BLOCK 1170 LOT 18.01 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin Blvd Brick PERMIT NO 05-49165

CONSTRUCTION PERMIT APPLICATION

C15-139245

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

I. IDENTIFICATION

1. Proposed Work Site at: 425 Jack Martin Blvd Brick
2. Name of Owner in Fee: Ocean Medical Center Tel. (732 840-2200
   Address 425 Jack Martin Blvd Brick NJ 08724
   street municipality zip code
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: GJC Associates Inc Tel. (732 933-9166
   Address Po Box 548, Red Bank NJ 07701
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3838786 FAX: (732 933-9161
5. Architect or Engineer Vitetta Group Tel. (215) 218-4747
   Address Phila. Naval Bus. Center 4747 So. Broad St. Phila PA 19112 Contact John Finley
6. Responsible Person in Charge once Work has Begun Gary Couch
   Tel. (732 933-9166 FAX: (732-933-9161

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 4312		
2.	Electrical	55	40	40
3.	Plumbing	110		
4.	Fire Protection	75	75	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review	1		
8.	Subtotal	$ 177	115	6
9.	State Permit Fee Surcharge	4.00		
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other ZV	30		
13.	TOTAL	$ 5014-	133-	46-

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 / no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

COMMERCIAL

II. PROPOSED WORK

OPTIONAL (for office use only)

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building			10/24/05		12/9/05	FM			
3.	☐ Addition									
4.	☐ a. Repair									
	☑ b. Alteration	✓ 247500								
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☑ Fire Protection	4500				12/13/05				
6.	☑ Plumbing	25000				12/13/05				
7.	☑ Electrical	43000				11/8/05				
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☑ Demolition INTERIOR	5000		11/15/05						
	TOTAL COSTS	325000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction _____
   After Construction _____
   Net Gain or Loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR-B 10427668

U.C.C. F100-1 (rev. 04/03)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing *single family residence* owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner *in fee)*

I hereby certify the following as required by the 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 GJC ASSOCIATES, INC.

Address PO BOX 548
RED BANK, NJ 07701

Telephone (732) 933-9166

Signature [signature]

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

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									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ 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. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

No fee required 11/14/05 BLT

IMPORTANT - A.H.B.T. - MANDATORY FEE - RESIDENTIAL

FOR OFFICE USE ONLY

ANY BUILDING QUESTIONS
CALL 732-262-1027

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	05/09/2006
Tracking Number	C-05-139245
Permit Number	05-4965
Permit Issue Date	12/16/2005

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ Block: 1170 Lot: 18.01 Qual:

Owner in Fee: OCEAN MEDICAL CENTER

Owner Address: 425 JACK MARTIN BLVD BRICK NJ 08724

Telephone: (732) 840-2200

Contractor: GALDI MECHANICALS CORP

Address: 238 GOFFLE RD HAWTHRONE NJ

Telephone: 973/238-1835 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-2360028

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

ALTERATION ALTERATIONS TO N.I.C.U.

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: 11059

Collected By: Ann Marie Hanlon

Date Printed: 05/09/2006

CONSTRUCTION PERMIT

Date Issued 12/16/2005
Control # C-05-139245
Permit # 05-4965

IDENTIFICATION Block: 1170 Lot: 18.01 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Owner in Fee OCEAN MEDICAL CENTER
Address 425 JACK MARTIN BLVD BRICK NJ 08724
Telephone: (732) 840-2200

Contractor GJC ASSOCIATES INC
Address PO BOX 548 RED BANK NJ 07701
Telephone: (732) 933-9166
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3138786

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION ALTERATIONS TO N.I.C.U.

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $320,000

Construction Official — 12/16/2005 Date

PAYMENTS (Office Use Only)

Building	$4,312
Electrical	$55
Plumbing	$110
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$432
CO Fee	
Other	$30
Total	$5,014
Check No.	11059
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

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

- [ ] 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.

PERMIT UPDATE

Date Update Issued 04/07/2006
Control # C-06-100568
Permit # 05-4965+A

IDENTIFICATION Block: 1170 Lot: 18.01 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Owner in Fee OCEAN MEDICAL CENTER
Address 425 JACK MARTIN BLVD BRICK NJ 08724
Telephone: (732) 840-2200

Contractor GJC ASSOCIATES INC
Address PO BOX 548 RED BANK NJ 07701
Telephone: (732) 933-9166
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3138786

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:

ELECTRICAL ALTERATIONS, FIRE ALTERATIONS ALTERATIONS TO N.I.C.U.

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $13,000

Construction Official — Date 04/07/2006

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$18
CO Fee	
Other	$0
Total	$133
Check No.	17385
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

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

☐ 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.

PERMIT UPDATE

Date Update Issued 04/13/2006
Control # C-06-100641
Permit # 05-4965+C

IDENTIFICATION Block: 1170 Lot: 18.01 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Owner in Fee OCEAN MEDICAL CENTER
Address 425 JACK MARTIN BLVD BRICK NJ 08724
Telephone: (732) 840-2200

Contractor GJC ASSOCIATES INC
Address PO BOX 548 RED BANK NJ 07701
Telephone: (732) 933-9166
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3138786

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 ALTERATIONS TO N.I.C.U.

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,000

Construction Official — 04/13/2006 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
Check No.	25477
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

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

☐ 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.

PERMIT UPDATE

Date Update Issued 04/19/2006
Control # C-06-100569
Permit # 05-4965+B

IDENTIFICATION Block: 1170 Lot: 18.01 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Owner in Fee OCEAN MEDICAL CENTER
Address 425 JACK MARTIN BLVD BRICK NJ 08724
Telephone: (732) 840-2200

Contractor GJC ASSOCIATES INC
Address PO BOX 548 RED BANK NJ 07701
Telephone: (732) 933-9166
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3138786

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:
ELECTRICAL ALTERATIONS ALTERATIONS TO N.I.C.U.

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $4,500

Construction Official
04/19/2006
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$46
Check No.	
Cash	$46
Credit	$0
Collected By	Mary Jane Rinaldi

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

☐ 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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 12/16/05
Permit # 05-4965

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

Block 1170 Lot 18.01 Qualification Code

Work Site Location 425 JACK MARTIN BLVD
BRICK NEW JERSEY

Owner in Fee OCEAN MEDICAL CENTER

Address 425 JACK MARTIN BLVD
BRICK, NEW JERSEY 08724

Tel. (732) 840-2200

Contractor GJC ASSOCIATES, INC

Address PO BOX 548
RED BANK, NJ 07701

Tel. (732) 933-9166 FAX (732) 933-9161

Contractor License No. or Builder Registration No.

Federal Emp. No 22-3138786

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

N.I.C.U. ALTERATION
SEE ATTACHED D.C.H.
APPROVED PLANS.

ANY CHANGES MUST BE APPROVED BY STATE.

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12-9-05	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4-24-06
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			3/10/06	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other Above Ceiling			4/24/06	
Final			4/24/06	MK
Barrier-Free				

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ —
2. Rehabilitation $ 247,500
3. Total (1+ 2) $

U.C.C. F110 (rev. 07/03)

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

05-4965 ## B
C06-10569

Update

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

Automatic Temperature Control Only

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

Block 1170 Lot 18.01 Qualification Code

Work Site Location NICU Medical Center of Ocean County East wing addition

Owner in Fee Medical Center of Ocean County

Address

Tel ( )

Contractor Standard Fire Sys Inc.

Address 3 Chester Ave Medford NJ 08055

Tel (609) 654-7796 FAX (609) 654-7909

Contractor License No. 12859

Federal Emp. No. 223361608

B. ELECTRICAL CHARACTERISTICS

Use Group Present ✓ Proposed

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

Building Occupied as Hospital Utility Co.

Est. Cost of Elec. Work $ 4500

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
16	24volt	Receptacles Digital points	
		Switches } IE: 2relays CTs	
		Detectors } DPs valves etc	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
33	Analog	Communications Points	
1	ATC	~~Alarm Devices/F.A.S.~~ Panels	
50		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 — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-In-Card Date Issued

Final Cut-In-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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
Control #

Date Issued 12/16/05
Permit # 05-4965

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

Block 1170 Lot 18.01 Qualification Code

Work Site Location 425 JACK MARTIN BLVD BRICK, NJ

Owner in Fee OCEAN MEDICAL CENTER

Address 425 JACK MARTIN BLVD BRICK, NJ

Tel (732 840-2200

Contractor MONMOUTH ELECTRIC SERVICE, INC

Address 20 THOMAS AVE SHREWSBURY NJ 07702

Tel (732 741-5496 FAX (732 530-5171

Contractor License No. 12475A

Federal Emp. No. 21-0682967

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 43,000.00

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
21		Lighting Fixtures	
41		Receptacles	
17		Switches	
6		~~Detectors~~ Smoke & Dampers	
		Light Poles	
		Motors—Fract. HP	
7		Emergency & Exit Lights	
29		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		Nurses Call system	
142		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	

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	Since app.	

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[X] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: Must be approved by the State

Approved by: BY The State 12/16/05 WR

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 4/8/06

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			2-17	OGW
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4-18	OGW
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received update 05-4965-FA
Control #
Date Issued 4/7/06
Permit # C16-100568

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

Block 1170 Lot 18.01 Qualification Code

Work Site Location 425 JACK MARTIN BLVD
BRICK NJ 08724

Owner in Fee OCEAN MEDICAL CENTER

Address 425 JACK MARTIN BLVD.
BRICK NJ 08724

Tel (732) 840-2200

Contractor MONMOUTH ELECTRIC SERVICE INC.

Address 20 THOMAS AVE
SHREWSBURY NJ 07702

Tel (732) 741-5496 FAX (732) 530-5171

Contractor License No. 12475

Federal Emp. No. 210682967

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as HOSPITAL Utility Co.

Est. Cost of Elec. Work $ 8,000.00

called

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		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	
30		NURSE CALL DEVICES	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4506
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/8/06
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			41806	
Barrier-Free				

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 03/31/2006
Date Issued ~~12/31/1899~~ 4-19-06
Control # C-06-100569
Permit # 05-4965+B

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

Block 1170 Lot 18.01 Qualification Code

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ

Owner in Fee: OCEAN MEDICAL CENTER

Address 425 JACK MARTIN BLVD BRICK NJ

Tel. (732) 840-2200

Contractor: STRADDICK ELECTRIC & SYSTEMS

Address 3 CHESTER AVE MEDFORD NJ

Tel. 609/654-7780 Fax. 609/654-7909

Lic No. 12858

Federal Employee No. 22-3361608

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed I-2

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $4,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date Initial

☒ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

☐ Electrical Plans Approved

Date: 4506

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
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 the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
0		Recepticles	
16		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
34		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
50		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
0	0	KW Central A/C Unit	$0
0	0	HP/KW Space Heater/Air	$0
0	0	KW Baseboard Heat	$0
0	0	HP Motors 1/+ HP	$0
0	0	KW Transformer/Generator	$0
0	0	AMP Service	$0
0	0	AMP Subpanels	$0
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0
		Administrative Surcharge	$0
		Minimum Fee	$40
		State Permit Surcharge Fee	$6
		TOTAL FEE	$46

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

update ~~95-49605~~

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4/13/06
Control # 95-49605+C
Permit #

C06-100641

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

Block 1170 Lot 18.01
Work Site Location Ocean Medical Center - West Wing
3rd Fl. Special Care Nursing, Brick, NJ
Owner in Fee Meridian Health Systems
Address Jack Martin Blvd.
Brick, NJ
Tele. (732) 921-8571
Contractor Little Silver Electric Inc.
Address 68 Birch Avenue
Little Silver, New Jersey 07739
Tele. (_____) (732) 741-1222 • Fax (732) 530-5925
Lic. No. 7760
Federal Emp. No. 22-1778092 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as Hospital Utility Co. JCP&L Co.
Est. Cost of Elec. Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4506
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] TCA
Date: 4/18/06
Approved By:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	*Failure*	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			4/18/06	

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

P. Ohl
Signature — Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat:	
		oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ 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	
24	_____	Other Tele/Data Outlets	

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

U.C.C. Form F-120B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 12/16/05
Permit # 05-4965

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

Block 1170 Lot 18.01 Qualification Code
Work Site Location 425 JACK MARTIN BLVD
BRICK, NEW JERSEY
Owner in Fee OCEAN MEDICAL CENTER
Address 425 JACK MARTIN BLVD
BRICK, NEW JERSEY 08724
Tel (732) 840-2200
Contractor Galdi Mechanical Corp
Address 238 COFFEE ROAD
HAWTHORNE NJ 07506
Tel (973) 238-1835 FAX (973) 238-1836
Fire Protection Equipment, NJ Div of Fire Safety Permit No. 15587
Fire Protection Equipment, NJ Div of Fire Safety Installer No. P00794
Fire Alarm Contractor No.
Federal Emp. No. 22-2300028

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [✓] Existing [✓] HVAC
Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location: Boiler Room

Fire Alarm System: [ ] New OR [✓] Existing
Location of Panel: Lobby
Fire Suppression/Standpipe System:
[ ] New OR [✓] Existing
Location of Main Control Valve: Sprinkler Room

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity* ____

Total Cost of Fire Protection Work $ 4,500

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] Special Inspector
Applicant's Signature/Contractor's Signature
[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source City
Method of Alarm/Suppression System Supervision Central Station

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	13	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required: Arch changes
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 12-15-05
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 4-14-06
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	4-7-06		4-14-06	[signature]
Other Gen Inspection	4-7-06		4-21-06	[signature]

U.C.C. F140
(rev. 1/04)

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

4/2/16 above ceiling sprinklers & penetrations ok, only
RB
o/c.

