Called 11/18/96 user left message on machine;

BLOCK 1170 LOT 18.03 ADDRESS (SITE) 415 JACK MARTIN BLVD. PERMIT NO. 2956-96

RECEIVED
OCT 28 1996
PLACE OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

got peb + fire

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

I. IDENTIFICATION

1. Proposed Work-site at: 415 JACK MARTIN BLVD
2. Name of Owner in Fee: MEDICAL CENTER OCEAN COUNTY Tel. (908) 892-1100
   Address 2121 EDGEWATER PLACE (street) POINT PLEASANT (municipality) NJ 08742 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: MCOC Tel. (908) 295-6572
   Address 2121 EDGEWATER PLACE POINT PLEASANT NJ 08742
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. 141-30-2395
5. Architect or Engineer FELTZ ASSOCIATES Tel. (___) _____
   Address 1605 BAY AVE. POINT PLEASANT N.J 08742
6. Responsible Person in Charge of Work BILL TRANSUE Tel. (908) 295-6572

840-3340

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	485-		
2. Electrical		130-		
3. Plumbing		45		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	660-		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		23-		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other ZPA		415		
13. TOTAL	$	698.00		

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 19000	18500
6. ☒ Fire Protection	2000
7. ☒ Plumbing	5500
8. ☒ Electrical out	12000
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☒ Demolition	2000
TOTAL COSTS	29000 30000

PLANS MUST BE ON JOB SITE

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
OK							
			11/4/96 BC		1/22/97 OK		WS
			11/8/96 OK		1/23/97		OK
			11-14-96 JC		1/28/97		OK
					1-28-97		OK
ENG	10/28/96	11/4/96	11/4/96	SW			

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
4. ☒ Refrigeration Systems
5. ☒ Cross-Connections/Backflow Preventers
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: I-2
3. Change in Use Group, Indicate Former:

AHBT PRELIMINARY APPROVAL

ALL FINAL APPROVAL

IMPORTANT - KEEP THIS PORTION FOR YOUR RECORDS

LDS BR 10319854

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. (X) 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. (X)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 Bill Hanson Date 10/ /96

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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

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	
☐ Zoning Officer									
☐ 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.									
☐									
☐									

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. 296	1-30-97			

CERTIFICATE

Date Issued 1-30-97
Control #
Permit # 2956-96

IDENTIFICATION

Block 1170 Lot 18.03
Work Site Location 415 Jack Martin Blvd.

Owner in Fee Medical Center of Ocean County
Address 2121 Edgewater Place
Pt. Pleasant, NJ 08742
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group I-2 2 hours
Maximum Live Load
Description of Work/Use:

1. Reconstruction of existing patient rooms to 5-1 patient rooms and 3-2 patient rooms.
2. Demolition of existing utility rooms to nurses station.
3. 2 patient rooms converted to offices.

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY XXXXX☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

J. Cuniazza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 11-18-96
Control #
Permit # 2956-96

IDENTIFICATION Block 1170 Lot 18.03

Work Site Location 415 Jack Martin Blvd.
Owner in Fee Med. Center of Ocean Co.
Address 2121 Edgewater Pl.
Pt. Pleasant, NJ
Tele. ( )

Contractor MCOC
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date **0002**
Federal Emp. No. 2956*#
or Social Security No. BLOCK 0.00
1170 #

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER
[ ] ELECTRICAL [✓] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

interior alterations to nursing home

PAYMENTS (Office Use Only) L18.03 #		
Building	485 BUILDING	485.00
Plumbing	130 PLUMBING	130.00
Electrical	SITE	5.00
Fire Protection	45 D.C.A.	23.00
Other	ZONEPLOT	5.00
Other	TOTAL	698.00
DCA Training Fee	23 CHECK	698.00
Cert. of Occ.	CHANGE	0.00
Other	Zone 15 0020A605	1:43
Total	$ 698	
Check No.	03626	
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 $ 29,000.-

J. Guazza
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
Date Issued 11-18-96
Control #
Permit # 2956-96

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

Block 1170 Lot 18.03
Work Site Location 415 JACK MARTIN BLVD

Owner in Fee MEDICAL CENTER OF OCEAN COUNTY
Address 2121 EDGEWATER PL. POINT PLEASANT 08742

Tele. (908) 892-1100
Contractor MEDICAL CENTER OF OCEAN COUNTY
Address SAME AS ABOVE

Tele. (908) 295-6572
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No. 141-30-2395

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.

Bill Hanavie
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DEMOLITION & RECONSTRUCTION OF EXISTING PATIENT ROOMS TO BE CONVERTED TO (4) 1 PATIENT ROOMS & (3) 2 PATIENT RMS. DEMOLITION OF EXISTING CLEAN & SOILED UTILITY RMS - TO BE CONVERTED TO A NURSES STATION
(2) 2 PATIENT ROOMS CONVERTED TO OFFICES

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	11/14/96	JC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-22-96
Approved By: J. Schwalm

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			11/22/96	JC
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			1-22-97	

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

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	1-2	SAME
Constr. Class	2B	SAME
No. of Stories	2	
Height of Structure	32' 4" Ft.	
Area—Largest Floor	6,949 Sq. Ft.	
New Bldg. Area/All Floors	0 Sq. Ft.	
Volume of New Structure	0 Cu. Ft.	
Total Land Area Disturbed	0 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 40000
3. Total (1+2) $ 40,000

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # NOV 14 96 0 1 0 4 3 6

Brick

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 & 18.03
Work Site Location OCEAN NURSING PAVILION
JACK MARTIN BLVD, BRICK, N.J. ADD-A-BED - RENOVATION
Owner in Fee MEDICAL CENTER OF OCEAN COUNTY
Address ENGLEWATER PLACE
PT. PLEASANT, N.J.
Tele. (908) 206-8000
Contractor ELECTRIC CONSTRUCTION CORP
Address P.O. BOX 3126
WEST END, N.J. 07740
Tele. (908) 222-4728
Lic. No. 5130
Federal Emp. No. 21 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as NURSING HOME Utility Co.
Est. Cost of Elec. Work $ 29,300 —

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: 1-28-97
Approved By: B. Fuller RF

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other	(c) 12-9 #24		1-28-97	RF
Service				
Final				

