BLOCK 1170 LOT 18.03 QUALIFICATION CODE C13-TO ADDRESS (SITE) 415 JACK MARTIN BLVD. PERMIT NO. 01-3408

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 415 JACK MARTIN BLVD.
2. Name of Owner in Fee: MERIDIAN NURSING + REHAB. Tel. (732) 206-8000
   Address 415 JACK MARTIN BLVD. (street) BRICK (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: PATOCK CONST. CO. Tel. (732) 747-1078
   Address 43 GILBERT ST. NO.; TINTON FALLS, N.J. 07738
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 21-0736773 FAX: (732) 747-0715
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work TED ANDERSON
   Tel. (732) 747-1078 FAX (732) 747-0715

Kitchen Renovation

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	1435	
2.	Electrical		183	
3.	Plumbing		95	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		1	1
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	1,815	

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	1	
2.	Height of Structure	15 ft.	
3.	Area — Largest Floor	57,500 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		

II. PROPOSED WORK

		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									
3.	☐ Addition									
4.	☒ Alteration	57,000				6-22-01	COMMERCIAL			
5.	☒ Fire Protection	2,000				6-22-01	[illegible]	10-1-01		
6.	☒ Plumbing	10,000				8-30-01	[illegible]	10/2 [illegible]		
7.	☒ Electrical	6,000				6/13/01	[illegible]	10/11/01		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	75,000								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: NURSING HOME
2. Use Group: INSTITUTIONAL
3. Change in Use Group, Indicate Former: _____

LDS BR 10504785

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 PATOCK CONST. CO.

Address 43 GILBERT ST. NO. ; TINTON FALLS, N.J. 07738

Telephone (732) 747-1978

Signature Theo W. Anderson

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/13/2001
Control #
Permit # 01-3408

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1170 Lot 18.05 Qual

Work Site Location 415 JACK MARTIN BLVD
KITCHEN RENOVATION
Owner in Fee MERIDIAN NURSING & REHAB
Address BRICK, NJ 08724-
Telephone (732)206-0300

Contractor PATOCK CONSTRUCTION CO
Address 43 GILBERT ST NORTH
TINTON FALLS, NJ 07701-
Telephone (732)747-1070
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. 21-0736773

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
KITCHEN RENOVATION - REMOVE/REPLACE CEILING TILE/REMOVE PARTITION & PATCH
CERAMIC TILE

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 25,000

Construction Official

09/13/2001
Date

N.J.C. 5120 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	1,435
Electrical	182
Plumbing	45
Fire Protection	92
Elevator Devices	0
Other	
DCA Training Fee	61
Cert. of Occupancy	0
Other	
Total	1,815
Check No.	21405
Cash	15
Collected By	ECP

09/13/01 2:53PM 000000H6822
XX07 SERV.007

#013408	
BUILDING	$1435.00
ELECTRIC	$182.00
PLUMBING	$45.00
FIRE	$92.00
DCA	$61.00
XXXTOTAL	$1815.00
CHECK	$18.00
CASH	$15.00
CHECK	$1782.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
~~SUBCODE~~
TECHNICAL SECTION

Date Received 06/12/2001
Date Issued 9/13/01
Control # ~~C13-70~~
Permit # 01-3408

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

Block 1170 Lot 18.03 Qual
Work Site Location 415 JACK MARTIN BLVD
KITCHEN RENOVATION
Owner in Fee MERIDIAN NURSING & REHAB
Address SAME
BRICK, NJ 08724-
Tele.(732)730-1950 Fax ( )
Contractor JPB MECHANICAL CORP LTD
Address 5989 ROUTE 9
HOWELL, NJ 07731-
Tele.(732)730-1950
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3099874

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 6-22-01
Approved By: KW
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-1-01
Approved By: KW

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			10-1-01	KW
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	2	92
Other		0
Other		0

2 - Steam Tables

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	92
DCA Training Fee	$	2

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Data Received 06/12/2001
Date Issued 9/13/01
Control # ~~C13-70~~
Permit # 01-3408