UPDATE 05-4463
DATE 3/28/06
INITIALED BY
FOR

update 05-4460+H

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 4/7/06
Permit # CO6-100568

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

Block 1170 Lot 18.01 Qualification Code

Work Site Location 425 JACK MARTIN BLVD.
BRICK NJ 08724

Owner in Fee OCEAN MEDICAL CENTER

Address 425 JACK MARTIN BLVD.
BRICK NJ 08724

Tel (732) 840-2200

Contractor MONMOUTH ELECTRIC SERVICE INC.

Address 20 THOMAS AVE
SHREWSBURY NJ 07702

Tel (732) 741-5496 FAX (732) 530-5121

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. 12475

Federal Emp. No. 21-0682967

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [✓] Existing [ ] HVAC

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

Location: ____

Fire Alarm System: [ ] New OR [✓] Existing

Location of Panel: ____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve: ____

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity* ____

Total Cost of Fire Protection Work $ 5,000.00

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.

Applicant's Signature/Contractor's Signature

[✓] *Certified Contractor* [ ] *Exempt Applicant*

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source ____

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[✓] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	7	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	1	
Other Devices		
TOTAL	8	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] *Gas or* [ ] *Oil*		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required: DCA

[ ] *Building* [ ] *Plumbing*

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 4-7-06

Approved by: ____

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 4-21-06

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				
Flam/Combust Tanks				
Fireplace Venting				
Final			4-21-06	
Other ____				

2nd

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 12/16/05
Permit # 05-4965

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

Block 1170 Lot 18.01 Qualification Code
Work Site Location 425 JACK MARTIN BLVD
BRICK, NEW JERSEY
Owner in Fee OCEAN MEDICAL CENTER
Address 425 JACK MARTIN BLVD
BRICK, NEW JERSEY 08724
Tel (732) 840-2700
Contractor Galdi Mechanical Corp.
Address 239 Goffle Road
Hawthorne, NJ 07506
Tel (973) 238-1835 FAX (973) 238-1836
Contractor License No. 8700
Federal Emp. No. 22-2360028

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 $ 25000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12/13/05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4/27/06
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			3/8/06	
Water				
Sewer				
Fixtures	4/12/06		4/27/06	
Gas Equipment				
Gas Piping	3/8/06		3/9/06	
LPGas Tank				
Fuel Oil 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.

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	
	Shower	
	Floor Drain	
3	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	
6	~~Stacks~~ Medical Gas Outlets	
	Other	
	Other	

NO CHANGE APPROVAL

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

3/8/06

① MEDICAL GAS LEAK AT TABLE CAPS
(SENSOR AREA)

4/13/06

① NEEDS MEDICAL GAS CERTIFICATION!!
FIXED.

Township of Brick
Zoning Permit

Approved: Thursday, October 27, 2005 **Number:** 1601

Block 1170 **Lot** 18.01 **Zone:** H-S, Hospital Supp.

Property Address: 425 Jack Martin Boulevard

Applicant: Gary Couch; GJC Associates, Inc.

Property Owner Ocean Medical Center

Existing Use: Ocean Medical Center

Proposed Use: Ocean Medical Center

Proposed Construction: Interior alterations for the relocation of the NICU, which is renamed to Special Intermediate Nursery (SCIN)

Conditions: An additional zoning permit is required for any additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

OCT 27 2005

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 1170 LOT 18.01 QUALIFIER _____

PROPERTY ADDRESS 425 JACK MARTIN BLVD, BRICK, NJ

PERSONAL NAME OF APPLICANT Gary Couch

BUSINESS NAME OF APPLICANT GJC ASSOCIATES, INC

MAILING ADDRESS OF APPLICANT PO BOX 548 RED BANK, NJ

PROPERTY OWNER'S FULL NAME OCEAN MEDICAL CENTER

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) OMC, INTERIOR ALTERATION

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☑ Commercial (please describe) OMC, INTERIOR ALTERATION

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☑ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

COMMERCIAL

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT _____ Date 10/25/05

Reviewed by Zoning Office _____ Date _____ ( ) Approved ( ) Denied

GJC ASSOCIATES, INC.

BUILDERS • DEVELOPERS • CONSTRUCTION MANAGEMENT

October 25, 2005

Township of Brick
Building Department
401 Chambersbridge Road
Brick, New Jersey 08723

Re: Ocean Medical Center – Special Care Intermediate Nursery
425 Jack Martin Blvd., Brick, NJ
Request for Permits

To whom it may concern:

Enclosed please find all information that is being submitted for permits in regards to the above referenced project. The request for permits is to accommodate the relocation of the NICU (renamed to Special Care Intermediate Nursery (SCIN)) at the above mentioned facility.

Also enclosed is two (2) signed and sealed Final Release from the State of New Jersey, Department of Community Affairs dated September 26th, 2005, Reference # DCA 5081-05.

If you have any questions please contact our office at 732-933-9166 or Glenn Meisse, Project Superintendent for GJC Associates, Inc. at cell # 732-977-4995.

Thank you in advance for your cooperation.

Kind regards,

Gary Couch
President

GM/slj

Enclosures

P.O. Box 548, Red Bank, NJ 07701 • 732-933-9166 • 732-933-9161 FAX

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 425 JACK MARTIN BLVD, BRICK, NJ

Block: 1170 Lot: 18.01

Contractor: GJC ASSOCIATES, INC

Contractor's Address: PO BOX 548 RED BANK, NJ 07701

Type of Construction (minor, new home): COMMERCIAL

Type of Debris (shingles, siding, wood, etc.): METAL STUDS, DRYWALL, [redacted]

Party responsible for removal: GJC ASSOCIATES

Dumpster size: 30 CUBIC YARDS

Destination of debris: MARPAL, TINTON FALLS, NJ

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

1-25-05
Date

GARY CONNER
Print Name

ADDITION CHECK LIST

1. Construction jacket signed & completed	Yes ✓	No
2. Zoning application completed	Yes ✓	No
3. Engineering form completed	Yes	No
4. Two true size surveys showing dimensions & setbacks of existing and proposed structures	Yes	No ✓
5. Bldg/Plmg/Fire/Electrical subcode information completed	Yes ✓	No
6. Completed section VI on jacket –building characteristics	Yes ✓	No
7. Separate addn/alteration cost	Yes	No ✓
8. Two sets of plans-architecturals signed and sealed homeowner drawings-all pages signed(existing & proposed floor plan)	Yes ✓	No
9. Brochures – Furnace, Boiler, A/C, Fireplace (wood/gas)	Yes	No ✓
10. Gas pipe drawing if applicable	Yes	No ✓
11. DWV schematic if applicable	Yes	No ✓
12. List of Existing Plumbing Fixtures	Yes ✓	No
13. Detail of all electrical locations (receptacles, switches, detectors, etc)	Yes ✓	No
14. Detail of existing & proposed smoke & carbon monoxide detectors.	Yes	No ✓
15. If using engineered floor joist(TJI) a joist layout showing blocking where applicable must be submitted with plans (also on jobsite with plans)	Yes	No ✓
16. Completed debris form	Yes ✓	No
17. 2nd Story additions require engineer certification for foundation if the plans are not done by an architect	Yes	No ✓
18 Soil borings showing seasonal high water table required on any new basements	Yes	No ✓
19. Model Energy Code (www.energycodes.gov)	Yes	No ✓

Note: We are now using the International Building Code Effective May 6, 2003

VITETTA

TRANSMITTAL

December 23, 2005	DATE
Daniel F. Newman, Jr.	TO
Construction Official	COMPANY
401 Chambers Bridge Road	
Brick Township, NJ 08723	
732-262-1027	Phone
Kelly A. Miller	FROM
OMC Special Care Intermediate Nursery	PROJECT
9315.15/B.5	FILE CODE

Enclosed please find a copy of a letter and Drawings for the referenced project indicating (3) proposed sketch changes for approval by the NJDCA.

Please include these sketches with the permit sets submitted by GJC Associates, Inc.

Please feel free to contact me at (215) 218-4804 with any questions you may have regarding the enclosed sketches.

TRANSMITTING

- [X] DRAWINGS
- [ ] SPECIFICATIONS
- [ ] CORRESPONDENCE
- [ ] SAMPLES
- [ ] OTHER

FORM

- [ ] ORIGINALS
- [X] PRINTS/COPIES
- [ ] DISK

VIA

- [X] ENCLOSED
- [ ] SEPARATE COVER
- [X] MAIL
- [ ] EXPRESS
- [ ] COURIER
- [ ] HAND DELIVERY
- [ ] MODEM
- [ ] OTHER

ACTION

- [ ] FOR APPROVAL
- [X] FOR YOUR USE
- [ ] FOR COMMENT
- [ ] AS REQUESTED

CC

TRANS ONLY	
J. Gaspar, Meridian Health - Fax	X
VDD	

901 ROUTE 73 SUITE 110 MARLTON NJ 08053
T 856.810.2600 F 856.810.2626 www.vitetta.com

VITETTA

1170 18.01
05-4965

Should you have any questions or request clarification for any issue, please do not hesitate to contact me at (215) 218-4804.

Sincerely,

Kelly A. Miller
Project Coordinator

Cc:

William Lohman, New Jersey Department of Health & Senior Services (with Enclosures)
Chuck Buboltz, Meridian Hospitals Corporation
Jorge Gaspar, Meridian Health
Michael Jahoda, Ocean Medical Center
Daniel F. Newman, Jr., Brick Township Building Department (with Enclosures)
Steven DiFlora, Kallen & Lemelson
Vincent Della Donna, VITETTA

VITETTA

December 22, 2005

Mr. Farivar Kiani
Supervisor, Construction Plan Approval
New Jersey DCA, Health Care Plan Review
101 South Broad Street
Trenton, NJ 08625-0815

Re: Sketch Changes
Ocean Medical Center Special Care (Intermediate) Nursery
DCA Reference # 5081-05
File: 9315.15/B.5

Dear Mr. Kiani,

VITETTA respectfully submits to you Sketch Changes for the Special Care (Intermediate) Nursery at Ocean Medical Center. Vincent Della Donna, VITETTA Healthcare & Science Program Director, has reviewed these proposed revisions with William Lohman of NJDHSS. Bill noted no issues and requested a copy of the proposed changes along with this letter request to NJDCA.

Per the advice of your Reviewer, Jan Zawislak, we have included (3) sets of signed and sealed sketches attached to copies of the originally approved Drawings dated 6/3/05. One set of sketches has been highlighted in red for your reference.

The following is a description of the (3) revisions we propose:

Revision #1: Relocation of Door N-11B and associated relocation of affected millwork, devices and fixtures. Changes for this Revision are indicated on Sketches A02, A03, A04, M2-1, M4-1, E3-1 and E4-1.