Temp. Cut-In-Card Date Issued
Final Cut-In-Card Date Issued 1-28-97 RF

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
39		Fixtures (1)	50-
20		Receptacles (2)	
16		Switches (3)	
75		Total 1 + 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
1	4 Kw	Dryer	7-
	Kw	A/C Unit	
		Burglar Alarms	
1		Intercoms Panels NURSE CALL	
7		Smoke Detectors - MODIFY	
	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)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
		Other	

	Administrative Surcharge	$
Paid [ ] Check # 7652	Minimum Fee	$ 57-
	DCA Training Fee	$ 19-
Collected by:	TOTAL FEE	$ 76-

U.C.C. Form F-1208 RF 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

James F Murphy Engineers
113 Timberidge Rd
Newtown - Pa

215 968-4315

Check simplex wire for LL close:

1-17-97 (1) Disconnect Not completed on Sterilizer
(2) Need letter stating No patient care areas in
Nursing home

345 / 0572

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 11-18-96
Control #
Permit # 23956-96

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

Block 1170 Lot 18.02 & 18.03
Work Site Location OCEAN NURSING PAVILION
JACK MARTIN BLVD, BRICK, N.J. ADD-A-BED RENOVATION
Owner in Fee MEDICAL CENTER OF OCEAN COUNTY
Address EDGEWATER PLACE
PT. PLEASANT, N.J.
Tele. (908) 206-8000
Contractor ELECTRIC CONSTRUCTION CORP.
Address P.O. BOX 3126
WESTERN, N.J. 07740
Tele. (908) 222-4728
Lic. No. 5130 - ELECTRICAL
Federal Emp. No. 21-0684074 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 $ 4,000.— [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 11/18/96
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 1-23-97
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
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

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
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		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors VISUAL LIGHTS	7	45.—
~~Heat Detectors~~	9	
TOTAL	16	
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 ANNUNCIATOR	1	

Administrative Surcharge $ 45.—
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-18-96
Control #
Permit # 2956-96

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

Block 1170 Lot 18.03
Work Site Location 415 JACK MARTIN BLVD.

Owner in Fee MEDICAL CENTER OCEAN COUNTY
Address 2121 EDGEWATER PLACE POINT PLEASANT, NJ 08742
Tele. (908) 295-6572
Contractor J.A. CHRISTMAN INC.
Address P.O. BOX 2037
RED BANK N.J.
Tele. (908) 842-1899
Lic. No. 5896
Federal Emp. No. 222-204970 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 11-14-96
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 1-28-97

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			11/27-96	
Rough	11-27-96	1-7-97	1-10-97	
Water				
Sewer				
Fixtures	1-22-97		1-28-97	
Gas Equipment				
Gas Piping				
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.

Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

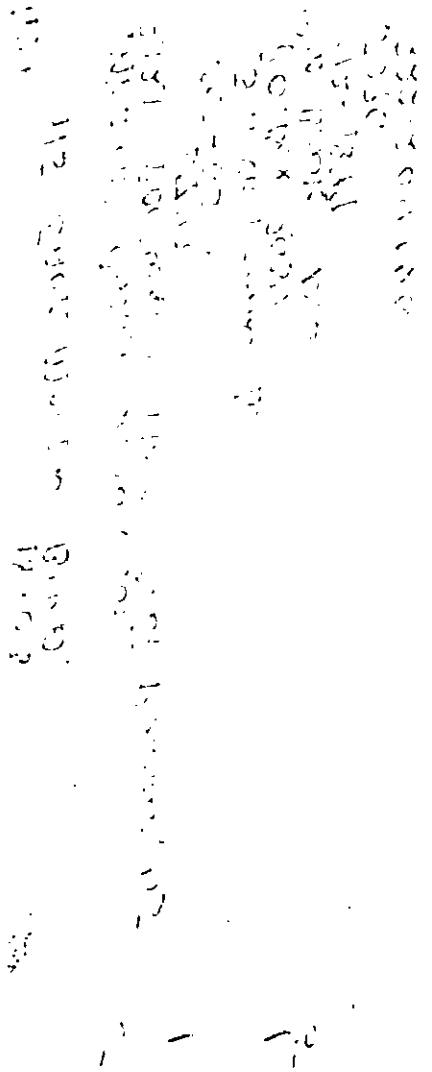
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
5	Water Closet	50
	Urinal/Bidet	
1	Bath Tub	10
	Lavatory	
	Shower	
1	Floor Drain	10
5	Sink	50
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
1	Other – BED-PAN, SANITIZER	10

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 130

U.C.C. Form F-130B

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

1-22-97 - Backflow protection on tub & sanitizer



TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: October 29, 1996 1996 - 1564

Block 1170 Lot 18.03 Zone H-S

Property Address: 415 Jack Martin Boulevard

Owner: Medical Center of Ocean County (Phone): 892-1100

Applicant: Same (Phone): Same

Use: Ocean Nursing Pavilion

Proposed Construction (if any): Interior alteration of existing patient rooms.

Conditions:

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

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.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

FRENCH & PARRELLO ASSOCIATES, P.A.
Consulting Engineers
670 North Beers Street, Bldg. #3
HOLMDEL, NEW JERSEY 07733

(732) 888-7700

DATE 5/5/99	JOB NO. 98F049A
PROJECT Brick Hospital	
LOCATION Brick, N.J.	
CONTRACTOR Driscoll	OWNER
WEATHER	TEMP. 70's °at AM / °at PM
PRESENT AT SITE Adam French	
Page 1 of 2	

TO

THE FOLLOWING WAS NOTED:

> The writer arrived on site and observed the following. The contractor continued to excavate the footings for the proposed two story addition. The writer probed the footings with a piece of rebar and found the footing subgrade to be in a dense state and suitable to support the concrete foundation. See the attached sheet for the area of footing excavation.

