. Each that any of the said violations remain outstanding after shall result in an additional penalty of $ per .

If you wish to contest the validity of the above actions, you may request a hearing before the Construction Board of Appeals of the Ocean County Construction Board of Appeals within 20 business days of the receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100.00 to be forwarded with your application to the Board of Appeals office at Building 2 Mott Place, Toms River, NJ 08753.

****

If you have any questions concerning this matter, please call:
908-477 3000 Division of Inspections-JOHN CHUSSLER.

Notice of violation and order to terminate:
Robert Corby SCO.
Building Sub-code Official

Notice and order of penalty:
John Horton CO.
Acting Construction Official