Revision #2: Addition of an observation window at Bay 4. Changes for this Revision are indicated on Sketch A02.

Revision #3: Relocation of Door N-11A and associated relocation of affected devices. Changes for this Revision are indicated on Sketches A01, A02, E2-1, E3-1 and E4-1.

901 ROUTE 73 SUITE 110 MARLTON NJ 08053
T 856.810.2600 F 856.810.2626 www.vitetta.com
ARCHITECTURE ENGINEERING PLANNING INTERIOR DESIGN

TOWN-BRICK BRICK TOWNSHIP Apr 11/06 025477

Invoice No	Inv.Date	PO Number	Reference	Audit No	Gross Amt	Disct/RT	Net Amt
025477	Apr 11/06	N/A	permit	CD5993	41.00	0.00	41.00
					41.00	0.00	41.00

Distribution :
01-5160-0 41.00

05-4965 tC

CHECK 25477

ComfortDRAW

AUTHORIZED BUILDING CONTROL SPECIALISTS

Medical Center of Ocean County
East Wing Addition

Brick, , New Jersey

CARRIER JOB#: 314C90006

Architect:
Engineer: E. Bagonyi
Contractor:

FOR INFORMATION CONTACT:
Carrier Sales: C. Santangelo
Carrier Engineer: E. Bagonyi
CCS 5814 NJ Projects
Carrier Commercial Service
1095 Cranbury South River Rd
Jamesburgh, NJ 08831
PHONE: 609-655-3400

AS BUILT:
SUBMITTED: 12/13/2005

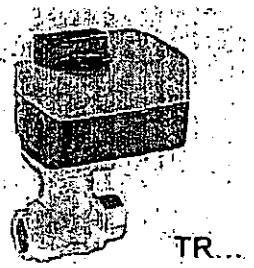
VALVE SCHED

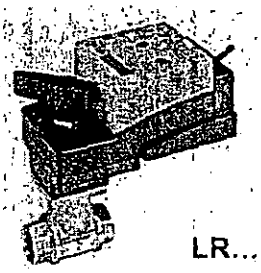
Valve Information					Steam Data				Water Data			Calculations					Valve Type							Pneumatic		Electric					Valve Part #	
Valve #	System Served	Quantity	Valve Size (in)	Supply Line (in)	Steam (#/hr)	Steam Pi (psig)	Steam Po (psig)	Delta P Across Vlv	Water (GPM)	Pressure (Ft)	Pressure Drop(PSI)	Calc. Ideal Cv	Actual Cv	Actual PD Vlv (psi)	Actual Steam Po (psig)	Actual Steam (#/hr)	Ball Valve	Globe Valve	Butterfly Valve	2-Way	3-Way	N.O. / N.C. / Mx	Close Off (psi)	Spring Range(psi)	Positioner (Y or N)	24 VAC	110 VAC	Modulating	Tri-State/On/Off	Spring Return	Manufac.	Valve # / Actuator #
V1	VAV A3-41	1	1/2		---	---	---	---	3.0		5.0	1.34	1.90	2.5	---	---	X			X			200			X			X		BELIMO	B211B+LR24-3 US
V2	VAV A3-42	1	1/2		---	---	---	---	0.7		5.0	0.31	0.30	5.4	---	---	X			X			200			X			X		BELIMO	B207B+LR24-3 US
V3	VAV A3-43	1	1/2		---	---	---	---	0.4		5.0	0.18	0.30	1.8	---	---	X			X			200			X			X		BELIMO	B207B+LR24-3 US
V4	VAV A3-44	1	1/2		---	---	---	---	3.0		5.0	1.34	1.90	2.5	---	---	X			X			200			X			X		BELIMO	B211B+LR24-3 US
V5	VAV A3-45	1	1/2		---	---	---	---	3.0		5.0	1.34	1.90	2.5	---	---	X			X			200			X			X		BELIMO	B211B+LR24-3 US
V6	VAV A3-46	1	1/2		---	---	---	---	3.0		5.0	1.34	1.90	2.5	---	---	X			X			200			X			X		BELIMO	B211B+LR24-3 US
V7	VAV A3-47	1	1/2		---	---	---	---	0.7		5.0	0.31	0.30	5.4	---	---	X			X			200			X			X		BELIMO	B207B+LR24-3 US
V8	VAV A3-48	1	1/2		---	---	---	---	3.0		5.0	1.34	1.90	2.5	---	---	X			X			200			X			X		BELIMO	B211B+LR24-3 US
V9	VAV A3-49	1	1/2		---	---	---	---	1.2		5.0	0.54	0.80	2.3	---	---	X			X			200			X			X		BELIMO	B209B+LR24-3 US
	VALVES WILL NOT BE ORDERED UNTIL THE VALVE SCHEDULE IS RETURNED AND SIGNED WITH THE PROPER AUTHORIZED SIGNATURE.																															
	Medical Center of Ocean County																															
	Brick, NJ																															

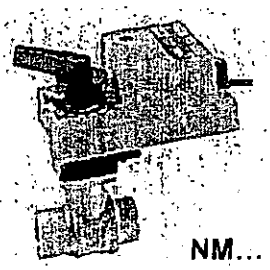
B2 Series Characterized Control Valve,™ Non-Spring Return Actuator

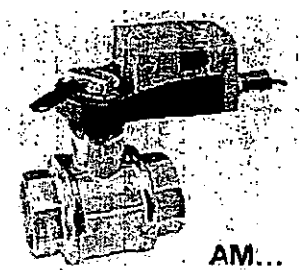
BELIMO

Two-way Valve with Stainless Steel Ball and Stem, NPT female ends


TR...


LR...


NM...


AM...

B2 Two-way Characterized Control Valve, Stainless Steel Ball and Stem

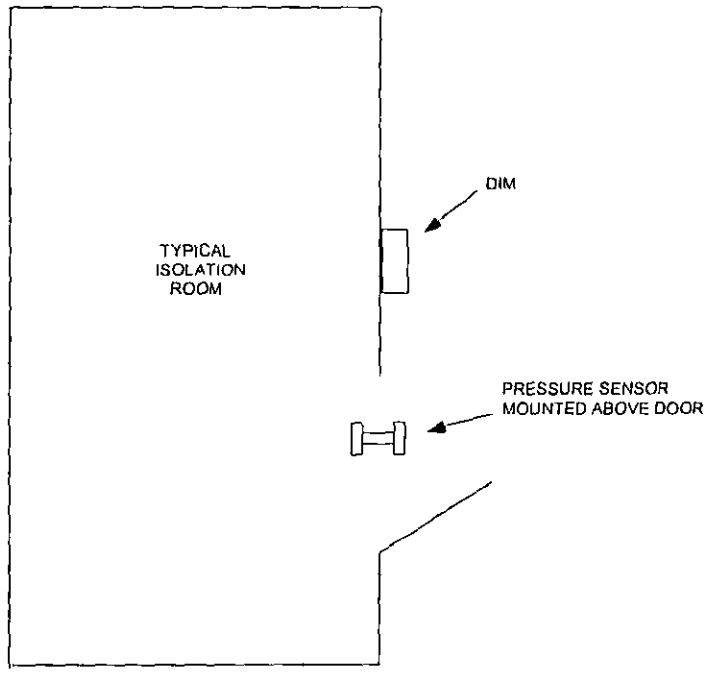
Valve					Non-Spring Return Actuator				
					On/Off, Floating	On/Off, Floating	Proportional	Proportional	Proportional / MFT
Model # CCV Valve	Cv Rating	Valve Nominal Size Inches	DN mm	Close-Off psi	TR24-3-T US	LR24-3 US NM24 US AM24 US	TR24-SR-T US	LR24-SR US NM24-SR US	LR24-MFT US NM24-MFT US AM24-MFT US
B207	0.3	1/2"	15	200	TR24-3-T US: Pg 40	LR24-3 US: Pg 44	TR24-SR-T US: Pg 42	LR24-SR US: Pg 46	LR24-MFT US: Pg 48
B208	0.46	1/2"	15	200	Pg 40	Pg 44	Pg 42	Pg 46	Pg 48
B209	0.8	1/2"	15	200	Pg 40	Pg 44	Pg 42	Pg 46	Pg 48
B210	1.2	1/2"	15	200	Pg 40	Pg 44	Pg 42	Pg 46	Pg 48
B211	1.9	1/2"	15	200	Pg 40	Pg 44	Pg 42	Pg 46	Pg 48
B212	3.0	1/2"	15	200	Pg 40	Pg 44	Pg 42	Pg 46	Pg 48
B213	4.7	1/2"	15	200	Pg 40	Pg 44	Pg 42	Pg 46	Pg 48
B214	7.4	1/2"	15	200	Pg 40	Pg 44	Pg 42	Pg 46	Pg 48
B215*	10	1/2"	15	200	Pg 40	Pg 44	Pg 42	Pg 46	Pg 48
B217	4.7	3/4"	20	200	Pg 40	Pg 44	Pg 42	Pg 46	Pg 48
B218	7.4	3/4"	20	200	Pg 40	Pg 44	Pg 42	Pg 46	Pg 48
B219	10	3/4"	20	200	Pg 40	Pg 44	Pg 42	Pg 46	Pg 48
B220*	24	3/4"	20	200	Pg 40	Pg 44	Pg 42	Pg 46	Pg 48
B222	7.4	1"	25	200		Pg 44		Pg 46	Pg 48
B223	10	1"	25	200		Pg 44		Pg 46	Pg 48
B224	19	1"	25	200		Pg 44		Pg 46	Pg 48
B225*	30	1"	25	200		Pg 44		Pg 46	Pg 48
B229	10	1-1/4"	32	200		Pg 44		Pg 46	Pg 48
B230*	19	1-1/4"	32	200		Pg 44		Pg 46	Pg 48
B231	25	1-1/4"	32	200		Pg 50		Pg 52	Pg 54
B232*	37	1-1/4"	32	200		Pg 50		Pg 52	Pg 54
B238	19	1-1/2"	40	200		Pg 50		Pg 52	Pg 54
B239	29	1-1/2"	40	200		Pg 50		Pg 52	Pg 54
B240*	37	1-1/2"	40	200		Pg 50		Pg 52	Pg 54
B248	29	2"	50	200		Pg 50		Pg 52	Pg 54
B249	46	2"	50	200		Pg 50		Pg 52	Pg 54
B250*	57	2"	50	200		Pg 50		Pg 52	Pg 54
B251	65	2"	50	100		Pg 56			Pg 58
B252	85	2"	50	100		Pg 56			Pg 58
B253	120	2"	50	100		Pg 56			Pg 58
B254*	240	2"	50	100		Pg 56			Pg 58
B261	60	2.5"	65	100		Pg 56			Pg 58
B262	75	2.5"	65	100		Pg 56			Pg 58
B263	110	2.5"	65	100		Pg 56			Pg 58
B264	150	2.5"	65	100		Pg 56			Pg 58
B265*	210	2.5"	65	100		Pg 56			Pg 58
B277	70	3"	80	100		Pg 56			Pg 58
B278	130	3"	80	100		Pg 56			Pg 58
B280*	170	3"	80	100		Pg 56			Pg 58
Electrical Connection					Covered Terminal Strip	3 ft cable, 1/2" conduit fitting	Covered Terminal Strip	3 ft cable, 1/2" conduit fitting	3 ft cable, 1/2" conduit fitting

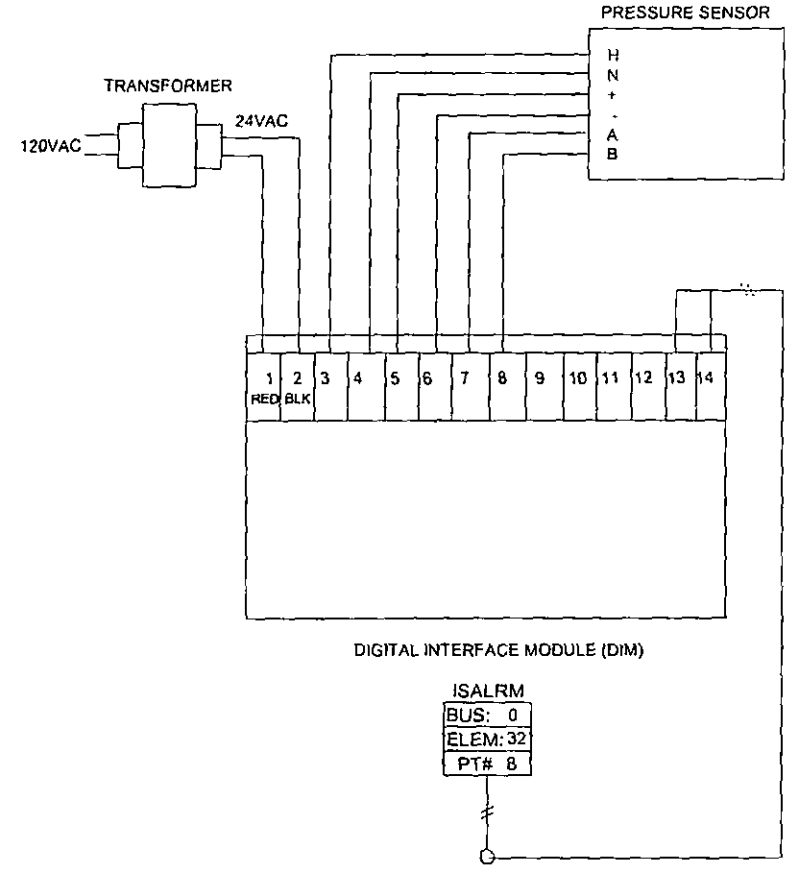
* Models without characterizing discs. See pg 11 for corrected C_vs with piping reduction factor. · See pg 132 for MFT Configuration.