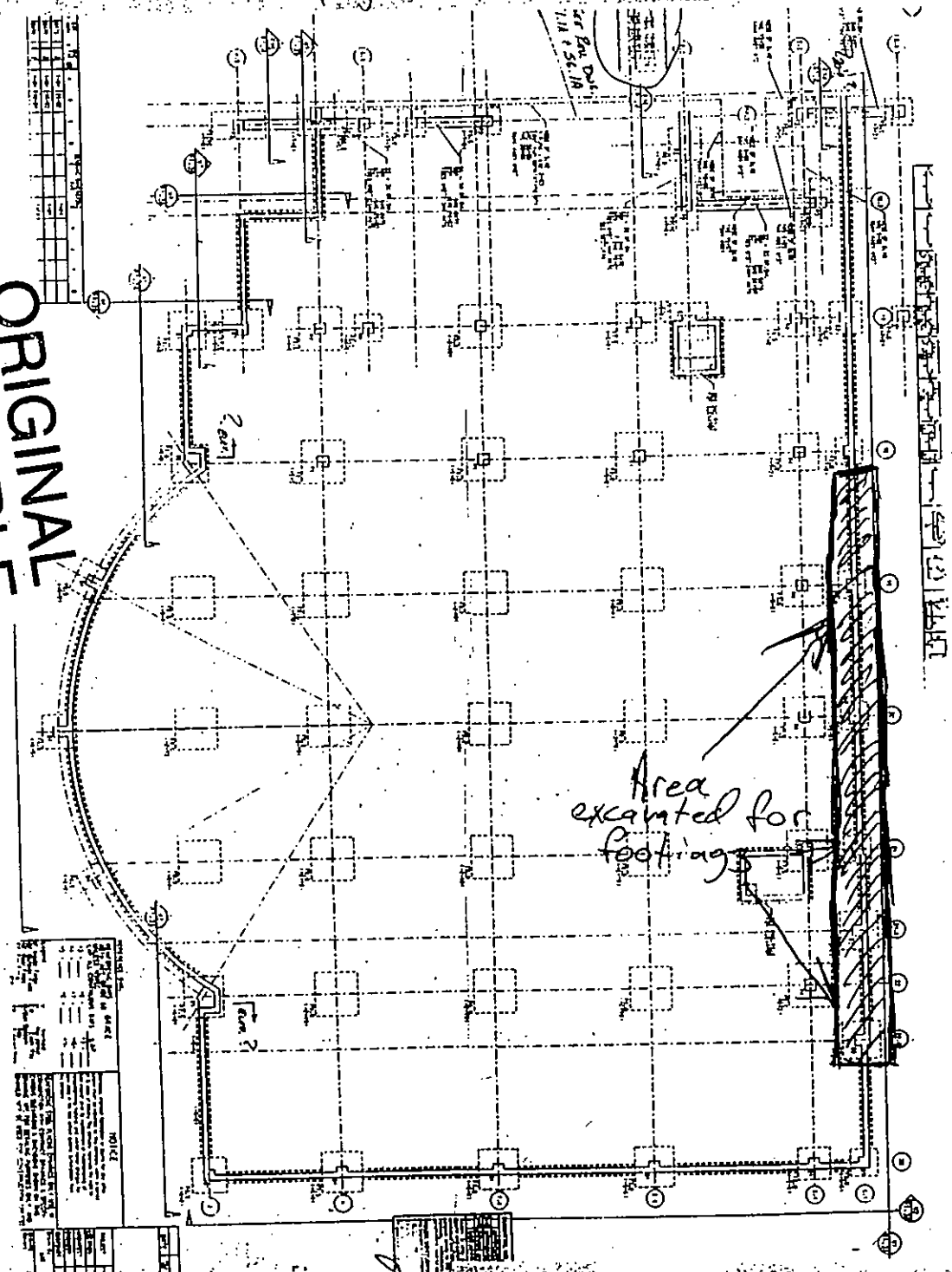
>

COPIES TO

FIELD REPORT

Brick Hospital
98F049A
5/5/99
page 2 of 2

ORIGINAL
ILLEGIBLE



FRENCH & PARRELLO ASSOCIATES, P.A.
Consulting Engineers
670 North Beers Street, Bldg. #3
HOLMDEL, NEW JERSEY 07733

(732) 888-7700

DATE 5/4/99	JO 98[illegible]
PROJECT Brick Hospital	
LOCATION Brick, N.J.	
CONTRACTOR Driscoll	OWNER
WEATHER Cloudy	TEMP. °at AM 60's °at PM
PRESENT AT SITE Adam French	
page 1 of 2	

TO

THE FOLLOWING WAS NOTED:

> The writer arrived on site and observed the following. The contractor began excavating the footings on the north side of the proposed two story addition. The writer probed the footings with a piece of rebar and found the footing subgrade to be in a dense state and acceptable to support the concrete foundation. See the attached sheet for the area of the footing excavation.