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

Block 1170 Lot 18.03 Qual
Work Site Location 415 JACK MARTIN BLVD
KITCHEN RENOVATION
Owner in Fee MERIDIAN NURSING & REHAB
Address SAME
BRICK, NJ 08724-
Tele.(732)730-1950 Fax ( )
Contractor JPB MECHANICAL CORP LTD
Address 5989 ROUTE 9
HOWELL, NJ 07731-
Tele.(732)730-1950
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3099874

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 6-22-01
Approved By: KM

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	2	92
Other		0
Other		0

2 - STEAM Tables

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	92
DCA Training Fee	$	2

Paid [ ] Check #
Collected by:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/12/2001
Date Issued 9/13/01
Control # ~~C13-70~~
Permit # 01-3408

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

Block 1170 Lot 18.03 Qual
Work Site Location 415 JACK MARTIN BLVD
KITCHEN REMODVATION
Owner in Fee MERIDIAN NURSING & REHAB
Address SAME
BRICK, NJ 08724-
Tele.(732)730-1950 Fax ( )
Contractor JPB MECHANICAL CORP LTD
Address 5989 ROUTE 9
HOWELL, NJ 07731-
Tele.(732)730-1950
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3099874

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 6-21-01
Approved By: KLS

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	2	92
Other		0
Other		0

2 - Steam Tables

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	92
DCA Training Fee	$	2

Paid [ ] Check # Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
~~ELECTRICAL~~
SUBCODE
TECHNICAL SECTION

Date Received 06/12/2001
Date Issued 9/13/01
Control # ~~E13-70~~
Permit # 013408

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

Block 1170 Lot 18.03 Qual
Work Site Location 415 JACK MARTIN BLVD
KITCHEN RENOVATION
Owner in Fee MERIDIAN NURSING & REHAB
Address SAME
BRICK, NJ 08724-
Tele.(732)291-1713 Fax (732)291-8702
Contractor SODON'S ELECTRIC INC
Address 25 W HIGHLAND AVE
ATLANTIC HIGHLANDS, NJ 07716-
Tele.(732)291-1713
Lic. No. or Bldrs. Reg. No. 1500A
Federal Emp. No. 22-2401656

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present I-2 Proposed I-2
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6/13/01
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10/15/01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			10/10/01	

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
1		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
5		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
6		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
1	25	KW Elect Water Heater	40
0	0	KW Elect Dryer/Receptacle	0
1	15	KW Dishwasher	40
1	3	HP Garbage Disposal	9
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	100	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other COFFEE URN 40AM	9
		Other ICE MAKER 20AMP	9

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 Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge $ 0
Paid [ ] Check # _____ Minimum Fee $ 0
Collected by: _____ TOTAL FEE $ 182
DCA Training Fee $ 5

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/12/2001
Date Issued 7/13/01
Control # ~~C13-70~~
Permit # 013405

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

Block 1170 Lot 16.03 Qual
Work Site Location 415 JACK MARTIN BLVD
KITCHEN RENOVATION
Owner in Fee MERIDIAN NURSING & REHAB
Address SAME
BRICK, NJ 08724-
Tele.(732)291-1713 Fax (732)291-8702
Contractor SODON'S ELECTRIC INC
Address 25 W HIGHLAND AVE
ATLANTIC HIGHLANDS, NJ 07716-
Tele.(732)291-1713
Lic. No. or Bldrs. Reg. No. 1500A
Federal Emp. No. 22-2401656

B. ELECTRICAL CHARACTERISTICS

Use Group - Present I-2 Proposed I-2
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6/13/01
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
1		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
5		Motors-Fract HP	
0		Energency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
6		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
1	25	KW Elect Water Heater	40
0	0	KW Elect Dryer/Receptacle	0
1	15	KW Dishwasher	40
1	3	HP Garbage Disposal	9
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	100	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other COFFEE URN 40AM	9
		Other ICE MAKER 20AMP	9

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 Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	182
DCA Training Fee	$	5

Paid [ ] Check # _____
Collected by: _____

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/12/2001
Date Issued 7/12/01
Control # ~~C13-70~~
Permit # 013405