Options (add to list price)		TR24-3-T US TR24-SR-T US	LR24-3 US
built-in aux. switch	LR...-S US		Pg 44
3-foot cable	TR24-3 US, TR24-SR US	Pg 40/42	
6-foot cable	TR.../200 US, LR.../200 US	Pg 40/42	Pg 44
10-foot cable	TR.../300 US, LR.../300 US	Pg 40/42	Pg 44

VI

Ocean Medical Center
IS





Bob Hall
85 Long Neck Rd
Harwich MA 02671

Isolation Room
Control Diagram
JOB #
DWG # 1

Ocean Medical Center
NICU Nursery
Brick, NJ

Drawn: E Bagenyi
CHD: E Bagenyi
TXT:

REV #	DESCRIPTION	DATE
0	SUBMITTED	1/9/2006

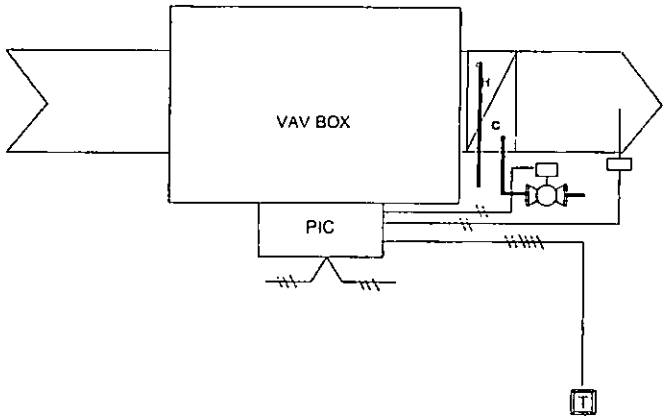
File: Ocean Medical Center.vwd

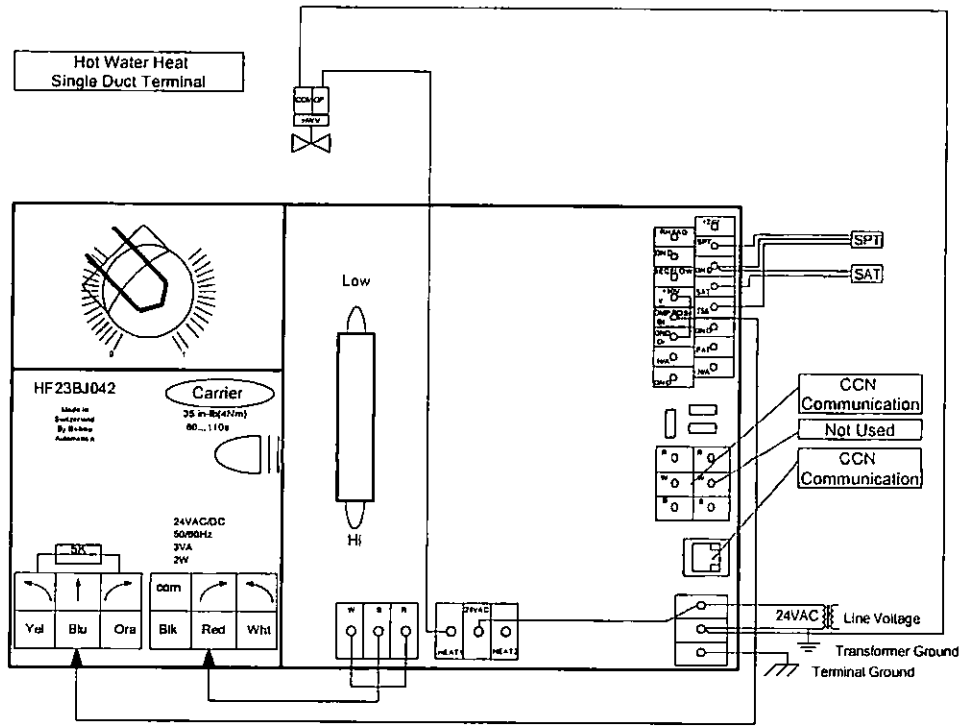
Dir: E:\Carrier John\Ocean Medical Center\

CCS 5914 NJ Projects
1095 Cranbury South River Road
Jamesburg, NJ 08831
Phone: (609) 655-3400

Ocean Medical Center
NU

VARIABLE AIR VOLUME BOX WITH FACTORY MOUNTED CONTROLS (TYPICAL FOR 9)





VAV Box
Control Diagram
JOB # DWG # 2

Ocean Medical Center
NICU Nursery
Brick, NJ

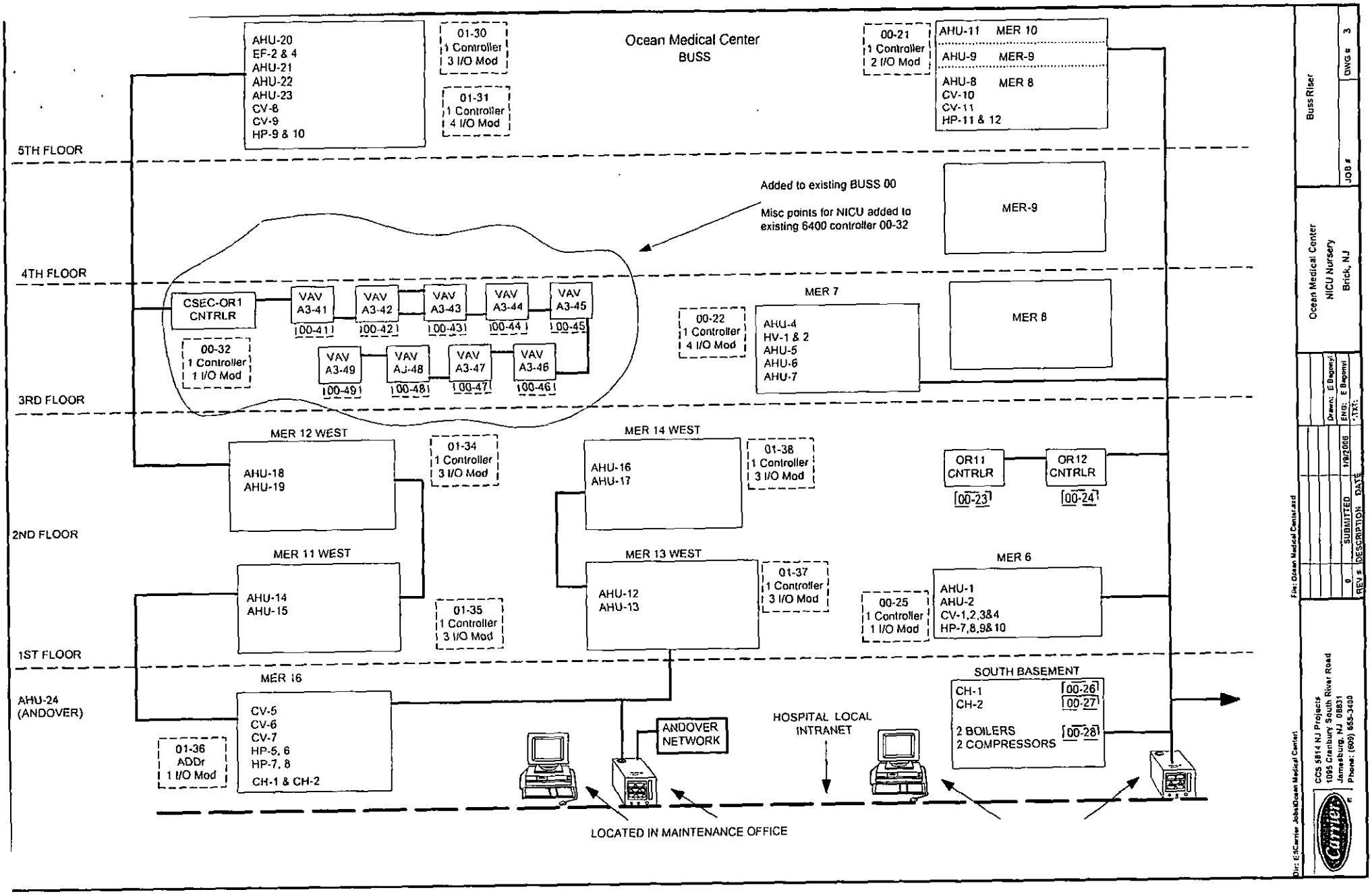
Drawn: E Bagonyi
ENG: E Bagonyi
CHK:

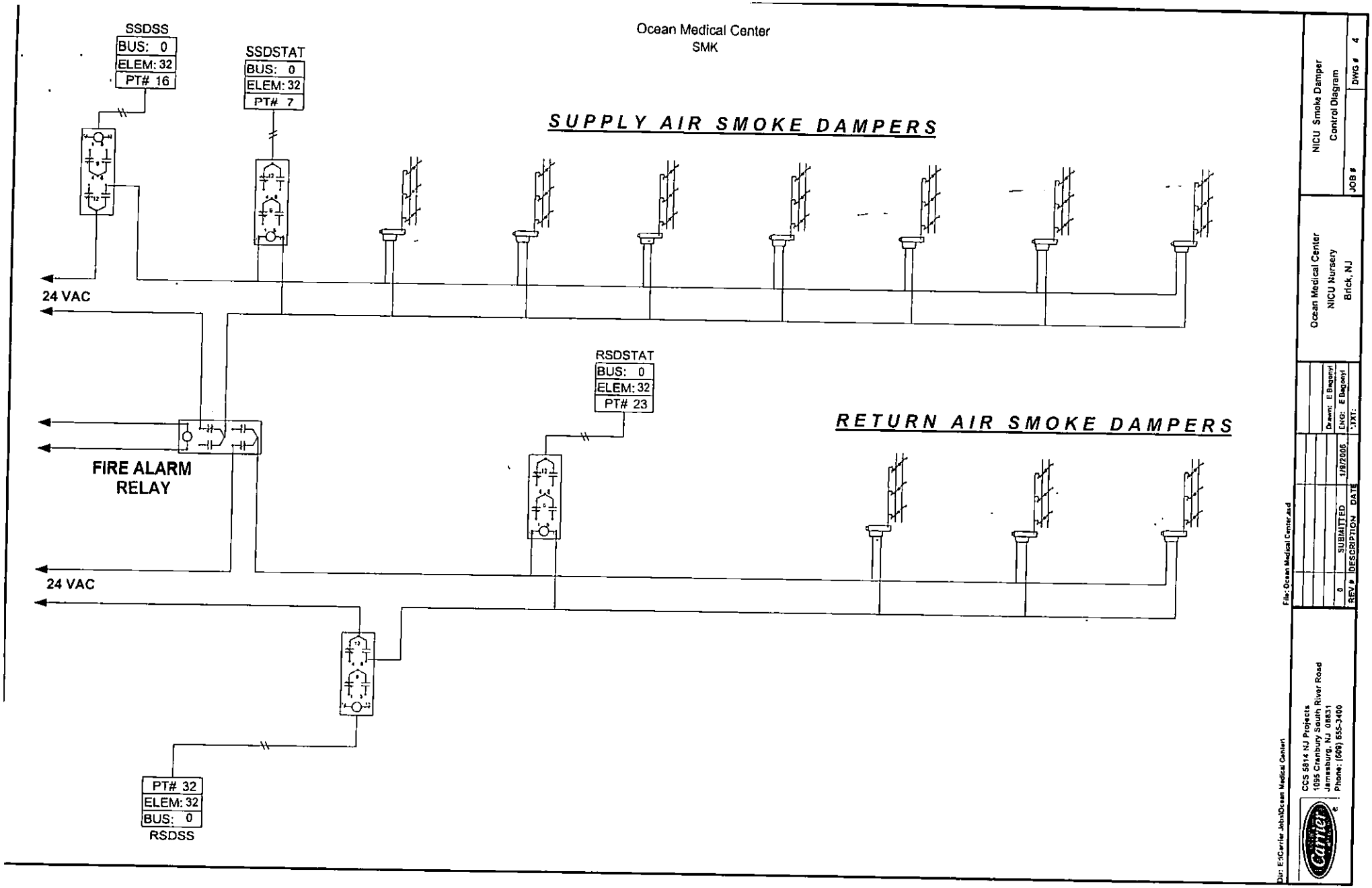
REV #	DESCRIPTION	DATE
0	SUBMITTED	11/7/2006