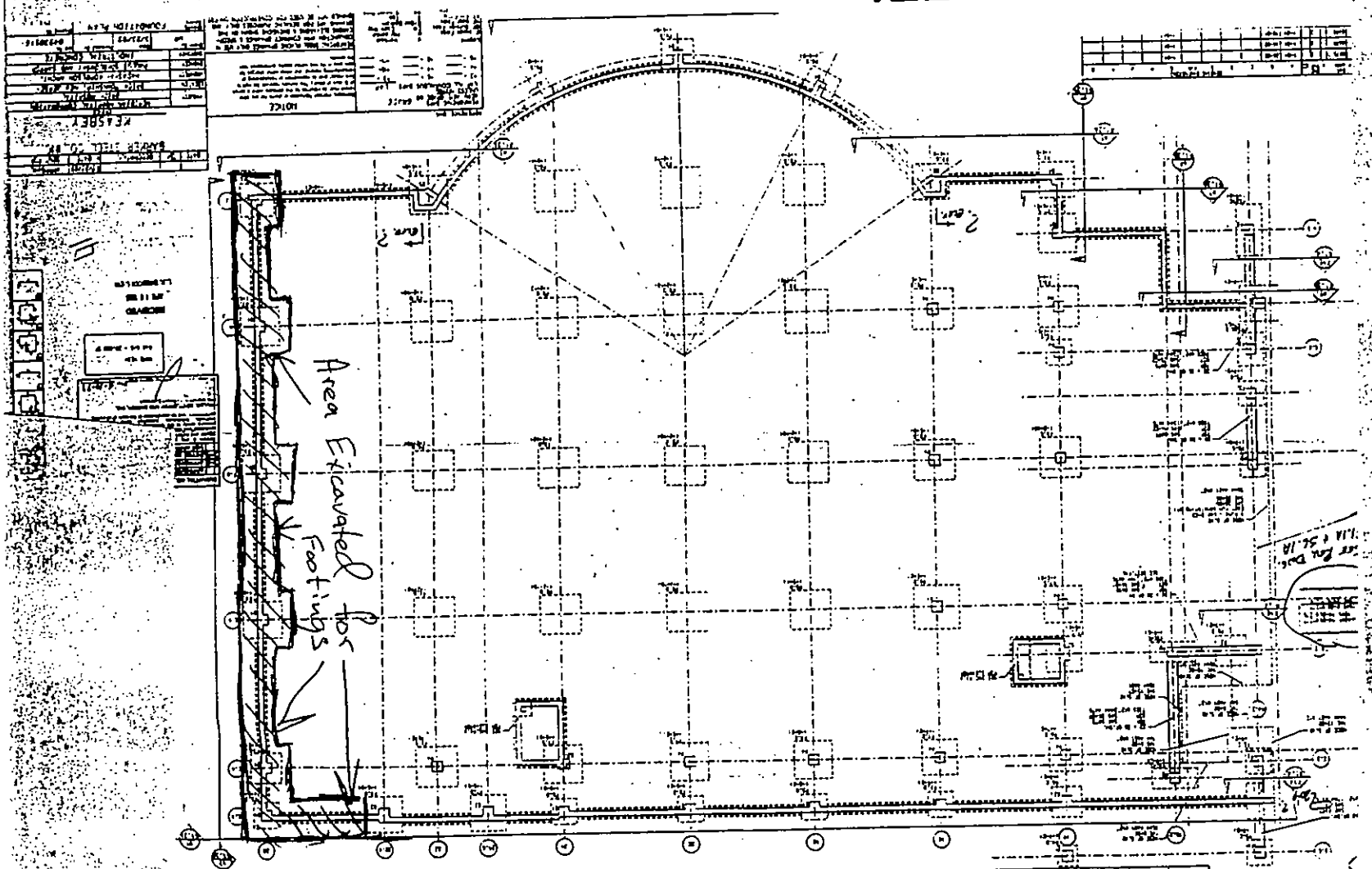
>

COPIES TO

FIELD REPORT

SIGNED Adam C. French

ORIGINAL
ILLEGIBLE



Brick Hospital
98F0498
5/4/99
Page 2 of 2

FRENCH & PARRELLO ASSOCIATES, P.A.
Consulting Engineers
670 North Beers Street, Bldg. #3
HOLMDEL, NEW JERSEY 07733

(732) 888-7700

TO

DATE 4/9/99	JOB NO. 98F049A
PROJECT Brick Hospital	
LOCATION Brick, N.J.	
CONTRACTOR Driscoll	OWNER
WEATHER Cloudy-Rain	TEMP. °at AM / 50's °at PM
PRESENT AT SITE Adam French	
page 1 of 3	

THE FOLLOWING WAS NOTED:

> The writer arrived on-site to monitor the backfill operation of the building pad for the proposed two story addition. The contractor placed fill material in lifts of approx. 12 inches thick. This material was compacted with a large smooth drum roller. The writer performed in place density tsts by the Nuclear Method. Test results indicate that adequate compaction was achieved. See the attached sheets for test results and approx. test locations.

>

COPIES TO

SIGNED

FIELD REPORT

FRENCH & PARRELLO ASSOCIATES, P.A.
Consulting Engineers
670 North Beers Street, Bldg. #3
HOLMDEL, NEW JERSEY 07733

(732) 888-7700

TO _____

DATE 4/8/99	JOB NO. 98F0491A
PROJECT Brick Hospital	
LOCATION Brick, N.J.	
CONTRACTOR Driscoll	OWNER
WEATHER Clear	TEMP 60's° at AM / 80's° at PM
PRESENT AT SITE Adam French	
page 1 of 3	

THE FOLLOWING WAS NOTED:

The writer arrived on-site to perform in place density testing on material that was placed and compacted prior to the writers arrival on-site. Density tests were performed by the Nuclear Method. Test results indicate that adequate compaction was achieved. See the attached sheets for test results and approx. test locations.

The writer arrived back on-site in the afternoon to monitor the placement of fill material for the building pad. This material was placed in lifts of approx. 12 inches and compacted with a large smooth drum roller. Density tests were performed with adequate compaction achieved. See the attached sheets for test results and test locations.

COPIES TO _____

FIELD REPORT

SIGNED Adam C French

FRENCH & PARRELLO ASSOCIATES, P.A.
Consulting Engineers
670 North Beers Street, Bldg. #3
HOLMDEL, NEW JERSEY 07733

(732) 888-7700

TO _____

DATE 4/6/99	JOB NO. 98F049A
PROJECT Brick Hospital	
LOCATION Brick, N.J.	
CONTRACTOR Driscoll	OWNER
WEATHER Clear	TEMP. 60's °at AM / °at PM
PRESENT AT SITE Adam French	
page 1 of 3	

THE FOLLOWING WAS NOTED:

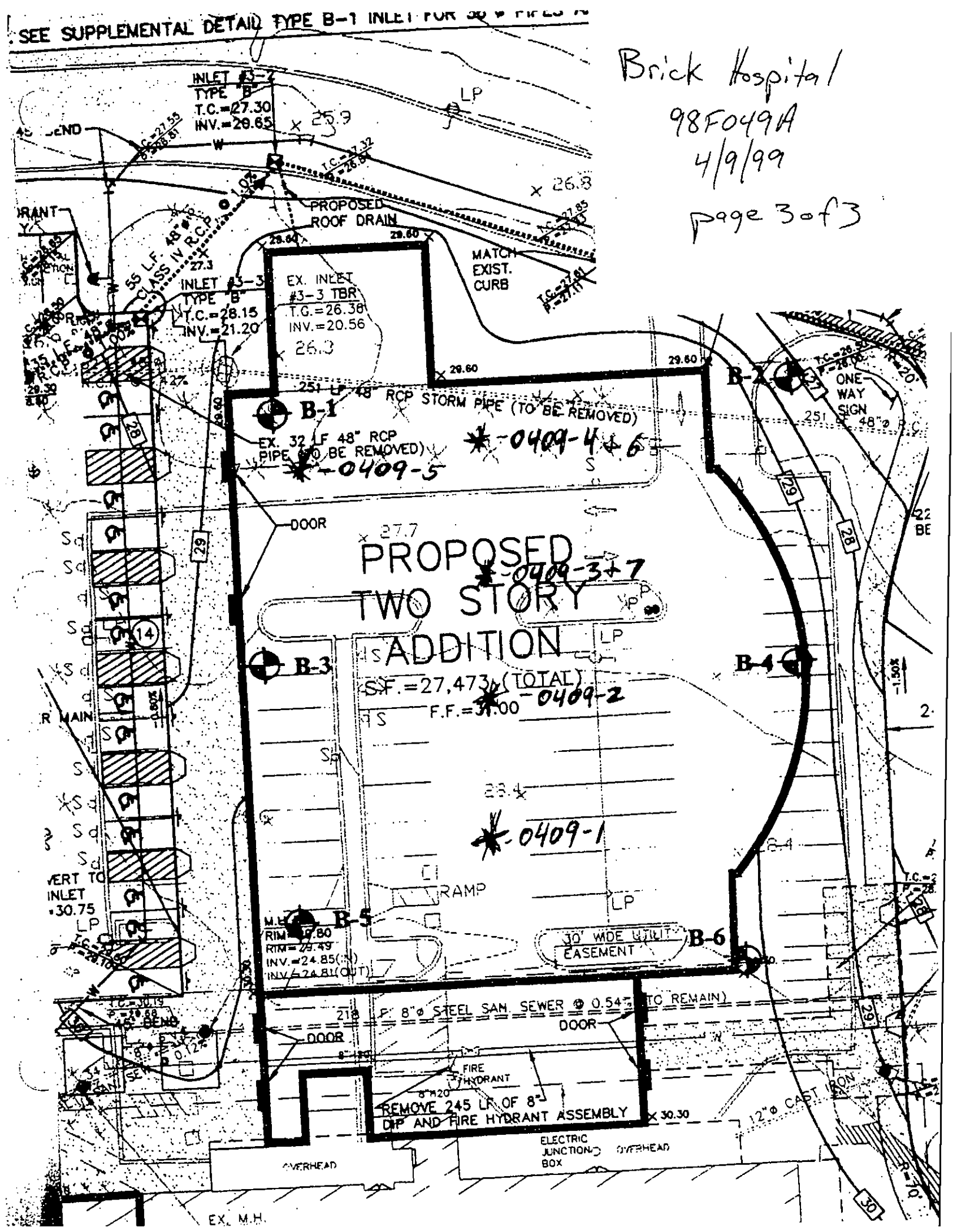
> The writer arrived on-site and observed the following. The Contractor continued to place fill material to backfill the trench excavated for the sewer line that runs through the proposed two story addition. This material was placed in lifts of approx. 1 foot and compacted with a large smooth drum roller. Density tests were performed by the Nuclear Method. Test results indicate that adequate compaction was achieved. See the attached sheets for test results and approx. test locations.

COPIES TO _____

FIELD REPORT

SIGNED Allen C. French

4/6/99


SEE SUPPLEMENTAL DETAIL TYPE B-1 INLET FOR
Brick Hospital
98F049A
4/9/99
page 3 of 3
INLET #3-2
TYPE B
T.C.=27.30
INV.=20.65
PROPOSED
ROOF DRAIN
MATCH
EXIST.
CURB
55 LF 48" RCP
CLASS IV RCP
INLET #3-3
TYPE B
T.C.=28.15
INV.=21.20
EX. INLET
#3-3 TBR
T.C.=26.38
INV.=20.56
251 LF 48" RCP STORM PIPE (TO BE REMOVED)
B-1
B-2
EX. 32 LF 48" RCP
PIPE (TO BE REMOVED)
-0409-4+6
-0409-5
ONE
WAY
SIGN
DOOR
PROPOSED
TWO STORY
ADDITION
-0409-3+7
B-3
B-4
S.F.=27,473 (TOTAL)
F.F.=
-0409-2
-0409-1
RAMP
B-5
B-6
30' WIDE UTILITY
EASEMENT
M.H.
RIM=29.80
RIM=29.49
INV.=24.85(IN)
INV.=24.81(OUT)
218 LF 8"ø STEEL SAN. SEWER @ 0.54% (TO REMAIN)
DOOR
DOOR
FIRE
HYDRANT
8"x20
REMOVE 245 LF OF 8"
DIP AND FIRE HYDRANT ASSEMBLY
12"ø CAST IRON
ELECTRIC
JUNCTION
BOX
OVERHEAD
OVERHEAD
EX. M.H.
VERT TO
INLET
30.75
MAIN
45° BEND
LP

FRENCH & PARRELLO
ASSOCIATES, P.A.
CONSULTING ENGINEERS
670 NORTH BEERS STREET BLDG. #3 HOLMDEL, NEW JERSEY 07733

NUCLEAR DENSITY TEST RESULTS

PROJECT: Brick Hospital SHEET 2 OF 3

JOB NO. 98E049A DATE: 4/9/99 GAUGE NO. 19939

OPERATOR: Adam French MS: 576 DS: 2794

TEST NO.	PROBE DEPTH	WET DENSITY	DRY DENSITY	PERCENT MOISTURE	PROCTOR VALUE	PERCENT COMPACTION
0409-1	12"	128.3	120.5	6.4	122.5	98.4
0409-2	12"	128.1	120.2	6.5	122.5	98.1
0409-3	12"	127.4	119.3	6.8	122.5	97.4
0409-4	12"	127.2	118.5	7.3	122.5	96.7
0409-5	12"	124.2	116.3	6.8	122.5	94.9
0409-6	12"	124.3	117.9	5.4	122.5	96.2
0409-7	12"	124.6	117.4	6.1	122.5	95.8

TEST NO.	REMARKS AND TEST LOCATIONS
0409-1	Approx. 2 ft. below finished floor - See attached for location
0409-2	Approx. 2 ft. below finished floor - " " " "
0409-3	Approx. 2 ft. below finished floor - " " " "
0409-4	Approx. 1.5 ft. below finished floor - " " " "
0409-5	Approx. 1 ft. below finished floor - " " " "
0409-6	Approx. 1 ft. below finished floor - " " " "
0409-7	Approx. 1 ft. below finished floor - " " " "