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

Block 1170 Lot 18.03 Qual
Work Site Location 415 JACK MARTIN BLVD
KITCHEN RENOVATION
Owner in fee MERIDIAN NURSING & REHAB
Address SAME
BRICK, NJ 08724-
Tele.(732)291-1713 Fax (732)291-8702
Contractor SODOM'S ELECTRIC INC
Address 25 W HIGHLAND AVE
ATLANTIC HIGHLANDS, NJ 07716-
Tele.(732)291-1713
Lic. No. or Bldrs. Reg. No. 15004
Federal Emp. No. 22-2401656

B. ELECTRICAL CHARACTERISTICS

Use Group - Present I-2 Proposed I-2
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other
Building Occupied as _____ Utility Co.
Estimated Cost of Electrical Work $ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6/13/01
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
1		Lighting Fixtures	
0		Receptacles	
6		Switches	
0		Detectors	
0		Light Poles	
5		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
6		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
1	25	KW Elect Water Heater	40
0	0	KW Elect Dryer/Receptacle	0
1	15	KW Dishwasher	40
1	3	HP Garbage Disposal	9
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	100	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other COFFEE URN 40AM	9
		Other ICE MAKER 20AMP	9

Administrative Surcharge	$ 0
Paid [ ] Check # _____ Minimum Fee	$ 0
Collected by: _____ TOTAL FEE	$ 182
DCA Training Fee	$ 5

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/12/2001
Date Issued / /
Control # ~~C13-70~~
Permit # 01-3408

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

Block 1170 Lot 18.03 Qual
Work Site Location 415 JACK MARTIN BLVD
KITCHEN RENOVATION
Owner in Fee MERIDIAN NURSING & REHAB
Address SAME
BRICK, NJ 08724-
Tele.(732)206-8000
Contractor PATOCK CONSTRUCTION CO
Address 43 GILBERT ST NORTH
TINTON FALLS, NJ 07701-
Tele.(732)747-1078 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0736773

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

KITCHEN RENOVATION - REMOVE/REPLACE CEILING TILE/REMOVE PARTITION & PATCH CERAMIC TILE

Under Re-hab Subcode.

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-22-01	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 10-3-01
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes	10/1/2001			
Energy				
Mechanical				
TCO				
Other				
Final			10/3/2001	JKB
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	1,435
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 57,000
3. Total (1+2)$ 57,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 1,435
DCA Training Fee	$ 46

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/12/2001
Date Issued / /
Control # ~~C13-70~~
Permit # 01-3408

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

Block 1170 Lot 18.03 Qual
Work Site Location 415 JACK MARTIN BLVD
KITCHEN RENOVATION
Owner in Fee MERIDIAN NURSING & REHAB
Address SAME
BRICK, NJ 08724-
Tele.(732)206-8000
Contractor PATOCK CONSTRUCTION CO
Address 43 GILBERT ST NORTH
TINTON FALLS, NJ 07701-
Tele.(732)747-1078 Fax (,)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0736773

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

KITCHEN RENOVATION - REMOVE/REPLACE CEILING TILE/REMOVE PARTITION & PATCH CERAMIC TILE

Under Re-hab Subcode.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-22-01	FA
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

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

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

B. BUILDING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 57,000
3. Total (1+2)$ 57,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	1,435
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 1,435
	DCA Training Fee	$ 46

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/12/2001
Date Issued / /
Control # ~~C13-70~~
Permit # 01-348

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

Block 1170 Lot 18.03 Qual
Work Site Location 415 JACK MARTIN BLVD
KITCHEN RENOVATION
Owner in Fee MERIDIAN NURSING & REHAB
Address SAME
BRICK, NJ 08724-
Tele.(732)206-8000
Contractor PATOCK CONSTRUCTION CO
Address 43 GILBERT ST NORTH
TINTON FALLS, NJ 07701-
Tele.(732)747-1078 Fax (,)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0736775

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

KITCHEN RENOVATION - REMOVE/REPLACE CEILING TILE/REMOVE PARTITION & PATCH CERAMIC TILE

Under Re-hab Subcode.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6/22/01	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