File: Ocean Medical Center.mcd

Dir: E:\Carrier Jobs\Ocean Medical Center\

CCS 5814 NJ Projects
1085 Cranbury South River Road
Jamesburg, NJ 08831
Phone: (609) 655-3400


Ocean Medical Center
BUSS
AHU-20
EF-2 & 4
AHU-21
AHU-22
AHU-23
CV-8
CV-9
HP-9 & 10
01-30
1 Controller
3 I/O Mod
01-31
1 Controller
4 I/O Mod
00-21
1 Controller
2 I/O Mod
AHU-11 MER 10
AHU-9 MER-9
AHU-8 MER 8
CV-10
CV-11
HP-11 & 12
5TH FLOOR
Added to existing BUSS 00
Misc points for NICU added to existing 6400 controller 00-32
MER-9
4TH FLOOR
CSEC-OR1 CNTRLR
VAV A3-41
VAV A3-42
VAV A3-43
VAV A3-44
VAV A3-45
00-41
00-42
00-43
00-44
00-45
00-32
1 Controller
1 I/O Mod
VAV A3-49
VAV A3-48
VAV A3-47
VAV A3-46
00-49
00-48
00-47
00-46
MER 7
00-22
1 Controller
4 I/O Mod
AHU-4
HV-1 & 2
AHU-5
AHU-6
AHU-7
MER 8
3RD FLOOR
MER 12 WEST
AHU-18
AHU-19
01-34
1 Controller
3 I/O Mod
MER 14 WEST
AHU-16
AHU-17
01-38
1 Controller
3 I/O Mod
OR11 CNTRLR
OR12 CNTRLR
00-23
00-24
2ND FLOOR
MER 11 WEST
AHU-14
AHU-15
01-35
1 Controller
3 I/O Mod
MER 13 WEST
AHU-12
AHU-13
01-37
1 Controller
3 I/O Mod
MER 6
AHU-1
AHU-2
CV-1,2,3&4
HP-7,8,9&10
00-25
1 Controller
1 I/O Mod
1ST FLOOR
MER 16
AHU-24
(ANDOVER)
CV-5
CV-6
CV-7
HP-5, 6
HP-7, 8
CH-1 & CH-2
01-36
ADDr
1 I/O Mod
ANDOVER NETWORK
HOSPITAL LOCAL INTRANET
SOUTH BASEMENT
CH-1
CH-2
00-26
00-27
2 BOILERS
2 COMPRESSORS
00-28
LOCATED IN MAINTENANCE OFFICE
Buss Riser
JOB #
DWG # 3
Ocean Medical Center
NICU Nursery
Brick, NJ
Drawn: E Bagonyi
ENG: E Bagonyi
TECH:
REV # DESCRIPTION DATE
0 SUBMITTED 1/8/2008
File: Ocean Medical Centercard
Dir: E:\Carrier Jobs\Ocean Medical Center\
CCS 5814 NJ Projects
1095 Cranbury South River Road
Jamesburg, NJ 08831
Phone: (609) 655-3400


Ocean Medical Center
SMK
SSDSS
BUS: 0
ELEM: 32
PT# 16
SSDSTAT
BUS: 0
ELEM: 32
PT# 7
SUPPLY AIR SMOKE DAMPERS
24 VAC
RSDSTAT
BUS: 0
ELEM: 32
PT# 23
RETURN AIR SMOKE DAMPERS
FIRE ALARM
RELAY
24 VAC
PT# 32
ELEM: 32
BUS: 0
RSDSS
NICU Smoke Damper
Control Diagram
DWG # 4
JOB #
Ocean Medical Center
NICU Nursery
Brick, NJ
Drawn: E Bagenyi
ENG: E Bagenyi
CHK:
REV # DESCRIPTION DATE
0 SUBMITTED 1/9/2006
File: Ocean Medical Center.zxd
Dir: E:\Carrier Johnson\Ocean Medical Center\
CCS 5814 NJ Projects
1095 Cranbury South River Road
Jamesburg, NJ 08831
Phone: (609) 655-3400

Pt #	J3 Pin # (+)	J3 Pin # (-)	x	Input Type	Switch Settings SW2	Switch Settings SW3	Sensor Code	Point Description	Point Name
	17	1		2 Wire	Int	mA			
1	1	2		4 Wire	Ext	mA		SUPPLY AIR TEMP	CSECT1SAT
	1	2	X	Other	Int	Other			
	17	3	X	2 Wire	Int	mA			
2	3	4		4 Wire	Ext	mA		RETURN AIR RH	CSECT1SARH
	3	4		Other	Int	Other			
	17	5	X	2 Wire	Int	mA			
3	5	6		4 Wire	Ext	mA		SPACE HUMIDITY	CSECTSRH
	5	6		Other	Int	Other			
	17	7		2 Wire	Int	mA			
4	7	8		4 Wire	Ext	mA		SPACE TEMP	CSECTSPT
	7	8	X	Other	Int	Other			
					SW2	SW3			
	18	9		2 Wire	Int	mA			
5	9	10		4 Wire	Ext	mA		SPACE TEMP ADJUST	CSECT1SPTAD
	9	10	X	Other	Int	Other			
	18	11	X	2 Wire	Int	mA			
6	11	12		4 Wire	Ext	mA		SPACE HUMIDITY	CSECTSRH
	11	12		Other	Int	Other			
	18	13		2 Wire	Int	mA			
7	13	14		4 Wire	Ext	mA		SUP SMOKE DMPER STATUS	SSDSTAT
	13	14	X	Other	Int	Other			
	18	15	X	2 Wire	Int	mA			
8	15	16		4 Wire	Ext	mA		NICU ISOLATION RM ALARM	ISOALM
	15	16	X	Other	Int	Other			

Pt #	J3 Pin # (+)	J3 Pin # (-)	x	Input Type	Switch Settings SW2	Switch Settings SW3	Sensor Code	Point Description	Point Name
	17	1		2 Wire	Int	mA			
17	1	2		4 Wire	Ext	mA		SUPPLY AIR TEMP	CSECT2SAT
	1	2	X	Other	Int	Other			
	17	3	X	2 Wire	Int	mA			
18	3	4		4 Wire	Ext	mA		RETURN AIR RH	CSECT2SARH
	3	4		Other	Int	Other			
	17	5	X	2 Wire	Int	mA			
19	5	6		4 Wire	Ext	mA		SPACE HUMIDITY	CSECT2SRH
	5	6		Other	Int	Other			
	17	7		2 Wire	Int	mA			
20	7	8		4 Wire	Ext	mA		SPACE TEMP	CSECT2SPT
	7	8	X	Other	Int	Other			
					SW2	SW3			
	18	9		2 Wire	Int	mA			
21	9	10		4 Wire	Ext	mA		SPACE TEMP ADJUST	CSECT2SPTAD
	9	10	X	Other	Int	Other			
	18	11		2 Wire	Int	mA			
22	11	12		4 Wire	Ext	mA			
	11	12		Other	Int	Other			
	18	13		2 Wire	Int	mA			
23	13	14		4 Wire	Ext	mA		RET SMOKE DMPER STATUS	RSDSTAT
	13	14	X	Other	Int	Other			
	18	15		2 Wire	Int	mA			
24	15	16		4 Wire	Ext	mA			
	15	16		Other	Int	Other			

#	J3 Pin # (+)	J3 Pin # (-)	x	Output Type	Switch Settings SW2	Switch Settings SW3	Sensor Code	Point Description	Point Name
				DO	NA	DO			
1	1	2	X	mA	mA	AO		REHEAT VALVE	CSECT1RHTVL
				Volt	Volt	AO			
				DO	NA	DO			
2	3	4	X	mA	mA	AO		HUMIDITY VALVE	CSECT1RHVLV
				Volt	Volt	AO			
			X	DO	NA	DO			
3	5	6		mA	mA	AO		HUMIDITY HIGH LIMIT	CSECT1RHHL
				Volt	Volt	AO			
				DO	NA	DO			
4	7	8		mA	mA	AO			
				Volt	Volt	AO			
					SW2	SW3			
				DO	NA	DO			
5	9	10		mA	mA	AO			
				Volt	Volt	AO			
				DO	NA	DO			
6	11	12		mA	mA	AO			
				Volt	Volt	AO			
				DO	NA	DO			
7	13	14		mA	mA	AO			
				Volt	Volt	AO			
	15	16	X	DO	NA	DO			
8				mA	mA	AO		SMOKE DMP STOP START	SSDSS
				Volt	Volt	AO			

Pt #	J3 Pin # (+)	J3 Pin # (-)	x	Output Type	Switch Settings SW2	Switch Settings SW3	Sensor Code	Point Description	Point Name
				DO	NA	DO			
25	1	2	X	mA	mA	AO		REHEAT VALVE	CSECT2RHTV
				Volt	Volt	AO			
				DO	NA	DO			
26	3	4	X	mA	mA	AO		HUMIDITY VALVE	CSECT2RHVL
				Volt	Volt	AO			
			X	DO	NA	DO			
27	5	6		mA	mA	AO		HUMIDITY HIGH LIMIT	CSECT2RHHL
				Volt	Volt	AO			
				DO	NA	DO			
28	7	8		mA	mA	AO			
				Volt	Volt	AO			
					SW2	SW3			
				DO	NA	DO			
29	9	10		mA	mA	AO			
				Volt	Volt	AO			
				DO	NA	DO			
30	11	12		mA	mA	AO			
				Volt	Volt	AO			
				DO	NA	DO			
31	13	14		mA	mA	AO			
				Volt	Volt	AO			
	15	16	X	DO	NA	DO			
32				mA	mA	AO		SMOKE DMP STOP START	RSDSS
				Volt	Volt	AO			

HIGH LIGHTED POINTS TO BE ADDED TO EXISTING 6400 CONTROLLER BUSS 0 ELEMENT 32 LOCATED IN ELECTRICAL CLOSET OUTSIDE OF N.I.C.U.

WIRE LIST

Carrier Commercial Service
Bus # : 0 Element # :32
Job # : 314C90006
Date : 1/11/2006

SEQUENCE OF OPERATION FOR CONSTANT VOLUME VAV

Damper Control

The VAV Controller will calculate the CFM of conditioned air being delivered to the space. If the CFM doesn't match its pre-determined setpoint (Adj.) the damper in the VAV box will modulate open or closed to maintain setpoint.

Heating Coil Valve

When the supply fan is running, and the occupied space temperature is below the occupied heating setpoint (adj.), the VAV controller will modulate the reheat coil valve to maintain the zone space temperature setpoint. Whenever the supply fan is off, the heating coil valve will close.