FRENCH & PARRELLO
ASSOCIATES, P.A.
CONSULTING ENGINEERS
670 NORTH BEERS STREET BLDG. #3 HOLMDEL, NEW JERSEY 07733

NUCLEAR DENSITY TEST RESULTS

PROJECT: Brick Hospital SHEET 2 OF 3

JOB NO. 98F0494A DATE: 4/8/99 GAUGE NO. 19939

OPERATOR: Adam French MS: 580 DS: 2782

TEST NO.	PROBE DEPTH	WET DENSITY	DRY DENSITY	PERCENT MOISTURE	PROCTOR VALUE	PERCENT COMPACTION	
0408-1	12"	118.6	113.7	4.3	116.0	98.0	
0408-2	12"	116.8	112.5	3.8	116.0	96.9	
0408-3	12"	115.7	112.1	3.2	116.0	96.6	
0408-4	12"	126.4	118.4	6.7	122.5	96.7	*
0408-5	12"	128.0	119.2	7.4	122.5	97.3	
0408-6	12"	125.8	117.0	7.5	122.5	95.5	
0408-7	12"	126.1	117.4	7.4	122.5	95.8	

TEST NO.	REMARKS AND TEST LOCATIONS
0408-1	Approx. 3 ft. below grade - See attached for location
0408-2	Approx. 3 ft. below grade - " " " "
0408-3	Approx. 3 ft. below grade - " " " "
0408-4	Approx. 2 ft. below finished floor - See attached for location
0408-5	Approx. 1.5 ft. below finished floor - " " " "
0408-6	Approx. 2 ft. below finished floor - " " " "
0408-7	Approx. 2 ft. below finished floor - " " " "

* = Change in material

FRENCH & PARRELLO
ASSOCIATES, P.A.
CONSULTING ENGINEERS
670 NORTH BEERS STREET BLDG. #3 HOLMDEL, NEW JERSEY 07733

NUCLEAR DENSITY TEST RESULTS

PROJECT: Brick Hospital SHEET 2 OF 3

JOB NO. 98F0494 DATE: 4/6/99 GAUGE NO. 19939

OPERATOR: Adam French MS: 584 DS: 2794

TEST NO.	PROBE DEPTH	WET DENSITY	DRY DENSITY	PERCENT MOISTURE	PROCTOR VALUE	PERCENT COMPACTION
0406-1	12"	114.6	112.2	2.2	116.0	96.7
0406-2	12"	114.8	111.7	2.8	116.0	96.2
0406-3	12"	117.5	114.0	3.0	116.0	98.3
0406-4	12"	120.9	116.1	4.1	116.0	>100
0406-5	12"	115.9	113.0	2.6	116.0	97.3
0406-6	12"	121.1	117.6	3.0	116.0	>100
0406-7	12"	117.6	114.2	3.0	116.0	98.4
0406-8	12"	118.1	114.8	2.8	116.0	98.9
0406-9	12"	120.5	117.7	2.3	116.0	>100

TEST NO.	REMARKS AND TEST LOCATIONS
0406-1	Approx. 3 ft. below grade - See attached for location
0406-2	Approx. 3 ft. below grade - See attached for location
0406-3	Approx. 3 ft. below grade - See attached for location
0406-4	Approx. 2 ft. below grade - See attached for location
0406-5	Approx. 2 ft. below grade - See attached for location
0406-6	Approx. 2 ft. below grade - See attached for location
0406-7	Approx. 1 ft. below grade See attached for location
0406-8	Approx. 1 ft. below grade See attached for location
0406-9	Approx. 1 ft. below grade - See attached for location

ADDITION, PARKING AND SITE IMPROVEMENTS

2. SEE SUPPLEMENTAL DETAIL TYPE B-1 INLET FOR 36"ø PIPES AND LARGER.

Brick Hospital
98F049A 4/6/99
page 3 of 3

INLET #3-2
TYPE "B"
T.C.=27.35
INV.=20.58

INLET #3-3
TYPE "B"
T.C.=28.30
INV.=21.19

PROPOSED ROOF DRAIN

(TO BE REMOVED)
EX. INLET
#3-3
T.G.=26.36
INV.=20.58

EX. 50 LF 48" RCP PIPE (TO BE REMOVED)

251 LF 48" RCP STORM PIPE (TO BE REMOVED)

SAWCUT, REMOVE AND REST
PAVEMENT WHERE NECESSAR

MATCH EXIST. CURB

MATCH EXIST. CURB

8"ø DIP WATER MAIN TYP.

45° BEND

H.C. RAMP

25 LF 48"ø R.C.P.

ONE WAY SIGN

22° BEND

FIRE HYDRANT ASSEMBLY

PROPOSED FIRE CONNECTION BY ARCHITECT. SEE ARCHITECT PLANS FOR SPECIFICATIONS.

DOOR

15'x8' PLANTER

PROPOSED TWO STORY ADDITION

S.F.=27,473 (TOTAL)

F.F.=31.00

PROP. M.H. #11B
RIM=29.90
INV.=23.95(IN)
INV.=23.85(OUT)

FDT #'S 1, 4 + 7P

FDT #'S 2, 5 + 8

FDT #'S 3, 6 + 9

CASE THE 8"ø D.I.P SEWER PIPE IN 15"ø S SING (SEE DETAIL S 8 OF 9)

PROP. M.H. #11A
RIM=30.20
INV.=24.89(IN)
INV.=24.69(OUT)

29.80 RIM=30.10
24.85(IN)
24.81(OUT)

30' WIDE UTILITY EASEMENT

LIMITS OF ENCASING

150 L.F. 8"ø D.I.P. @ 8.43%

216 L.F. 8"ø STEEL SAN. SEWER @ 0.5% (TO BE REMOVED)

47 L.F. 8"ø D.I.P. @ 0.40%

8"ø DIP WATER MAIN (TYP.)

30 L.F. 8"ø D.I.P. @ 0.40%

14x14' PLANTER BOX (TYP.)

(SETBACK FROM EXIST. FIRE HYDRANT PROP. S

DOOR

CONNECT TO EXISTING 8"ø WATER MAIN

REMOVE 230 LF OF 8"ø DIP AND FIRE

OVERHEAD

Trench excavated for the proposed 8" DIP sewer line.

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 10/31/96

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1170 LOT 18.03 SITE ADDRESS 415 Jack Martin Blvd.