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

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	1,435
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 57,000
3. Total (1+2)$ 57,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 1,435
DCA Training Fee	$ 46

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/12/2001
Date Issued 9/13/01
Control # ~~C13 70~~
Permit # 01-3408

COMMERCIAL

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

Block 1170 Lot 18.03 Qual
Work Site Location 415 JACK MARTIN BLVD
KITCHEN RENOVATION
Owner in Fee MERIDIAN NURSING & REHAB
Address SAME
BRICK, NJ 08724-
Tele.(732)730-1950 Fax ( )
Contractor JPB MECHANICAL CORP LTD
Address 5989 ROUTE 9
HOWELL, NJ 07731-
Tele.(732)730-1950
Lic. No. or Bldrs. Reg. No. 10049
Federal Emp. No. 22-3099874

B. PLUMBING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 8-30-01
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 10-2-01

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping			10-2-01	DW
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
1	Floor Drain	10
0	Sink	0
1	Dishwasher	10
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	~~25~~ 50
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ ~~25~~ 65
DCA Training Fee $ 8

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/12/2001
Date Issued 7/13/01
Control # ~~C13-70~~
Permit # 01-3408

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

Block 1170 Lot 18.03 Qual
Work Site Location 415 JACK MARTIN BLVD
KITCHEN RENOVATION
Owner in Fee MERIDIAN NURSING & REHAB
Address SAME
BRICK, NJ 08724-
Tele.(732)730-1950 Fax ( )
Contractor JPB MECHANICAL CORP LTD
Address 5989 ROUTE 9
HOWELL, NJ 07731-
Tele.(732)730-1950
Lic. No. or Bldrs. Reg. No. 10049
Federal Emp. No. 22-3099874

B. PLUMBING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 8-30-01
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
1	Floor Drain	10
0	Sink	0
1	Dishwasher	10
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	~~25~~ 50
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ ~~25~~ 65
DCA Training Fee $ 8

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/12/2001
Date Issued 7/12/01
Control # ~~C13-70-~~
Permit # 01-345

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

Block 1170 Lot 18.03 Qual
Work Site Location 415 JACK MARTIN BLVD
KITCHEN RENOVATION
Owner in Fee MERIDIAN NURSING & REHAB
Address SAME
BRICK, NJ 08724-
Tele.(732)730-1950 Fax ( )
Contractor JPB MECHANICAL CORP LTD
Address 5989 ROUTE 9
HOWELL, NJ 07731-
Tele.(732)730-1950
Lic. No. or Bldrs. Reg. No. 10049
Federal Emp. No. 22-3099874

B. PLUMBING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 6-30-01
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
1	Floor Drain	10
0	Sink	0
1	Dishwasher	10
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25 0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ ~~20~~ 45
DCA Training Fee $ 8

U.C.C. F130 (rev. 3/96)

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 206-8000

ESTABLISHMENT TRADING NAME: Ocean Nursing Pavilion

NUMBER AND STREET: 415 Jack Martin Boulevard

CITY OR MUNICIPALITY: Brick

ZIP CODE: 08524

ESTABLISHMENT LICENSE NO.: —

COMMUN. CODE: 1506

RISK: I

ESTABLISHMENT CODE: 42

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☑ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

WATER SUPPLY
- ☑ Public - Community
- ☐ Individual (Public - Non-Community)

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Brick Rehab & Nursing

NUMBER AND STREET: 415 Jack Martin Blvd

CITY OR MUNICIPALITY: Brick

STATE: N.J.

ZIP CODE: 08524

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
06/27/01	1045	1125

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE
- ☐ COMPLAINT
- ☐ INITIAL INSPECTION
- ☐ REINSPECTION
- ☑ PLAN REVIEW
- ☐ CONFERENCE

TYPE OF ESTABLISHMENT
- ☑ RETAIL
- ☐ WHOLESALE
- ☐ VENDING MACHINE
  NO. OF MACHINES _____
- ☐ FROZEN DESSERTS
- ☐ OTHER _____

Joseph J. Przywara
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 732-341-9700
609-978-9715

Tobacco O, V, (NA)

NAME OF INSPECTING OFFICIAL (Print): Steve Klanecki

SIGNATURE OF INSPECTING OFFICIAL: Steve Klanecki

PERMANENT REG. NO.: B-1463

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
Ocean Nursing Pavilion	—	06/27/01
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
[signature]	Brick	Begin 1045

REG. NO.	REMARKS (Please specify area)
	The attached plan has been found to be in satisfactory compliance with Chapter XII.
	Note: This department is to be notified at least 24 hours prior to intended operation for an initial inspection.

