BLOCK 1170 LOT 18.03 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 10-0207

CONSTRUCTION PERMIT APPLICATION C10-660148

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

I. IDENTIFICATION

1. Proposed Work Site at: MERIDIAN NURSING & REHAB
2. Name of Owner in Fee: MERIDIAN NURSING & REHAB
   Tel. (732) 618 2634 e-mail _____
   Address 95 (street) JAKE MARTIN BLVD (municipality) BRICK (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: NJ SERVICE TESTING & IMP Tel. (732) 221 6357
   Address PO Box 362 MINOTOLA NJ e-mail JGILLEN@NJST...
   License No. OR, if new home, Builder Reg. No. PO1165 Exp. Date 10/12
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 20 475 9792 FAX: (800) 928 5311
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun JOHN GILLEN
   Tel. (732) 221 6357 FAX: (800) 928 5311

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		150	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$	15	
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy		165	
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (for office use only)

1. Number of Stories _____
2. Height of Structure _____
3. Area — Largest Floor _____
4. New Building Area _____
5. Volume of New Structure _____
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved _____
9. Total Land Area Disturbed _____
10. Flood Hazard Zone _____
11. Base Flood Elevation _____
12. Wetlands yes _____ no _____

FINAL

IIa. PROPOSED WORK

Sprinklers

- ☐ Minor Work
- ☐ New Building
- ☒ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Req'd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building			1/5/10						
☐ Electrical									
☐ Plumbing									
☒ Fire Protection	8950				1-21-10	GB			
☐ Elevator									
TOTAL COST									

VII. DESC... BUILDING USE

A. RESI... (primary use)
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

4. No. of dwelling units:	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group: R-2
3. Change in Use Group, Indicate Former:

C. MIXED USE -List secondary use(s):

D. Construction Classification:

III. PLAN REVIEW (optional)

DO YOU WANT:
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
10. ☐ Swimming Pools, Spas and Hot Tubs

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.ix:

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 Uniform Construction Code, N.J.A.C. 5:23-2.15(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.

(N) Check if contractor.

Agent Name John Miller

Address 26 Oak St Lincroft NJ 07738

Telephone (732) 221 6357

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/17/2010
Control Number C-10-000148
Permit Number 10-0207
Permit Issue Date 02/02/2010
Certificate Number 10-0207

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 415 JACK MARTIN BLVD Brick Township, NJ Block: 1170 Lot: 18.03 Qual:

Owner in Fee: MERIDIAN NURSING & REHAB

Owner Address: 415 JACK MARTIN BLVD BRICK NJ 08724

Telephone: (732) 618-2634

Contractor NJ SERVICE TESTING & INSPECTIONS

Address PO BOX 362 MIDDLETOWN NJ 07748 - 0362

Telephone: (800) 928-5311 Fax: (800) 928-5311

License Number or Builders Registration Number: P01165 Federal Emp. Number: 20-47597-92

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: FIRE SUPPRESSION ALTERATIONS INSTALL SPRINKLER PROTECTION @ EXTERIOR PORCHED

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 05/17/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 5-5-10
Control # C-10-000148
Permit #

IDENTIFICATION Block: 1170 Lot: 18.03 Qualifier
Work Site Location: 415 JACK MARTIN BLVD Brick Township, NJ
Owner in Fee MERIDIAN NURSING & REHAB
415 JACK MARTIN BLVD BRICK NJ 08724
Telephone: (732) 618-2634

Contractor JOHN MILLER
Address 26 OAK STREET LINCROFT NJ 07738
Telephone: (732) 227-6357
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
FIRE SUPPRESSION ALTERATIONS INSTALL SPRINKLER PROTECTION @ EXTERIOR PORCHED

Note: If constuction 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 $8,950

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$150
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$15
CO Fee	
Other	$0
Total	$165
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

05/02/10 10:53AM 0015585765 002 PERM 002

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

FIRE 150.00
15.00
C.O

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

DEPARTMENT OF
Housing, Economic Development & Commerce
Office of the Construction Official
30 Montgomery Street, 4th Floor, Jersey City, NJ 07302
(201) 547-5055

FIRE SUBCODE TECHNICAL SECTION

Date Received 10-02-10
Date Issued 2-2-10
Control #
Permit #

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 MERIDIAN NURSING & REHAB CTR 415 JACK MARTIN BLVD
Owner in Fee SAME
Address
Tele. (732) 616 2134
Contractor NJ Service Testing & Inspections
Address PO Box 362
MIDDLETOWN NJ 07748-0362
Tele. (800) 928 5311 Fax (800) 928 5311
Lic. No. P01165
Federal Emp. No. 20 475 9792

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-2 Proposed
Constr. Class Present Proposed
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location: By others
Total Cost of Fire Protection Work $ 5,950 -

Fire Alarm System
New [ ] Existing [X]
Location of Panel: By others
Fire Suppression/Standpipe System
New [ ] Existing [X]
Location of Main Control Valve: Mech Room

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 1-21-10
Approved by: MCB

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
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.

F.P. revision

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Sprinkler Protection @ exterior porches
Water Supply Source City MAIN
Method of Alarm/Suppression System Supervision

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity Fuel

	NUMBER	FEE (Office Use Only)
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	
Supervisory Devices (i.e., tampers, low/high air)	N/A	
Signaling Devices (i.e., horn/strobes, bells)	N/A	
Other Devices	N/A	
TOTAL	1	
Suppression Systems		
Fire Pump GPM Type	N/A	
Dry Pipe/Alarm Valves	N/A	
Pre-action Valves	N/A	
Sprinkler Heads (Dry and Wet)	5	150
Standpipes	N/A	
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other	N/A	

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

U.C.C. F140
(rev. 3/08)

DEPARTMENT OF
Housing, Economic Development & Commerce
Office of the Construction Official

30 Montgomery Street, 4th Floor, Jersey City, NJ 07302
(201) 547-5055

NEW JERSEY UNIFORM CONSTRUCTION CODE

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 10-0207 2-2-10

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 Meridian Nursing & Rehab @ Brick
415 South Main Blvd
Owner in Fee SAME
Address
Tele. ( ) 6th Floor
Contractor NJ Service Testing & Inspections
Address PO Box 3162
Middletown NJ 07748-0362
Tele. (800) 928-5311 Fax (800) 928-2311
Lic. No. P01165
Federal Emp. No. 22-4759792

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-2 Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: Systems
Total Cost of Fire Protection Work $ 5,950 -

Fire Alarm System
New [ ] Existing [X]
Location of Panel: Systems
Fire Suppression/Standpipe System
New [ ] Existing [X]
Location of Main Control Valve:
Mech Room

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 1-21-10
Approved by: [illegible]
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
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: Install Sprinkler Protection @ interior finishes
Water Supply Source City Main
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	
Supervisory Devices (i.e., tampers, low/high air)	1	
Signaling Devices (i.e., horn/strobes, bells)	1	
Other Devices ____	1	
TOTAL	1	
Suppression Systems		
Fire Pump ____ GPM Type ____	N/A	
Dry Pipe/Alarm Valves	N/A	
Pre-action Valves	N/A	
Sprinkler Heads (Dry and Wet)	5	150
Standpipes	1	100
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other ____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other ____	N/A	

Administrative Surcharge	$ ____
Minimum Fee	$ ____
DCA Training Fee	$ ____
TOTAL FEE	$ ____

U.C.C. F140
(rev. 3/96)

DEPARTMENT OF
Housing, Economic Development & Commerce
Office of the Construction Official

30 Montgomery Street, 4th Floor, Jersey City, NJ 07302
(201) 547-5055

NEW JERSEY UNIFORM CONSTRUCTION CODE

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

10-0207
2-2-10

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 MERIDIAN NURSING & REHAB @ BRICK
415 JACK MARTIN BLVD

Owner in Fee SAME

Address

Tele. (732) 616 2634

Contractor NJ Service Testing & Inspections

Address PO Box 3602
MIDDLETOWN NJ 07748-0362

Tele. (800) 928 5311 Fax (800) 928 5311

Lic. No. P01165

Federal Emp. No. 20-4759792

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-2 Proposed

Constr. Class Present Proposed

Heating Systems [ ] New [X] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other By others

Location:

Total Cost of Fire Protection Work $ 3,950 -

Fire Alarm System
New [ ] Existing [X]
Location of Panel: By others

Fire Suppression/Standpipe System
New [ ] Existing [X]
Location of Main Control Valve:
Mech Room

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 1-21-10
Approved by: KMS

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/26/10
Approved by: MO

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			3-5-10	
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final	3-5-10		4/26/10	
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: Install Sprinkler Protection @ exterior porches

Water Supply Source City MAIN

Method of Alarm/Suppression System Supervision

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity Fuel

Alarm Systems [ ] 110v Interconnected [ ] System

	NUMBER
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1
Supervisory Devices (i.e., tampers, low/high air)	N/A
Signaling Devices (i.e., horn/strobes, bells)	N/A
Other Devices	N/A
TOTAL	1
Suppression Systems	
Fire Pump GPM Type	N/A
Dry Pipe/Alarm Valves	N/A
Pre-action Valves	N/A
Sprinkler Heads (Dry and Wet)	5
Standpipes	N/A
Pre-engineered Systems	
Wet Chemical	
Dry Chemical	
CO_2 Suppression	
Foam Suppression	
Halon Suppression	
Other	
Kitchen Hood Exhaust System	
Smoke Control System	
Gas [ ] or Oil [ ] Fired Appliances	
Other	N/A

FEE (Office Use Only)

INITIAL
150

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

U.C.C. F140
(rev. 3/96)

2 hrs. ok.

2/18/10 need update for alarm panel module to the data alarm panel

OK.

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO BOX 817
TRENTON, NJ 08625-0817

JON S. CORZINE
Governor

CHARLES A. RICHMAN
Acting Commissioner

December 24, 2009

Mr. Barry Brommer, AIA
Brommer Architect
1564 Edgehill Road
Abington, PA 19001

RE: Meridian Nursing & Rehab
DCA Ref. # 5359-09
FINAL RELEASE

Dear Mr. Brommer:

The Construction documents, which display the Department of Community Affairs, Health Care Plan Review, Final Release labels of **December 24, 2009** are released for the referenced project.

Therefore, you have the authorization of this office to apply for a construction permit. The construction documents are released with the understanding that all comments relative to codes have been met and that the documents are in compliance with NJAC 5:23- 2.15(e) 4 VI.

Please be advised that this release is valid for a period of six months from the date of this letter. Failure to acquire a construction permit within that time period will void the release and will require that the applicant to submit revised contract documents conforming to the current codes for our review and release.

At the completion of the project and prior to occupying the area or areas, a copy of the Certificate of Occupancy, Continued Occupancy or Release shall be sent to Farivar Kiani, Supervisor –DCA Health Care Plan Review and request for an inspection shall be sent to the Department of Health and Senior Services.

Sincerely,

Farivar Kiani, Supervisor
Construction Plans Approval
Health Care Plan Review

FK / CM
FILE:

State of New Jersey
Department of Community Affairs
December 24, 2009
Meridian Nursing & Rehabilitation @ Brick
Fire Sprinkler
DCA Ref # 5359-09
FINAL RELEASE

N.J.S.A. 55:27D-119
ET SEQ., AS AMENDED

Farivar Kiani Construction Official

FA

5359-09

RECEIVED
NOV 24 2009
CONSTRUCTION
PROJECT REVIEW

REVIEWED

☐ REVISE AND RESUBMIT ☐ FURNISH AS CORRECTED

Corrections or comments made on the submittals during this review does not relieve contractor from compliance with requirements of the drawings and specifications nor do they approve extra compensation. This check is only for review of general conformance with the design concept information given on the contract documents. The contractor is responsible for confirming and correlating all quantities and dimensions, selecting fabrication processes and techniques of construction; coordinating the work of all trades and performing the work in a safe and satisfactory manner.

BROMMER ARCHITECTS

Date 11.23.09

By BB

==========

---------- SPRINKLER SYSTEM INFORM

==========

PROJECT: CONTRA(

N(

Meridian Nursing & Rehab P(

Jack Martin Blvd

MI

Brick, NJ 8(

HYDRAULICS PERFORMED BY:

NJSTI

GENERAL SYSTEM INFORMATION:

HAZARD DESCRIPTION : Light Hazard
OCCUPANCY CLASSIFICATION : Residential
AREA OF APPLICATION : Entire Area
REMOTE AREA NAME : FRONT EXTERIOR PORCH

WATER SUPPLY AVAILABILITY:

STATIC PRESSURE = 66 PSI
RESIDUAL PRESSURE = 61 PSI
RESIDUAL FLOW = 1262 GPM
ELEVATION OF GAUGE = 0 FT.

HOSE FLOW INFORMATION:

OUTSIDE HOSE = 50 GPM @ SUPPLY
INSIDE HOSE = 50 GPM @ NODE 2

SPRINKLER INFORMATION:

AREA PER SPRINKLER = 196 SQ.FT.
REQUIRED FLOW PER SPRINKLER = 19.6 GPM
REQUIRED DENSITY = .1 GPM/SQ.FT.

ADDITIONAL SPRINKLER INFORMATION:

DEFAULT C-FACTOR = 120
DEFAULT K-VALUE = 5.6
NUMBER OF PUMPS = 0

==========

PIPE DATA SUMMARY

NUMBER OF PIPES = 22
NUMBER OF JUNCTIONS = 22
NUMBER OF LOOPS = 1

FROM	TO	DIAM. (IN.)	HW-C	LENGTH (FT.)	EQ. LN. (FT.)	EL. DIFF. (FT.)
1	2	6.065	120	100.0	14.0	0.0
2	3	6.355	120	6.4	250.0	0.0
3	4	4.260	120	10.0	10.0	10.0
4	5	4.260	120	22.5	20.0	0.0
5	6	4.260	120	24.0	10.0	0.0
6	7	4.260	120	73.0	10.0	0.0
7	8	4.260	120	116.0	20.0	0.0
8	9	3.260	120	3.2	7.0	0.0
8	13	3.260	120	38.6	7.0	0.0
9	10	3.260	120	39.0	7.0	0.0
10	11	3.260	120	41.8	7.0	0.0
11	12	3.260	120	18.4	15.0	0.0
12	13	3.260	120	20.6	7.0	0.0
12	14	3.260	120	39.3	15.0	0.0
14	15	1.682	120	9.0	4.0	0.0
15	16	1.682	120	3.0	0.0	0.0
16	17	1.682	120	7.3	4.0	0.0
17	18	1.682	120	20.0	4.0	0.0
18	19	1.682	120	13.6	8.0	0.0
19	20	1.682	120	14.0	8.0	0.0
20	21	1.049	120	14.0	5.0	0.0
21	22	1.049	120	14.0	2.0	0.0

HYDRAULIC ANALYSIS AT REQUIRED FLOW

OPERATING SPRINKLERS:

LOCATION	K-VALUE	ELEVATION	FLOW	PRESSURE
19	5.60	10.00	28.63	26.15
20	5.60	10.00	27.10	23.41
21	5.60	10.00	21.13	14.24
22	5.60	10.00	19.60	12.25

THE TOTAL SPRINKLER FLOW DELIVERED = 96.46 GPM

OUTSIDE HOSE FLOW OF 50 GPM @ 65.84 PSI

INSIDE HOSE FLOW OF 50 GPM @ 49.7 PSI

THE MINIMUM DENSITY PROVIDED BY THIS SYSTEM IS 0.100 GPM/SQ FT

SYSTEM DEMAND:

LOCATION AT PIPE NO 1
OPERATING PRESSURE = 49.82 PSI
AVAILABLE PRESSURE = 65.84 PSI AT 196.43 GPM

CUSHION (OR REQUIRED) PRESSURE = 16.02 PSI

HYDRAULIC CALCULATIONS

NODES FROM-TO		FLOW GPM	VELOC FT/SEC	EQV. FT	H-W -C-	DIA. IN.	F LOSS PSI/FT	ELEV. PSI.	START PSI.	END PSI.	LOSS PSI.
1	2	146.43	1.63	114.00	120	6.07	0.0010	0.00	49.82	49.70	0.11
2	3	96.43	0.98	256.40	120	6.36	0.0004	0.00	49.70	49.61	0.09
3	4	96.43	2.17	20.00	120	4.26	0.0026	4.33	49.61	45.22	0.05
4	5	96.43	2.17	42.50	120	4.26	0.0026	0.00	45.22	45.11	0.11
5	6	96.43	2.17	34.00	120	4.26	0.0026	0.00	45.11	45.02	0.09
6	7	96.43	2.17	83.00	120	4.26	0.0026	0.00	45.02	44.81	0.22
7	8	96.43	2.17	136.00	120	4.26	0.0026	0.00	44.81	44.46	0.35
8	9	40.00	1.54	10.20	120	3.26	0.0019	0.00	44.46	44.44	0.02
8	13	56.42	2.17	45.60	120	3.26	0.0035	0.00	44.46	44.29	0.16
9	10	40.00	1.54	46.00	120	3.26	0.0019	0.00	44.44	44.35	0.09
10	11	40.00	1.54	48.80	120	3.26	0.0019	0.00	44.35	44.26	0.09
11	12	40.00	1.54	33.40	120	3.26	0.0019	0.00	44.26	44.20	0.06
12	13	-56.42	2.17	27.60	120	3.26	0.0035	0.00	44.20	44.29	0.10
12	14	96.43	3.71	54.25	120	3.26	0.0096	0.00	44.20	43.68	0.52
14	15	96.43	13.92	13.00	120	1.68	0.2398	0.00	43.68	40.56	3.12
15	16	96.43	13.92	3.00	120	1.68	0.2398	0.00	40.56	39.84	0.72
16	17	96.43	13.92	11.25	120	1.68	0.2398	0.00	39.84	37.14	2.70
17	18	96.43	13.92	24.00	120	1.68	0.2398	0.00	37.14	31.39	5.76
18	19	96.43	13.92	21.60	120	1.68	0.2398	0.00	31.39	26.21	5.18
19	20	67.81	9.79	22.00	120	1.68	0.1250	0.00	26.21	23.46	2.75
20	21	40.73	15.12	19.00	120	1.05	0.4846	0.00	23.46	14.25	9.21
21	22	19.60	7.28	16.00	120	1.05	0.1250	0.00	14.25	12.25	2.00

MAXIMUM VELOCITY OF 15.11 FT/S OCCURS BETWEEN NODES 20 AND 21

State of New Jersey
Department of Community Affairs
December 24, 2009
Meridian Nursing & Rehabilitation @ Brick
Fire Sprinkler
DCA Ref # 5359-09
FINAL RELEASE

N.J.S.A. 55:27D-119
ET SEQ., AS AMENDED

Farivar Kiani Construction Official

==========

---------- SPRINKLER SYSTEM INFORM

==========

PROJECT: CONTRA(

N(
P(
M:
8(

Meridian Nursing & Rehab
Jack Martin Blvd

Brick, NJ

HYDRAULICS PERFORMED BY:

NJSTI

GENERAL SYSTEM INFORMATION:

HAZARD DESCRIPTION : Light Hazard
OCCUPANCY CLASSIFICATION : Residential
AREA OF APPLICATION : Entire Area
REMOTE AREA NAME : FRONT EXTERIOR PORCH

WATER SUPPLY AVAILABILITY:

STATIC PRESSURE = 66 PSI
RESIDUAL PRESSURE = 61 PSI
RESIDUAL FLOW = 1262 GPM
ELEVATION OF GAUGE = 0 FT.

HOSE FLOW INFORMATION:

OUTSIDE HOSE = 50 GPM @ SUPPLY
INSIDE HOSE = 50 GPM @ NODE 2

SPRINKLER INFORMATION:

AREA PER SPRINKLER = 196 SQ.FT.
REQUIRED FLOW PER SPRINKLER = 19.6 GPM
REQUIRED DENSITY = .1 GPM/SQ.FT.

ADDITIONAL SPRINKLER INFORMATION:

DEFAULT C-FACTOR = 120
DEFAULT K-VALUE = 5.6
NUMBER OF PUMPS = 0

RECEIVED
NOV 24 2009
CONSTRUCTION
PROJECT REVIEW

☑ REVIEWED ☐ REJECTED

☐ REVISE AND RESUBMIT ☐ FURNISH AS CORRECTED

Corrections or comments made on the submittals during this review does not relieve contractor from compliance with requirements of the drawings and specifications nor do they approve extra compensation. This check is only for review of general conformance with the design concept information given on the contract documents. The contractor is responsible for confirming and correlating all quantities and dimensions, selecting fabrication processes and techniques of construction; coordinating the work of all trades and performing the work in a safe and satisfactory manner.

BROMMER ARCHITECTS

Date 11.23.09

By BB

==========

PIPE DATA SUMMARY

NUMBER OF PIPES = 22
NUMBER OF JUNCTIONS = 22
NUMBER OF LOOPS = 1

FROM	TO	DIAM. (IN.)	HW-C	LENGTH (FT.)	EQ. LN. (FT.)	EL. DIFF. (FT.)
1	2	6.065	120	100.0	14.0	0.0
2	3	6.355	120	6.4	250.0	0.0
3	4	4.260	120	10.0	10.0	10.0
4	5	4.260	120	22.5	20.0	0.0
5	6	4.260	120	24.0	10.0	0.0
6	7	4.260	120	73.0	10.0	0.0
7	8	4.260	120	116.0	20.0	0.0
8	9	3.260	120	3.2	7.0	0.0
8	13	3.260	120	38.6	7.0	0.0
9	10	3.260	120	39.0	7.0	0.0
10	11	3.260	120	41.8	7.0	0.0
11	12	3.260	120	18.4	15.0	0.0
12	13	3.260	120	20.6	7.0	0.0
12	14	3.260	120	39.3	15.0	0.0
14	15	1.682	120	9.0	4.0	0.0
15	16	1.682	120	3.0	0.0	0.0
16	17	1.682	120	7.3	4.0	0.0
17	18	1.682	120	20.0	4.0	0.0
18	19	1.682	120	13.6	8.0	0.0
19	20	1.682	120	14.0	8.0	0.0
20	21	1.049	120	14.0	5.0	0.0
21	22	1.049	120	14.0	2.0	0.0

========== HYDRAULIC ANALYSIS AT REQUIRED FLOW ==========

OPERATING SPRINKLERS:

LOCATION	K-VALUE	ELEVATION	FLOW	PRESSURE
19	5.60	10.00	28.63	26.15
20	5.60	10.00	27.10	23.41
21	5.60	10.00	21.13	14.24
22	5.60	10.00	19.60	12.25

THE TOTAL SPRINKLER FLOW DELIVERED = 96.46 GPM

OUTSIDE HOSE FLOW OF 50 GPM @ 65.84 PSI

INSIDE HOSE FLOW OF 50 GPM @ 49.7 PSI

THE MINIMUM DENSITY PROVIDED BY THIS SYSTEM IS 0.100 GPM/SQ FT

SYSTEM DEMAND:

LOCATION AT PIPE NO 1
OPERATING PRESSURE = 49.82 PSI
AVAILABLE PRESSURE = 65.84 PSI AT 196.43 GPM

---------- CUSHION (OR REQUIRED) PRESSURE = 16.02 PSI ----------

==========

HYDRAULIC CALCULATIONS

NODES FROM-TO		FLOW GPM	VELOC FT/SEC	EQV. FT	H-W -C-	DIA. IN.	F LOSS PSI/FT	ELEV. PSI.	START PSI.	END PSI.	LOSS PSI.
1	2	146.43	1.63	114.00	120	6.07	0.0010	0.00	49.82	49.70	0.11
2	3	96.43	0.98	256.40	120	6.36	0.0004	0.00	49.70	49.61	0.09
3	4	96.43	2.17	20.00	120	4.26	0.0026	4.33	49.61	45.22	0.05
4	5	96.43	2.17	42.50	120	4.26	0.0026	0.00	45.22	45.11	0.11
5	6	96.43	2.17	34.00	120	4.26	0.0026	0.00	45.11	45.02	0.09
6	7	96.43	2.17	83.00	120	4.26	0.0026	0.00	45.02	44.81	0.22
7	8	96.43	2.17	136.00	120	4.26	0.0026	0.00	44.81	44.46	0.35
8	9	40.00	1.54	10.20	120	3.26	0.0019	0.00	44.46	44.44	0.02
8	13	56.42	2.17	45.60	120	3.26	0.0035	0.00	44.46	44.29	0.16
9	10	40.00	1.54	46.00	120	3.26	0.0019	0.00	44.44	44.35	0.09
10	11	40.00	1.54	48.80	120	3.26	0.0019	0.00	44.35	44.26	0.09
11	12	40.00	1.54	33.40	120	3.26	0.0019	0.00	44.26	44.20	0.06
12	13	-56.42	2.17	27.60	120	3.26	0.0035	0.00	44.20	44.29	0.10
12	14	96.43	3.71	54.25	120	3.26	0.0096	0.00	44.20	43.68	0.52
14	15	96.43	13.92	13.00	120	1.68	0.2398	0.00	43.68	40.56	3.12
15	16	96.43	13.92	3.00	120	1.68	0.2398	0.00	40.56	39.84	0.72
16	17	96.43	13.92	11.25	120	1.68	0.2398	0.00	39.84	37.14	2.70
17	18	96.43	13.92	24.00	120	1.68	0.2398	0.00	37.14	31.39	5.76
18	19	96.43	13.92	21.60	120	1.68	0.2398	0.00	31.39	26.21	5.18
19	20	67.81	9.79	22.00	120	1.68	0.1250	0.00	26.21	23.46	2.75
20	21	40.73	15.12	19.00	120	1.05	0.4846	0.00	23.46	14.25	9.21
21	22	19.60	7.28	16.00	120	1.05	0.1250	0.00	14.25	12.25	2.00

MAXIMUM VELOCITY OF 15.11 FT/S OCCURS BETWEEN NODES 20 AND 21