TYPE OF SITE Commercial TYPE OF BUSINESS Medical
(Residential/Commercial)

APPLICANT MCOC CITY & STATE Brick N.J.

☑ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 34,700

FRM/BCH
Frederick R. Millman, CTA, Tax Assessor

10-31-96
Date

☑ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ 34,700

FRM/BCH
Frederick R. Millman, CTA, Tax Assessor

02/28/97
Date

CERTIFICATE OF COMPLIANCE

BLOCK 1170 LOT 18.03 SITE ADDRESS 415 Tnd, Martin Blvd.

TYPE OF SITE Commercial TYPE OF BUSINESS Medical
Residential/Commercial

APPLICANT MCCC PHONE NUMBER 892-1100

APPLICANT ADDRESS 415 Jade Martin Blvd CITY & STATE Brick NJ

CASE # _____ NAME OF BUSINESS _____

INCLUSIONARY DEVELOPMENT

☐ Affordable
Fee Required _____ Date _____
Down Payment _____ Date _____
Balance _____ Date _____
Pd. in Full _____ Date _____

☐ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☑ Commercial is .01%

Estimated Assessment: $ 34,700.00 Date 10/31/96

Required Deposit on Estimate $ 173.50 Date 10/31/96

Check # 41[illegible]16 Receipt # 6605 (Tilt)

Actual Assessment: $ 34,700.00 Date _____

Actual Required Fee: $ 347.00

Minus Deposit of Estimate $ 173.50

Balance Due $ 173.50

Amount Paid in Full $ 347.00 Date 1/29/97

Check # 2976 Receipt # 6171

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

ORIGINAL
ILLEGIBLE

Carol A. Wolfe
Affordable Housing Administrator

CERTIFICATE OF COMPLIANCE

BLOCK 1170 LOT 12.03 SITE ADDRESS 415 Tod Blvd. in Elwd.

TYPE OF SITE Commercial TYPE OF BUSINESS Retail
Residential/Commercial

APPLICANT Nicc PHONE NUMBER 597-1100

APPLICANT ADDRESS 415 Tod Blvd. Elwd. CITY & STATE Elwd. NJ

CASE # _____ NAME OF BUSINESS _____

INCLUSIONARY DEVELOPMENT

☐ Affordable

Fee Required _____ Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

☐ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☑ Commercial is .01%

Estimated Assessment: $ [illegible] Date 10/31/05

Required Deposit on Estimate $ 112.00 Date [illegible]

Check # [illegible] Receipt # [illegible]

Actual Assessment: _____ Date _____

Actual Required Fee: $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____

ORIGINAL
ILLEGIBLE

Amount Paid in Full $ _____ Date _____

Check # _____ Receipt # _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe
Affordable Housing Administrator

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Joseph C. Scarpelli, Mayor

Township Council:
Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 10/31/96

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1170 LOT 18.03 SITE ADDRESS 415 Jack Martin Blvd.

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Medical

APPLICANT MCCC CITY & STATE Brick N.J.

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 34,700

FMI/ECIT

Frederick R. Millman, CTA, Tax Assessor

10 31 96

Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

Electric Construction Corporation

P.O. Box 3126 • West End, N.J. 07740 • Permit & License No. 5130 • (908) 222-4728
FAX: (908) 222-0385

To: BRICK TOWNSHIP

Date 11/18/96

RE: OCEAN HOUSING

Our Job No. 630

TRANSMITTAL

We Are ☒ Sending You ☒ Herewith ☒ For Approval ☒ For Your Files
☐ Returning ☐ Under Separate Cover ☒ For Your Use ☐ Approved As Noted
☐ For Resubmittal

NO. of COPIES	REFERENCE NO.	DESCRIPTION
1		FIRE PROTECTION SUBCODE

Very truly yours,

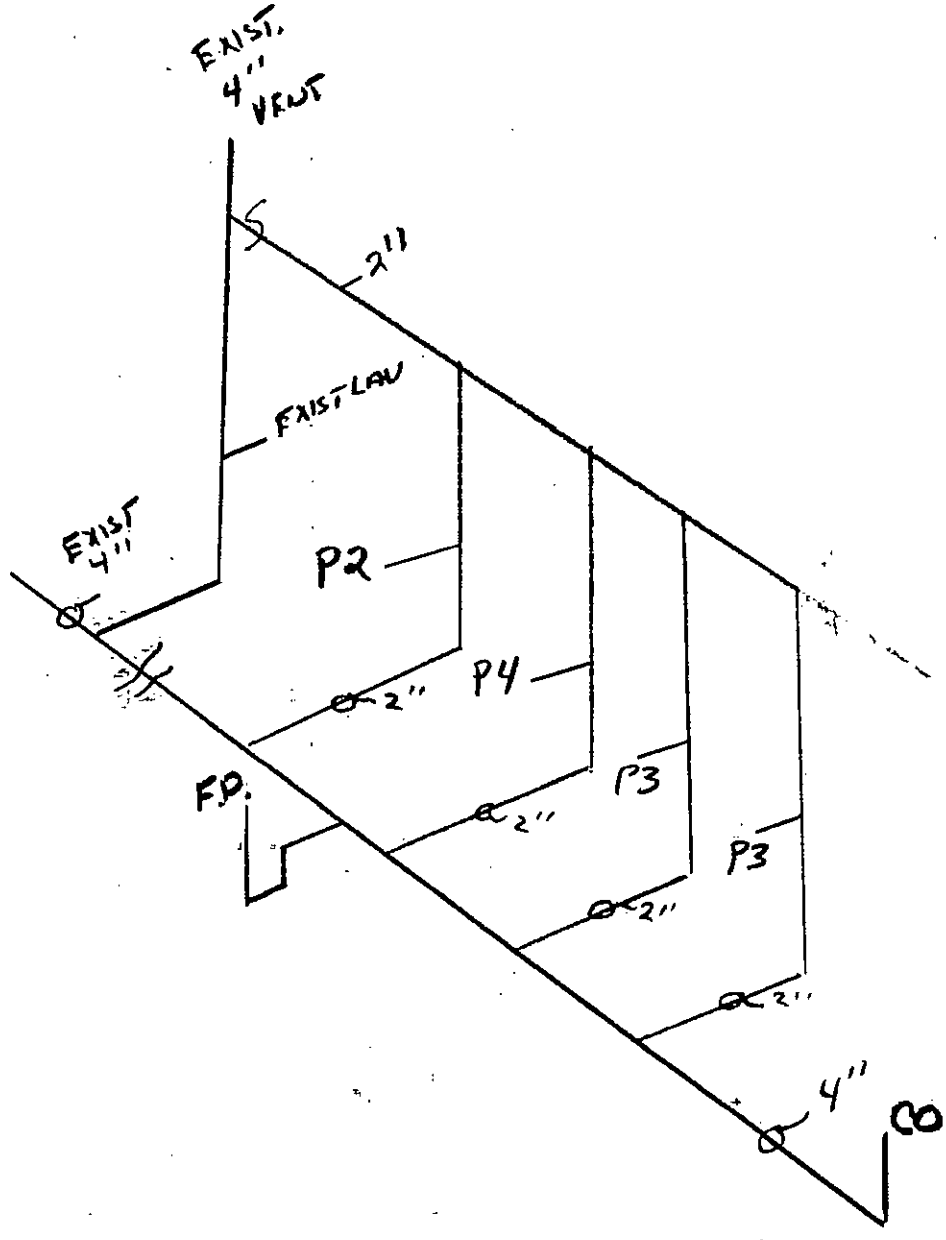
ELECTRIC CONSTRUCTION CORP.