(Attach additional sheets if necessary)

Resubmitted 8/22/01

Plumbing Subcode
Plan Review Record
Township of Brick

Date: 6-21-01

Site Address: 415 Jack Martin Blvd

Reviewed By: Dn

CORRECTION LIST

No.	Description
1	Board of Health needed
	Buildings OK
	Need Drawings Showing Before/After Renovation

Party Called and Phone #: Left Message 747-1078

Resubmitted on: _____ **By:** _____

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 415 JACK MARTIN BLVD.
Block: 1170 Lot: 18.03
Owner's Name: MERIDIAN NURSING + REHABILITATION
Owner's Mailing Address: 415 JACK MARTIN BLVD.
BRICK, N.J. 08724
Phone: (732) 206-8000

BUILDING

Contractor: PATOCK CONSTRUCTION
Address: 43 GILBERT ST. NO.
TINTON FALLS, N.J. 07738
Phone#: 732-747-1078
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

KITCHEN EQUIPMENT REPLACEMENT:
— NEW DISHWASHER
— 11 STEAMTABLE
GEN'L CONST'N:
— REM. + REPLACE CEILING TILE
— REM PARTITION + PATCH CERAMIC TILE.

Type of Work

___ New Building	___ Siding
___ Addition	___ Fence
X Alteration	___ Pool
___ Roofing	X Demolition
___ Asbestos Abatement	___ Sign ____ sq ft

Building Characteristics

Use Group Present: ____ Proposed: ____
No of Stories: 1
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:
Cost of Alteration: $75,000
Cost of New Building:
Total Cost of Building Work: $75,000
Signature: Theo. W. Anderson
Please Print Name THEO. W. ANDERSON

ELECTRICAL

Contractor: SODON'S ELECTRIC INC
Address: 25 W. HIGHLAND AVE
ATLANTIC HIGHLANDS N.J. 07716.
Phone#: 732-291-1713
Lis #: 1500-
Federal Emp # or SSN 222401656

Technical Data

Item	Quantity
Lighting Fixtures	1.
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	5
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	6
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater DISHWASHER	1-25 KW
Electric Dryer	KW
Dishwasher	1-15 KW
Garbage Disposal	1-3 HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel RELOCATE	1-100 AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	

Other: 1- 40A COFFEE URN
1- 20A ICE MAKER

Estimated Cost of Electrical Work: $6000
Signature:
Please Print Name ROBERT A SODON

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: JPB mechanical corp LTD
Address: 5989 RT 9
Howell NJ 07731
Phone #: 732 730-1950
Lis #: 10049
Federal Emp # or SSN 22-3099874

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	Relocation of Existing (1)
Sink	
Dishwasher	Replacement (1)
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	Y
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work $10,000.00
Signature: /JPBatts
Please Print Name: Joseph P Batts sr

CONTRACTOR'S SEAL

FIRE

Contractor: JPB mechanical corp LTD
Address: 5989 RT 9
Howell NJ 07731
Phone #: 732 730-1950
Lis #: 10049
Federal Emp # or SSN 22-3099874

Technical Data

Description of Work: Replacement of Equipment GAS TO STEAM TABLE
Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ____capacity____fuel
Combustible Storage Tanks____capacity____fuel
LPG Storage Tanks____capacity____fuel

Item	Quantity
Wet Sprinkler Heads	EXISTING
Dry Sprinkler Heads	
Total	
Smoke Detectors	EXISTING
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	EXISTING

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances 2

Furnace
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other: STEAM TABLE

Estimated Cost of Fire Work $2,000.00
Signature: /JPBatts
Print Name: Joseph P Batts sr