SEQUENCE OF OPERATION FOR ISOLATION ROOM MONITOR

The differential pressure between the isolation room and the surrounding area will be monitored and displayed. If the value drops below a threshold value a local alarm will be annunciated and an alarm will be reported to the EMS system. To maintain proper pressure differential, EF # 3 shall be commanded to run continuously

SEQUENCE OF OPERATION FOR SUPPLY AIR SMOKE DAMPERS

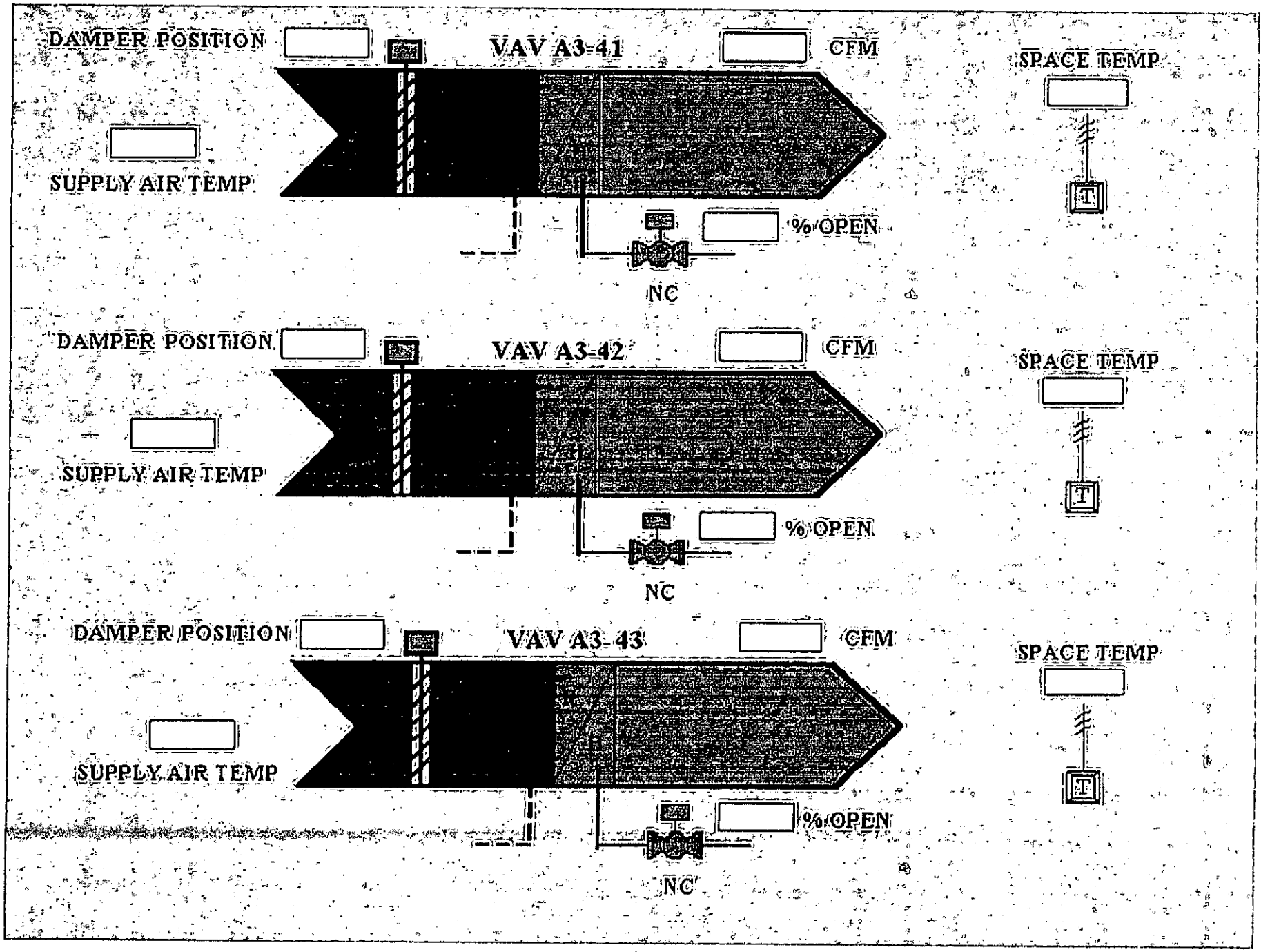
If the supply fan of AHU # 20 stops, the smoke dampers will be commanded to close.
If the supply fan of AHU # 20 is running and the smoke dampers are closed the EMS system will generate an alarm.

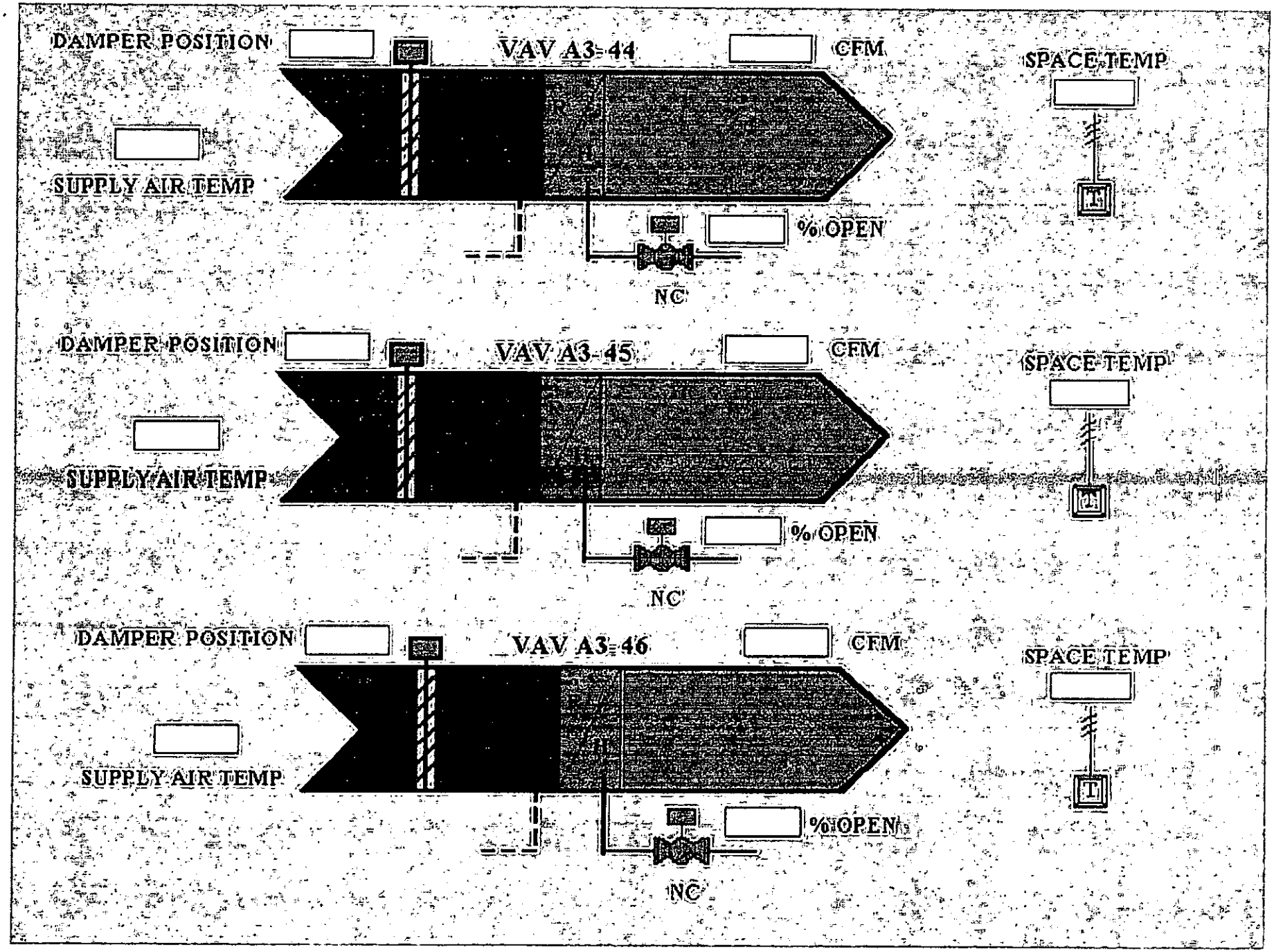
If the fire alarm system should shut down the power to the smoke damper relay the "supply smoke damper status relay" will close and send a signal to the to generate an alarm at the EMS system.

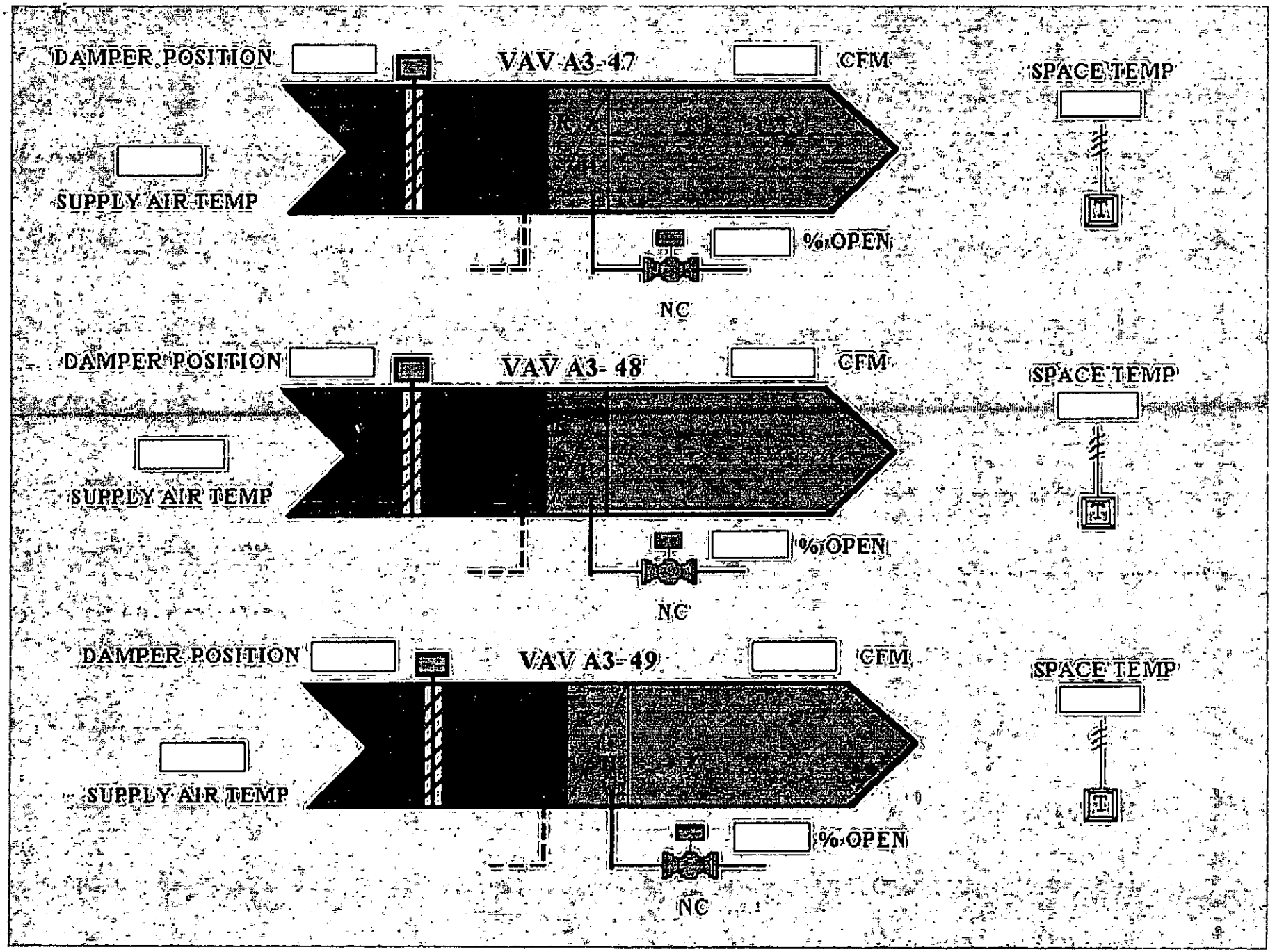
SEQUENCE OF OPERATION FOR RETURN AIR SMOKE DAMPERS

If the return fan of AHU # 20 stops, the smoke dampers will be commanded to close.
If the return fan of AHU # 20 is running and the smoke dampers are closed the EMS system will generate an alarm.

If the fire alarm system should shut down the power to the smoke damper relay the "return smoke damper status relay" will close and send a signal to the to generate an alarm at the EMS system.


DAMPER POSITION
VAV A3-41
CFM
SPACE TEMP
SUPPLY AIR TEMP
T
% OPEN
NC
DAMPER POSITION
VAV A3-42
CFM
SPACE TEMP
SUPPLY AIR TEMP
T
% OPEN
NC
DAMPER POSITION
VAV A3-43
CFM
SPACE TEMP
SUPPLY AIR TEMP
T
% OPEN
NC


DAMPER POSITION
VAV A3-44
CFM
SPACE TEMP
SUPPLY AIR TEMP
% OPEN
NC
DAMPER POSITION
VAV A3-45
CFM
SPACE TEMP
SUPPLY AIR TEMP
% OPEN
NC
DAMPER POSITION
VAV A3-46
CFM
SPACE TEMP
SUPPLY AIR TEMP
% OPEN
NC


DAMPER POSITION
VAV A3-47
CFM
SPACE TEMP
SUPPLY AIR TEMP
%OPEN
NC
DAMPER POSITION
VAV A3-48
CFM
SPACE TEMP
SUPPLY AIR TEMP
%OPEN
NC
DAMPER POSITION
VAV A3-49
CFM
SPACE TEMP
SUPPLY AIR TEMP
%OPEN
NC

054965
ck

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 425 Jack Martin Blvd. Block 1170 Lot 18.01

I'm not sure
#054965
Lynn 732-933-9166

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

FINALS		FINALS	FINALS
BUILDING	APPROVED	4/24/06	
PLUMBING	APPROVED	4/27/06	
FIRE	APPROVED	4/22/06	
ELECTRIC	APPROVED	4/18/06	
ENGINEERING	APPROVED		
O.C.SOIL	APPROVED		

COMMERCIAL OCCUPANCY CARD.....

C.C. FROM B.T.M.U.A. ? Carol says nothing needed
CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING.....
ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

3RD FLOOR.

United Association

Gorden L. Johnson

ID #: 001005920 LU #: 0009

Certificate of Medical Gas Qualification

Certification	Expires
ASME IX Brazer	06/01/2006
ASSE 6010 Installer	01/12/2009
N.F.P.A 99-2005	

Brick Plumbing
Permit # 05-4965

1170
18,01.

NMC NORTHEAST MEDICAL CONSULTING, INC.

57 West Liberty Street, Hubbard, OH 44425 (888) 534-4295 Fax (240) 282-1086

Facility:	**Ocean Medical Center**	Installer:	**Galdi Mechanicals Corp.**
Address:	425 Jack Martin Blvd.	Address:	238 Goffle Road
City, State:	Brick, New Jersey 08724	City, State:	Hawthorne, NJ 07506

Medical Gas/Vacuum Systems Verification Inspection Report

The attached report has been completed in accordance with the terms and conditions on the contract documents between Northeast Medical Consulting, Inc., NMC, and Galdi Mechanicals Corp.
I, Daniel C. Moeller, an authorized representative of Northeast Medical Consulting, Inc., NMC, have conducted the following testing of the medical gas system(s) on this ~~10th~~ 17TH (day) of April (month) in 2006 (year) for the equipment, testing, and performance criteria stated below.

NFPA 99, 2002 Performance and Criteria Testing Level 1

5.1.12.2 Installer Performed Tests

5.1.12.2.2	Initial Blow Down	☑	5.1.12.2.5	Piping Purge Test	☑
5.1.12.2.3	Initial Pressure Test	☑	5.1.12.2.6	Standing Pressure Test for Positive Pressure	☑
5.1.12.2.4	Cross Connection Test	☑	5.1.12.2.7	Standing Pressure Test for Vacuum	☑
NA		☐		Verification of Installer's Qualifications	☑
				Name: Mark Puzio	

5.1.12.3 System Verification

		TEST			RESULTS		INSPECTOR
5.1.12.3.2	Standing Pressure Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	MC
5.1.12.3.3	Cross-Connection Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	
5.1.12.3.4	Valve Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	
5.1.12.3.5.2	Master Alarm Test	Yes ☐	No ☐	NA ☑	Pass ☐	Fail ☐	
5.1.12.3.5.3	Area Alarm Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	
5.1.12.3.6	Piping Purge Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	
5.1.12.3.7	Piping Particulate Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	
5.1.12.3.8	Piping Purity Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	
5.1.12.3.9	Final Tie-In Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	
5.1.12.3.10	Operation Pressure Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	
5.1.12.3.11	Medical Gas Concentration Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	
5.1.12.3.12	Medical Air Purity Test (Compressor System)	Yes ☐	No ☐	NA ☑	Pass ☐	Fail ☐	
5.1.12.3.13	Labeling	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	
5.1.12.3.14	Source Equipment Verification	Yes ☐	No ☐	NA ☑	Pass ☐	Fail ☐	
5.1.12.3.14.2	Gas Supply Sources	Yes ☐	No ☐	NA ☑	Pass ☐	Fail ☐	
5.1.12.3.14.3	Medical Air Compressor Systems	Yes ☐	No ☐	NA ☑	Pass ☐	Fail ☐	
5.1.12.3.14.4	Medical-Surgical Vacuum Systems	Yes ☐	No ☐	NA ☑	Pass ☐	Fail ☐	

NMC verifies that the above equipment ☑ meet or exceed ☐ do not meet or exceed the requirements of the NFPA 99, 2002 code.

Liability Clause
NMC will be held harmless from any liability caused by any addition or modification of the medical gas piping system including, but not limited to, the supply gas, gas outlets, shut-off valves, alarms, manifold(s), compressors, pumps, cryogenic tanks, cylinders, associated equipment, and/or codes, laws, or procedures. This document covers the above referenced test(s) and associated equipment under system verification testing only.

Contact Name: MARIO GALDI
Contact Signature: X
Purchase Order # 535 BRICK

Project Name: Special Care Intermediate Nursery
Project # 2006DM053
NMC Rep Signature:
Date: 4/10/2006

NMC NORTHEAST MEDICAL CONSULTING, INC.
57 West Liberty Street, Hubbard, OH 44425 (888) 534-4295 Fax (240) 282-1086

Laboratories and Field Equipment

Laboratories:

NMC uses the following labs to perform additional services if needed.

Liberty Mutual
Industrial and Environmental Associates
Natisco
Qualitative Analytical Services
Date Chem
Element Analysis Corporation

Test Equipment:

Equipment	Application	Vendor	Calibration	Accuracy
Miran Sapphire	Gas Analysis	Foxboro	Annual	CO2 0.05 ppm CO 0.20 ppm HC 1.00 ppm N2O 0.07 ppm SO2 0.50 ppm
Detector Tubes	Gas Analysis	Mine Safety & Appliance	NIOSH Certification	CO2 0.10 ppm CO 2.00 ppm HC 1 mg/m3 NH3 2.00 ppm CL2 0.20 ppm SO2 0.10 ppm NO/NO2 0.50 ppm
Oxygen Analyzer	Gas Analysis	Ohmeda	Annual	+ or - 0.3%
Carbon Monoxide / Carbon Dioxide Monitor	Gas Analysis	Bacharach	Annual	+ or - 1 ppm + or - 10 ppm
Nitrous Oxide Monitor	Gas Analysis	Bacharach	Annual	+ or - 0.1%
Dew Point Monitor	Dewpoint & Temperature			+ or - 2 degrees F + or - 1 degree F
Pressure Regulator	Purge Control	Harris	Annual	+ or - 1.0%
Flow Meters	Vacuum: 0-7 SCFM Gases: 0-200 SCFM	Dwyer	Annual	+ or - 2.0%
Gauges	Vacuum: 0-30 in Hg. Gases: 0-300 psi	American Gauge	Annual	+ or - 1.0%

Additional Equimpement: Millipore Filters, screwdriver set, crescent wrenches, hex key set, wall outlet adapters for all medial gases and types, flow meters, fittings, and teflon tape.

NMC NORTHEAST MEDICAL CONSULTING, INC.
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Medical Gas / Vacuum Systems Verification Inspection Summary

Equipment Tested

System	Outlets	Zone Valves	Alarms	Sources	Tie-in	_____
☑ Oxygen	18	1	1	—	1	—
☑ Medical Air	18	1	1	—	1	—
☑ Vacuum	18	1	1	—	1	—
☐ Nitrous Oxide	—	—	—	—	—	—
☐ Nitrogen	—	—	—	—	—	—
☐ Evacuation	—	—	—	—	—	—
☐ Carbon Dioxide	—	—	—	—	—	—
☐ Other	—	—	—	—	—	—

Inspection Discrepancies

Medical Gas/Vacuum Source(s) of Supply
- ☐ Discrepancies (See Comments)
- ☐ No Discrepancies (See Comments)
- ☑ Not Applicable

Medical Gas/Vacuum Zones Shutoff Valves
- ☐ Discrepancies (See Comments)
- ☑ No Discrepancies (See Comments)
- ☐ Not Applicable

Medical Gas/Vacuum Alarms
- ☐ Discrepancies (See Comments)
- ☑ No Discrepancies (See Comments)
- ☐ Not Applicable

Medical Gas/Vacuum Outlets/Inlets
- ☐ Discrepancies (See Comments)
- ☑ No Discrepancies (See Comments)
- ☐ Not Applicable

Medical Gas Purity Analysis
- ☐ Discrepancies (See Comments)
- ☑ No Discrepancies (See Comments)
- ☐ Not Applicable

Comments and Recommendations

PERFORMED NFPA-99-2002 MEDICAL GAS CERTIFICATION ON SPECIAL CARE NURSERY. HAD TO MAKE RETURN TRIP DUE TO PIPING PROBLEM WHICH WAS CORRECTED. TESTED OUTLETS, ALARM AND ZONE VALVE BOX. ALL TESTED AND PASSED - OK FOR PATIENT USE.

Contact Name: MARIO GALDI
Contact Signature: X [signature]
Date: 4/17/06

Project Name: SPECIAL CARE NURSERY
Project # 2006DM051
NMC Rep Signature: [signature]

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Medical Gas Systems Evaluation

Alarm Explanations

System:	**O** - Oxygen	**N** - Nitrous Oxide	**V** - Vacuum
	A - Medical Air	**NG** - Nitrogen	**E** - Evacuation
Location:	**Opp** - Opposite	**O/S** - Outside	**I/S** - Inside

High / Low Pressure Point Of Activation:

Alarm should activate when pressure varies more than + or - 20% from normal line pressure. (40-60 psi or below 12 in Hg for vacuum)

Positive Pressure Gases: activation pressure recorded in psi as follows, High/Low.
Vacuum: low vacuum activation point recorded in inches of Mercury, (in Hg).
" - " = *Point of activation not determined.*

High / Low Pressure Alarm Comments:

P1 = Pressure switch should be adjusted to the proper activation pressure.
P2 = Point of activation not determined. Pressure sensor appears to be on the supply side of the zone shutoff valve. Sensor should be located on the patient side of the valve.
P3 = Point of activation not determined. There is no zone valve installed for this area.
P4 = Point of activation not determined. Signal does not appear to be in working order.
P5 = Point of activation not determined. Signals on main lines.

Alarm Signal's Pressure Gauge:

Positive Pressure Gases: gauge reading recorded in Pounds per Square Inch, (psi).
Vacuum: gauge reading recorded in inches of Mercury (in Hg).
" - " = No gauge installed at alarm signal location.

Alarm Signal's Pressure Gauge Comments:

G1 = No gauge currently in place. Gauge should be installed.
G2 = Gauge appears to be inaccurate/broken and should be repaired or replaced.
G3 = Gauge is not suited for the current application
G4 = Label on gauge is ambiguous as to which gas it measures.

Alarm Signal Test Switch:

T1 = Normal Operation (green) Lamp is not functioning and should be repaired.
T2 = Visual alarm signal (red lamp) is not functioning and should be repaired.
T3 = Audible alarm signal does not function or is not loud enough to be heard.
T4 = Silence switch fails to silence audible signal and should be repaired.
T5 = Audible alarm signal has been rendered inactive by tampering.
T6 = Alarm signal appears to be disconnected from power source. Alarm should be powered by essential hospital power system (emergency circuit).
X = Alarm signal test switch is functioning properly.

Alarm Signal Labeling:

Each visual indicator should be clearly labeled to identify the condition of the alarm. Emergency instructions should be posted at the alarm signal location to identify the responsible party to call during an alarm.
L1 = Visual indicator is not labeled or is incorrectly labeled.
L2 = Emergency Instructions should be posted at the alarm panel.
L3 = Panel should be labeled to identify which rooms it controls.
X = Alarm signal is properly labeled.

General Comments:

A1 = Area is required to have an alarm signal, but has none.
A2 = Alarm signal is obstructed. Signal must be unobstructed and in clear view.
A3 = Alarm signal does not appear to be at a location of responsible surveillance.

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Facility: Ocean Medical Center

Date: 4/10/2006

Alarm Evaluation Results

Area Controlled	Exact Panel Location	Manufacturer	Model	System Type[1]	Low Alarm Point	High Alarm Point	psi / in. Hg Gauge	Test Switch	Alarm Signal Label	Comments[2]
SPECIAL CARE	NURSE	AMICO	ALERT	O	40	60	55	✓	✓	ok
NURSERY	STATION		2	A	40	60	53	✓	✓	
				V	-12"	—	23"	✓	✓	

[1] System Type Key: O=Oxygen, A =Air, N=Nitrous Oxide, NG=Nitrogen, V=Vacuum, E=Evacuation, CO2=Carbon Dioxide

[2] See "Alarm Explanations" page

NMC Northeast Medical Consulting, Inc.
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Medical Gas Systems Evaluation

Shutoff Valve Explanations

System:
O - Oxygen **N** - Nitrous Oxide **V** - Vacuum **CO2** - Carbon Dioxide
A - Medical Air **NG** - Nitrogen **E** - Evacuation ____ - _____

Location: **Opp** - Opposite **O/S** - Outside **I/S** - Inside

Valve Type:
B = Ball Valve GL = Globe Valve
G = Gate Valve **O** = Other _____

Zone Valve's Pressure Gauge:
Positive Pressure Gases: gauge reading recorded in Pounds per Square Inch, (psi).
Vacuum: gauge reading recorded in inches of Mercury (in Hg).
" - " = No gauge installed at valve enclosure.

Zone Valve Leakage:
S1 = External leakage is noted with valve open.
S2 = External leakage is noted with valve closed.
S3 = Internal leakage occurs with valve closed.
S4 = Pressure gauge or fitting is leaking.
" **X** " = Valve leakage was not noted.

Zone Valve Labeling:
Each zone valve enclosure must be labeled with "Do Not Close Except For Emergency", each gas or vacuum, and List of rooms controlled. Labels should be permanent and clearly visible from a standing position.
L1 = Gas label is missing from valve.
L2 = "Do Not Close" warning is missing from enclosure.
L3 = Valve enclosure does not have list of rooms controlled in zone.
L4 = List of rooms controlled by zone appears to be incorrect or outdated. List should be revised.
" **X** " = Valve enclosure is correctly labeled in all respects.

General Comments:
V1 = No valve currently installed, valve required in this area.
V2 = Valve should be unobstructed and accessible from a standing position.
V3 = Valve handle is restricted in movement by valve enclosure.
V4 = Valve handle is broken and should be repaired/replaced as necessary.
V5 = Valve is broken or missing so that emergency shutoff is impossible.
V6 = Frangible or removable cover requires repair or replacement to restrict unauthorized tampering but allow for emergency access.
V7 = Valve box needs to be cleaned of dust and debris.
" **X** " = The valve box is properly located for its intended use.

Zone Valve's Pressure Gauge Comments:
G1 = No gauge currently in place. Gauge should be installed.
G2 = Gauge appears to be inaccurate/broken and should be repaired or replaced.
G3 = Gauge is monitoring pressure upstream of valve. Downstream pressure monitoring required.
G4 = Gauge is not suited for the current application. Gauge should be replaced.
G5 = Gauge is not labeled and/or it is not apparent which gas is being monitored
" **X** " = Gauge appears to be functioning properly and is correctly labeled.

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Facility: Ocean Medical Center

Date: 4/10/2006

Shutoff Valve Evaluation Results

Area Controlled	Exact Valve Location	Manufacturer	System Type[1]	Valve Type[2]	Gauge	Leakage	Labeling	Comments[3]
SPECIAL CARE	0/5	AMICO	A	B	53	✓	✓	OK
NURSERY	SPECIAL	"	O	B	55	✓	✓	
	CARE NURSERY	"	V	B	22"	✓	✓	

[1] System Type Key: O=Oxygen, A =Air, N=Nitrous Oxide, NG=Nitrogen, V=Vacuum, E=Evacuation

[2] Valve Type Key: B=Ball Valve, G=Gate Valve, GL= Globe Valve, O=Other specified

[3] See "Zone Valve Explanations" page

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Medical Gas Systems Evaluation

Patient Terminal Outlet Explanations

Outlet Location: All terminals are listed Left to Right starting at primary entrance to room. Head walls are listed left to right, top to bottom. Columns or ceiling outlets are listed from furthest to closest to the door.

Bed: Number or letter of bed

SYSTEM:

O - OXYGEN
A - MEDICAL AIR
N - NITROUS OXIDE
NG - NITROGEN
CO2 - CARBON DIOXIDE
V - VACUUM
E - EVACUATION

OUTLET:

"P" = PASS: Indicates outlet is in satisfactory and meets NFPA 99, 1999 code.
"F" = FAIL: Indicates outlet has a discrepancy listed.
"U" = UNAVAILABLE: Outlet was unvailable for inspection

FLOW/PRESSURE:

Vacuum measurements are recorded in **CFM** (cubic feet per minute).
Minimum flow for vacuum is 3.0 CFM. Any flow below 3.0 scfm is listed as a discrepancy.
NFPA has not established a minimum or maximum for evacuation.
Medical Gas measurements are recorded in **LPM** (liters per minute)
NFPA has established a flow requirement of 100 LPM @ min. 50 psig. Any flow below 100 LPM is listed as a deficiency.

LABELING:

A - Terminal has no "gas label" in place.
B - Terminal has no "use no oil" label in place.
C - Terminal has incorrect "gas label" in place.
D - Terminal has temporary label in place; permanent label should be installed.
E -

GENERAL CONDITION:

F - Terminal fails to lock secondary equipment tightly in place.
G - Terminal fit is loose & as a result, flow is reduced or leakage occurs.
H - Terminal fails to release equipment with ease or release latch is broken.
I - Face-plate/terminal is loose and should be fixed.
J - Face-plate is cracked or missing screws.
K - Face-plate is missing and should be replaced.
L - Plastic color coded label/tag should be replaced.
M - Inadequate space to mount secondary equipment.
N - Poppet Jammed
O -

LEAKAGE DESCRIPTION/VOLUME:

P - Leakage appears to be due to worn O-ring or valve not re-seating.
Q - Leakage appears to be behind face-plate.
R - Leakage appears to be from excessive weight on terminal.
S - Terminal fit is loose and leakage occurs as a result.
T -

CROSS CONNECTION TEST:

CC - Terminal has been cross connected with wrong gas. **Extremely Dangerous! Correct Immediately!!**

Additional Comments:

X - Gaseous contaminate testing at this terminal.
Y - Particulate matter testing at this terminal.

Flow Conversion:

1 Cubic Foot = 28.32 Liters
1 Liter = 0.0353 Cubic Feet

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Patient Terminal Outlet Results

Floor 3RD
Area SPECIAL CARE NURSERY

Outlet Location	Bed	System[1]	Outlet Pass	Outlet Fail	Outlet Unavail	scfm Flow[2]	psi/in Hg Pressure	Label	General Condition	Leakage	Cross Connect	Comments[3]
ISOLATION / EXAM		V	✓									
		V	✓									
		V	✓									
		A	✓									
		A	✓									
		A	✓									
		O	✓									
		O	✓									
		O	✓									
ISOLATION ROOM		V	✓									
		V	✓									
		V	✓									
		A	✓									
		A	✓									
		A	✓									
		O	✓									
		O	✓									
		O	✓									
NURSERY BAY 1		V	✓									
		V	✓									
		V	✓									
		A	✓									
		A	✓									
		A	✓									
		O	✓									
		O	✓									
		O	✓									
NURSERY BAY 2		V	✓									
		V	✓									
		V	✓									
		A	✓									
		A	✓									
		A	✓									
		O	✓									
		O	✓									
		O	✓									
NURSERY BAY 3		V	✓									
		V	✓									
		V	✓									
		A	✓									

[1] **O** - OXYGEN **A** - Medical Air **N** - Nitrous Oxide **NG** - Nitrogen **V** - Vacuum **E** - Evacuation **CO2** - Carbon Dioxide

[2] Gas outlets tested for minimum of 100 liters per minute (150 l/min for NG) with a 5 psi max pressure drop from nominal. Vacuum outlets tested for a minimum of 3.0 scfm flow with 12" in Hg maintained at adjacent outlet.

[3] See "Patient Terminal Outlet Explanation" sheet.

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Patient Terminal Outlet Results

Floor 3RD
Area SPECIAL CARE NURSERY

Outlet Location	Bed	System[1]	Outlet Pass	Outlet Fail	Outlet Unavail	scfm Flow[2]	psi/in Hg Pressure	Label	General Condition	Leakage	Cross Connect	Comments[3]
		A	✓									
		A	✓									
		O	✓									
		O	✓									
		O	✓									
NURSERY BAY 4		V	✓									
		V	✓									
		V	✓									
		A	✓									
		A	✓									
		A	✓									
		O	✓									
		O	✓									
		O	✓									

[1] **O** - OXYGEN **A** - Medical Air **N** - Nitrous Oxide **NG** - Nitrogen **V** - Vacuum **E** - Evacuation **CO2** - Carbon Dioxide

[2] Gas outlets tested for minimum of 100 liters per minute (150 l/min for NG) with a 5 psi max pressure drop from nominal. Vacuum outlets tested for a minimum of 3.0 scfm flow with 12" in Hg maintained at adjacent outlet.

[3] See "Patient Terminal Outlet Explanation" sheet.

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Facility: Ocean Medical Center Date: 4/10/2006

City, State: Brick, New Jersey 08724

Medical Gas Systems Evaluation

Particulate Pre-Analysis Results

#	Location	System	Time	Oil Present: No	Oil Present: Yes	Oil Present: Analysis Needed	Amount: Light	Amount: Moderate	Amount: Heavy	Amount: N/D	Color: Blue	Color: Black	Color: Brown	Color: Green	Color: Orange	Color: Red	Color: White	Color: Other	General Description: Fine	General Description: Flaky	General Description: Powder	General Description: Crystalline	General Description: Shavings	General Description: Water	General Description: Other	Purge Recom. / Lab Analysis Recommended
Sample																										
1	BAY 4	O	10min	✓						✓																OK
2	BAY 4	A	10min	✓						✓																OK
3	BAY 1	O	10min	✓						✓																OK
4	BAY 1	A	10min	✓						✓																OK
5			10min																							
6			10min																							
7			10min																							
8			10min																							
9			10min																							
10			10min																							
11			10min																							
12			10min																							
13			10min																							
14			10min																							
15			10min																							
16			10min																							
17			10min																							
18			10min																							
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20			10min																							
21			10min																							
22			10min																							
23			10min																							
24			10min																							
25			10min																							

O = OXYGEN A = MEDICAL AIR N = NITROUS OXIDE NG = NITROGEN ___ = _____

[redacted]

United Association

Gorden L. Johnson

ID #: 001008920 LU #: 0009

Certificate of Medical Gas Qualification

Certification	Expires
ASME IX Brazer	06/01/2006
ASSE 6010 Installer	01/12/2009
N.F.P.A 99-2006