BLOCK 1170 LOT 18.2 ~~18.03~~ C9-182 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 01-4002

CONSTRUCTION PERMIT APPLICATION MAIL IN

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 CTR (732) 206-8000
   Address SAME (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: THYSSEN SEC. ELEVATOR (609) 485-2323
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (____) _____ FAX (____) _____

Elevator Alter ✓

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices	54		
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 54		

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	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work	
2. ☐ New Building	
3. ☐ Addition	
4. ☒ Alteration	
5. ☐ Fire Protection	
6. ☐ Plumbing	
7. ☐ Electrical	
8. ☐ Elevator Devices	
9. ☐ Asbestos Abat. Subch. 8	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	
TOTAL COSTS	38488

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

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:
2. Use Group:
3. Change in Use Group, Indicate Former:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/29/2001
Control #
Permit # 01-4002

10/29/01 2:45PM 00000067784
#204 SERV.004
$54.00
$-54.00
$54.00
$0.00

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1170 Lot 18.2 Qual

Work Site Location 415 JACK MARTIN BLVD
ELEVATOR ALTERATION
Owner in Fee MEDICAL CENTER OF O.C.
Address 415 JACK MARTIN BLVD
BRICK, NJ 08724-
Telephone ( )

Contractor THYSSEN KRUPP ELEVATOR
Address 8 STEELMANS LANE
EGG HARBOR, NJ 08234-
Telephone (609)485-2323
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 62-1211267

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE DOCK ONLY

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 $ 600

Construction Official

10/29/2001
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	54
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	54
Check No.	29712
Cash	
Collected By	TL

U.C.C. F170 (rev. 3/96)

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELEVATOR
SUBCODE
TECHNICAL SECTION

Date Received 10/05/2001
Date Issued 10/29/01
Control # C9-182
Permit # 01-4002

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

Block 1170 Lot 18.2 Qual
Work Site Location 415 JACK MARTIN BLVD
ELEVATOR ALTERATION
Owner in Fee MEDICAL CENTER OF O.C.
Address 415 JACK MARTIN BLVD
BRICK, NJ 08724-
Tele.(609)485-2323 Fax ( )
Contractor THYSSEN KRUPP ELEVATOR
Address 8 STEELMANS LANE
EGG HARBOR, NJ 08234-
Tele.(609)485-2323
Federal Emp. No. 62-1211267

B. ELEVATOR CHARACTERISTICS

Building Use Group U
Building Registration No. HOSPITAL
Manufacturer DOVER
Device I.D. HOSPITAL
Machine Room Location ADJACENT
Number of Stops 2
Number of Openings 0
Travel (ft.) 22
Speed (f.p.m.) 0
Type of Control HYDRAULIC
Type of Operation SIMPLEX MICROPR
Passenger X
Freight
Capacity (lbs.) 4500 lbs.
Year of Installation 1996
Year of Alteration 2001
Estimated Cost of Elevator Work: $ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Plumbing [ ] Fire
[ ] Elevator Plans Approved
Date:
Approved By:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Temporary				
Final				

SUBCODE APPROVAL:
Date:
Approved By:

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 Date

D. TECHNICAL SITE DATA

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
0	1 to 10 Floors	0
0	Over 10 Floors	0
0	Hydraulic	0
0	Roped Hydraulic	0
0	Escalator / Moving Walk	0
0	Dumbwaiter	0
0	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	0
0	Oil Buffers	0
0	Counterweight Governor & Safeties	0
0	Auxiliary Power Generator	0
0	Alterations	0
	Other: REPLACE DOCK	54
	Other:	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 54
	DCA Training Fee	$ 0

U.C.C. F150 (rev. 3/96)

732 262 8954

ELEVATOR SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block: 1170 Lot: 18.2 - 18.03

Work Site Location: Meridian Nursing Center
415 Jack Martin Blvd Brick, NJ

Owner in Fee: Meridian Nursing Center

Address: 415 Jack Martin Blvd.
Brick, NJ

Tele. (732) - 206-8000

Contractor/Installer: ThyssenKrupp Elevator

Address: 8 Steelmans Lane
Egg Harbor Twp. NJ 08234

Tele. (609) 485-2323 Fax (609) 485-2198

Federal Emp. No.: 62-1211-267

Maintenance/Service Contractor: Same as Above

Address:

Tele. ( ) Fax ( )

B. ELEVATOR CHARACTERISTICS

Building Use Group: Hospital/Health Care Building Registration No.:

Manufacturer: Dover Device I.D.: 3

Machine Room Location: Adjacent

No. of Stops: 2 No. of Openings:

Travel (ft.): 22" Speed (fpm.):

Type of Control: Hydraulic Type of Operation: Simplex microprocessor

Passenger: ✓ Freight:

Capacity (lbs.): 4500

Year of Installation: 1996 Year of Alteration: 2001

Estimated Cost of Elevator Work: $ 38,900.00

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.

Signature: Bill Kelly Date: 9-25-01

D. TECHNICAL SITE DATA

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
	1 to 10 Floors	$
	Over 10 Floors	
X	Hydraulic	
	Roped Hydraulic	
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man-Lifts	
	Oil Buffers	
	Counterweight Governor and Safeties	
	Auxiliary Power Generator	
X	Alterations Replace jack ONLY	
	Other	
	Other	

Administrative Surcharge $
DCA Training Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Electric
[ ] Elevator Plans Approved
Date: 10-9-01
Approved by: Raymond Kelly

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Temporary				
Final				

SUBCODE APPPROVAL:
Date: 10-29-01
Approved by: R Kelly #5497

ATTN: ELEVATOR SAFETY UNIT

ATTN: Tina

NCC P150 (rev 3/98)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy