BLOCK 1170 LOT [redacted] 18.03 QUALIFICATION CODE _____ ADDRESS (SITE) 415 Jack Martin Blvd PERMIT NO. 13-0271

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-0059168

10-23-13A10:08 FILE

B ✓

I. IDENTIFICATION

1. Proposed Work Site at: 415 JACK MARTIN BLVD
2. Name of Owner in Fee: Meridian Nursing & Rehabilitation Inc.
   Tel. (732) 751-3622 e-mail WGANTZ@MeridianHealth.com
   Address 3319 Hwy #138 (street) Bldg. C. Suite A. (municipality) WALL (zip code) 07719
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: owner Tel. (____) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____ ✓
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (____) _____
5. Architect or Engineer Bronner Architects Contact Ryan McDermott
   Address 232 Electronic Drive, Suite 300 e-mail _____
   Tel. (215) 657-4010 FAX: (215) 657-4340
6. Responsible Person in Charge once Work has Begun Walter Gotay Reg. Dir. Maint.
   Tel. (732) 751-3622 FAX: (732) 751-3635

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 105-	VEA	
2. Electrical	40-	✓	40✓
3. Plumbing	50-	✓	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	9-	2-	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 204-	42-	

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

COMMERCIAL

IIa. PROPOSED WORK

- ☐ 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 Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		CK			11/14/13	KCH			
☐ Electrical					10/29/13	JC 35			
☐ Plumbing					11-7-13	JD			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/22/2014
Control Number C-13-005968
Permit Number 13-5271
Permit Issue Date 12/24/2013
Certificate Number 13-5271

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 INC.

Owner Address: 415 JACK MARTIN BLVD BRICK NJ 08724

Telephone: (732) 751-3622

Contractor MERIDIAN NURSING & REHAB INC.

Address 415 JACK MARTIN BLVD BRICK NJ 08724

Telephone: (732) 751-3622 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL

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: 04/22/2014

U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/23/13

Date Issued / Permit # 13-5271

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

Block 1170 Lot ~~Other~~ 18.03 Qualification Code _____

Work Site Location 415 JACK MARTIN BLVD

MERIDIAN NURSING & Rehabilitation @ Brick

Owner in Fee: Meridian Nursing Rehabilitation Inc.

Tel. (732) 751-3622 e-mail WGANT@MERIDIANHEALTH.COM

Address 3349 Hwy 138, BLDG C, ~~2nd~~ Suite A. WALL 07719
street municipality zip code

Contractor: OWNER Tel. (_____)

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	11/14/13	MK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 11/14/13
Approved by: MK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 04/21/14
Approved by: MK

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			4/17/14	MK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 3500.00
3. Total (1+ 2) $ _____

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.

Sign here: Walter Gant Regional Plant Operations MNR.

Print name here: WALTER GANT

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remodel interior room to change use from a dirty linen storage to a DOCTORS charting room.

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other Room change Renovation
- [ ] Demolition

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 12/23/13
Control #
Date Issued
Permit # 13-5271

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 Qualification Code

Work Site Location 415 JACK MARTIN Blvd. ~~Blvd~~ BRICK NJ 08724

Owner in Fee: MERIDIAN NURSING and Rehabilitation inc.

Tel. 732 608-2634 e-mail

Address 3349 Hyway 138 Building C Suite A WALL NJ 07719
(street) (municipality) (zip code)

Contractor: Central Jersey Electrical Contractors LLC Tel. (732) 534-9307

Address 25 Aldrich Dr. Howell NJ 07731 e-mail

Contractor License No. 16971 Exp. Date 03/31/2015

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 273487689 FAX: (732) 534-9307

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 10/29/13 Approved by: JV

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/29/13

Approved by: JS

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] ~~CA~~

Date: 4/4/14

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			2/25/14	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	2/21/14		4/4/14	
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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.

Applicant sign/Contractor sign and seal here:

Print name here: James F. Rogers

[X] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL LIGHTS & OUTLETS ON EXISTING CIRCUITS

QTY.	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures	
7		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

OVER

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

4-1-14

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update

Date Received
Control #
Date Issued
Permit # 13-5271+A
UPDATE

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

Block 1170 Lot 16.03 Qualification Code

Work Site Location MERIDIAN NURSING & REHABILITATION
415 JACK MARTIN BLVD, BRICK, NJ 08724

Owner in Fee: MERIDIAN NURSING & REHABILITATION

Tel. 732 206-8836 e-mail

Address 415 JACK MARTIN BLVD BRICK NJ 08724
street municipality zip code

Contractor: SYSTEMS CONNECT, INC. Tel. 732 223-3000

Address 1025 HIGHWAY 70, SUITE 1 e-mail HARRY@SYSTEMSCONNECT.COM
BRIELLE, NJ 08730

Contractor License No. 561 TEL EXEMPT Exp. Date N/A

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): N/A

Federal Emp. ID No. 22-3547542 FAX: 732 223-0088

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1150.00

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.

Applicant sign/Contractor sign and seal here: GARY S. MONTALTO

Print name here: HARRY S. MONTALTO

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALLATION OF SIX COMMUNICATIONS POINTS

QTY	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
6		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date 3/6/14 Approved by: TD

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/6/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 4/4/14
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4/4/14 TD	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PERMIT UPDATE

Date Update Issued 4-1-14
Control # C-13-005968+A
Permit # 13-5271+A

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

Owner in Fee: MERIDIAN NURSING & REHAB INC.
415 JACK MARTIN BLVD BRICK NJ 08724

Telephone: (732) 751-3622

Contractor: MERIDIAN NURSING & REHAB INC.
Address: 415 JACK MARTIN BLVD BRICK NJ 08724

Telephone: (732) 751-3622
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:
COMMUNICATION POINTS

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 $1,150

Daniel J. Newman Jr. 3/26/14
Construction Official — Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$42
Check No.	9715
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

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

REQUIRED INSPECTIONS

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.

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.

04/01/14 [illegible] 00155011091
4-1-14 ELECTRIC $40.00
DCA $2.00

☑ 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.

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Examiners of Electrical Contractors

TELECOMMUNICATIONS

Limited Wiring Exemption*

Issued to: Systems Connect, Inc.
1025 Highway 70, Suite 1
Brielle, NJ 08730

Signature of holder

561
Exemption No.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 13-5271
Control #
Date Issued 12/24/13
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 ~~Outsize~~ 18.07 Qualification Code

Work Site Location 415 Jack Martin Blvd.
Brick N.J. 08724

Owner in Fee: Meridian Nursing and Rehabilitation, Inc.

Tel. (732) 206-8000 e-mail

Address

Contractor: MARK GANNON PLUMBING, HEATING & COOLING L.L.C. municipality Tel. (732) 774-5098

Address P.O. BOX 353 e-mail
~~108 SOUTH MAIN STREET~~
OCEAN GROVE, NJ 07756
(732)774-5098

Contractor License No. BI07365 Exp. Date 6/30/15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 54-2141049 FAX: (732) 776-6521

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-7-13
Approved by: 2

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] ~~CA~~
Date: 2-21-14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			2-21-13	

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.

Applicant sign/Contractor sign and seal here:

Print name here: Mark J. Gannon

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Remove hand sink & Bidet, cap water And waste Install water line to coffee machine.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Water to Coffee machine	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

CONSTRUCTION PERMIT

Date Issued 12/24/13
Control # C-13-005968
Permit # 13-5271

IDENTIFICATION Block: 1170 Lot: 18.03 Qualifier

Work Site Location: 415 JACK MARTIN BLVD Brick Township, NJ

Owner in Fee: MERIDIAN NURSING & REHAB INC.
415 JACK MARTIN BLVD BRICK NJ 08724

Telephone: (732) 751-3622

Contractor: MERIDIAN NURSING & REHAB INC.
Address: 415 JACK MARTIN BLVD BRICK NJ 08724

Telephone: (732) 751-3622
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
ALTERATION - -COMMERCIAL

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 $5,000

David J. Newman Jr. 12/24/13
Construction Official Date

PAYMENTS (Office Use Only)

Building	$105
Electrical	$40
Plumbing	$50
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$9
CO Fee	
Other	$0
Total	$204
Check No.	55190
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

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

REQUIRED INSPECTIONS

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.