J.A. CHRISTMAN, INC.

MECHANICAL CONTRACTORS

PROCESS PIPING - PLUMBING - HEATING

P.O. BOX 2037 • RED BANK, NJ 07701-2037
TELEPHONE 908-842-1899
FAX 908-842-7237
LICENSE NO. 5896



MCOC. - OCEAN NURSING PAVILION

SANITARY

James F. Murphy Engineers, Inc.

113 Timber Ridge Road
Newtown, Pennsylvania 18940
(215) 968-4315 Fax (215) 968-5940

cc Bill ✓
Scott

December 27, 1996

Mr. Gary Kamp, Director of Facilities Management
Medical Center of Ocean County
2121 Edgewater Place
Point Pleasant, New Jersey 08742

Re: Ocean Nursing Pavilion Renovations
Plumbing -- Getinge unit

Dear Gary:

It is our understanding that the 1-1/4" hot and cold water lines shown on drawing P-1 were mistakenly made 1".

To rectify the matter, it is permissible to leave the 1" T-outlet and 1" ball valve on both the hot and cold water lines, but to change the 1" line mistakenly installed to the 1-1/4" lines shown on drawing P-1.

The Getinge unit flow requirement is 12-1/2 gallons per minute and although the possibility of another fixture operating at the same time is small, nevertheless, it exists and thus we need to ensure proper flow for sanitizing.

Pressure drops in the pipe line system are in series and therefore the small portion of the line which will remain 1" versus 1-1/4" will be satisfactory if the remainder of the line is 1-1/4".

Very truly yours,

James F. Murphy, P.E., President
By and For:
JAMES F. MURPHY ENGINEERS, INC.

BOCA®
PLAN REVIEW RECORD

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

ıation: _____

Plan Review #/ _____

Date 11/15/96

ISDICTION _____
(City, County, Township, etc.)

.DING LOCATION 415 Jack Martin Blvd.
(Street address)

.DING DESCRIPTION Bell Tenant

IEWED BY Joe Everett

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

lo.	DESCRIPTION	Code Section
	1. Needs Fire Seal Caul for Fire Alarm Sight	

lan review accomplished as indicated in this record is limited to those code sections specifically identified herein. ·ight, 1987, Building Officials and Code Administrators International, Inc. Reproduction by any means is prohibited. \® is a trademark of Building Officials and Code Administrators International, Inc., and is registered in the U.S. Patent and mark Office. NOTE: In order that we might develop other programs and provide additional services of benefit to the Code ıistration profession, please re-order additional copies of this form from:

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

Medical Center
OF OCEAN COUNTY
POINT PLEASANT • BRICK

SUMMIT BANK
Payable Through:
Summit Bank, Hazleton, PA
at Summit Bank
Cherry Hill, NJ

60-234
313

VOID 3 MONTHS AFTER ISSUE DATE

412216

ONE HUNDRED SEVENTY THREE DOLLARS & FIFTY CENTS

CHECK DATE	CHECK NO.	CHECK AMOUNT
NOV 1,1996	412216	*173.50

PAY TO THE ORDER OF TOWNSHIP OF BRICK

AUTHORIZED SIGNATURES

⑈412216⑈ ⑆031302340⑆ 900⑉203⑉528⑈

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 11/1/96

Business/Development: Medical Center of O.C.

Owner/Applicant: Same

Property Address: 415 Jack Martin Blvd.

Block: 1170 Lot: 18.03

DEPOSIT RECEIVED
✓ Mandatory Development Fee
✓ Commercial
Residential
Inclusionary Development Fee

Check Number 412216
Estimated Fee $34,700

Deposit Amount $ 173.50

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check No.: _____
Final Fee: _____
Less Deposit: _____

Final Payment $_____

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCT # 4880071456

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27d-301 et seq. and N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

11-1-96
Date

OCEAN NURSING PAVILION
OPERATING ACCOUNT
908-206-8000
415 JACK MARTIN BOULEVARD
BRICK, NJ 08724

SUMMIT BANK
2701 LAKEWOOD RD.
POINT PLEASANT, N.J. 08742 336

02996
55-208/312
338

***One Hundred Seventy-Three & 50/100 Dollars

DATE 01/30/97

AMOUNT ****173.50

PAY TO THE ORDER OF TOWNSHIP OF BRICK

Paul M. Burroughs, M.H.A.

⑈002996⑈ ⑆031202084⑆ 0036⑈56112 2⑈

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 1/30/97

Business/Development: Ocean Nursing Pavilion

Owner/Applicant: "

Property Address: 415 Jack Martin Blvd.

Block: 1170 Lot: 18.03

DEPOSIT RECEIVED
Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number_____
Estimated Fee_____

Deposit Amount $_____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial ✓
Residential
Inclusionary Development Fee

Check No.: 2996
Final Fee: 347.00
Less Deposit: 173.50

Final Payment $ 173.50

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCT # 4880071456

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27d-301 et seq. and N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Jennifer Price
Signature

1-30-97
Date