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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

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

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

LORI GRIFA
Commissioner

August 30, 2013

Mr. Barry Brommer, AIA
Brommer Architects, LLC
723 Electronic Drive, Ste. 300
Horsham, PA 19044

RE: Meridian Nursing & Rehab @ Brick
Room Conversion

Dear Mr. Brommer;

Currently, we are allowing local construction departments to perform the review of certain projects, as long as there are no State licensure or AIA Guidelines requirements to be met in those areas or if the work is very minor in nature. Having looked at the submitted information, **it has been determined that local review of this project is appropriate**. This is with the understanding that this is strictly limited to the review of the **conversion of the Soiled Utility Room on the Ground Floor to Physician Office** and all work necessary to accomplish this project at the above referenced facility.

Prior to occupying the project area, a copy of the Certificate of Occupancy must be provided to the New Jersey Department of Health and Senior Services, Inspections, Compliance and Complaints (ICC) unit by mail or fax, (609) 943-3013. You must also contact that unit to arrange for an inspection of the completed work. The NJHSS ICC can be reached at (609) 292-9900.

Should you have any questions, you may call me at (609) 633-8151.

Sincerely,

Farivar Kiani

Farivar Kiani,
Supervisor
Health Care Plan Review
Construction Plan Approval

State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 358
TRENTON, N.J. 08625-0358

www.nj.gov/health

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

MARY E. O'DOWD, M.P.H.
Commissioner

June 13, 2013

VIA UNITED PARCEL SERVICE

Barry Brommer, AIA
Brommer Architects, LLC
723 Electronic Drive, Ste. 300
Horsham, Pa. 19044

Re: Convert an existing soiled utility Room into a doctor's office at Meridian Nursing and Rehabilitation at Brick
415 Jack Martin Blvd.
Brick, NJ 08724
Facility ID # 62217

Dear Mr. Brommer:

The Department of Health (Department) is in receipt of your submission dated May 7, 2013. Meridian Nursing and Rehabilitation at Brick is planning to convert an existing soiled utility room into a doctor's office. The soiled utility room is no longer needed due to the use of the laundry chute. Additionally, trash is collected and disposed of directly to the trash compactor located in the loading dock area.

Mr. William Beyer, R.A. of my staff has reviewed the information provided for the above referenced project, and finds it meets physical plant compliance, in accordance with N.J.A.C. 8:39. ***Please be advised that you and the owner(s) are responsible for satisfying all other State, Federal and Local physical plant regulations related to the proposed project. Thus, this letter shall not be construed as satisfying all of these regulations.***

If you have not done so already, you may now submit architectural documents for this project to the Department of Community Affairs (DCA), for final review and approval, ***prior*** to the start of the construction, in accordance with N.J.A.C. 8:39-31.1. It is your responsibility to notify the Department of any revision that may be required, during the DCA review of this project. Such alterations may impact on this approval, and require the resubmission of documentation for re-evaluation by the Department in meeting physical plant standards.

In the event that no construction is involved in this project, a written attestation, signed by the owner/operator of the facility/service stating no construction is required to complete this project shall be forwarded to my attention at the above address. ***Please be advised that Department approval for the operation of this facility/service will not be granted without receipt of the requested written attestation related to the fact that no construction is required.***

Please be aware, **no renovations or construction may begin until the plans have been approved by DCA.** Please include a copy of this letter with your submittal.

In accordance with N.J.A.C. 8:39-2.4, the facility shall contact the Department's Office of Certificate of Need and Healthcare Facility Licensure for inspection and/or licensure upon completion of the project and **prior** to occupying the space. A copy of the certificate of occupancy (CO) issued by the local authorities and a copy of the DCA Final Release letter for the project should be sent to this Office when the project is complete. Upon receipt of those documents, the Department will contact the facility directly regarding the issuance of approval.

You may contact William Beyer at (609) 633-9034, if you have any questions regarding the physical plant, or Andrew Benesch at (609) 633-9042 with any issues involving licensing or approvals. Thank you for your cooperation.

Sincerely,

Barbara Goldman, R.N., J.D.
Assistant Director
Certificate of Need and
Healthcare Facility Licensure

C: J. Scopelite
A. Benesch
W. Beyer
K. Cochran
A. Kirchner, Administrator, Meridian Nursing & Rehabilitation at Brick

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(f)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 W. Saul Regional Plant Ops Director Date 10/23/13

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.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

2-21-14 WORK LOCATION ?