BLOCK 1170 LOT 18.01 QUALIFICATION CODE ______ ADDRESS (SITE) 425 Jack Martin Blvd 5TH FLOOR PERMIT NO. 05-0677

CONSTRUCTION PERMIT APPLICATION

C05·133207

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

I. IDENTIFICATION

1. Propsed Work Site at: Ocean Medical Center 5th Floor
2. Name of Owner In Fee: Ocean Medical Center Tel. (732) 836-4077
   Address 425 Jack Martin Blvd. Brick, NJ. 08724 (street / municipality / zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: Sandy Hook INteriors Tel. (732) 291-3435
   Address 404A Hwy.#36 Highlands, NJ. 07732
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. 222-41-8974 FAX: (732) 291-3437
5. Architect or Engineer Fletcher Thompson arch Tel. (732) 246-5620
   Address 1 Tower Center Brunswick NJ Contact Marvin Sachs
6. Responsible Person in Charge once Work has Begun Richard Diebold
   Tel. (732) 859-1420 FAX: (732) 291-3437

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 3000		
2.	Electrical	105	40	
3.	Plumbing	100		
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	*Less 20% for State Plan Review*			
8.	Subtotal	$ 294	6	
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 3499.	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

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work		OA	3/3						
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☒ c. Renovation	100,000.00				03/11/05	[illegible]	5/3/05		
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☒ Plumbing	31,000.00				3-10-05	[illegible]	5/2/05		
7. ☒ Electrical	27,000.00				3-9-05	[illegible]			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☒ Demolition	2,000.00								
TOTAL COSTS	160,000.00								

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: *All Units* / *Income-restricted*
   Before Construction
   After Construction
   Net Gain or Loss

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group: Hospital
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

IMPORTANT MANDATORY FEE COMMERCIAL

LDS BR 10425330

Called Rich 3/11/05 732-859-1420

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. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(X) Check if contractor.

Agent Name Sandy Hook Interiors Inc.

Address 404 A Hwy #36

Highlands, NJ 07732

Telephone (732) 291-3435

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. _____	_____	_____	_____	_____

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 1170 Lot 18.01 Qualification Code

Work Site Location 5th floor Ocean Medical 425 Jack Martin Blvd.Brick NJ. 08724 Contractor Sandy Hook Interiors Inc. Address 404A Hwy.#36 Highlands, NJ 07732

Owner in Fee Ocean Medical Ceneter

Address 425 Jack Martin Blvd Brick,NJ Tel. (732) 291-3435

Tel. (732) 836-4077 Lic. No. or Bldrs. Reg. No. 222-41-8974

Is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT

[X] ELECTRICAL [ ] FIRE PROTECTION [X] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Interiors renovation, Electric, Plumbing, HVAC ceilings flooring, Partitions, doors

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 $ 160,000.00

Construction Official Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

Check No.

Cash

Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

REQUIRED INSPECTIONS

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

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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".

U.C.C. F170-2 (rev. 1/04)

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

CONSTRUCTION PERMIT

Date Issued 03/11/2005
Control # C-05-133207
Permit # 05-0677

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) 836-4077

Contractor SANDY HOOK INTERIORS
Address 404 A HIGHWAY 36 HIGHLAND NJ 07732
Telephone: (732) 291-3435
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR ALTERATION(S)
DEMOLITION/NEW PARTION WALLS/DOORS/CEILINGS/FLOORS

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 $218,000

Construction Official — 03/11/2005 Date

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

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	$3,000
Electrical	$105
Plumbing	$100
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$294
CO Fee	
Other	$0
Total	$3,499
Check No.	6173
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

PERMIT UPDATE

Date Update Issued 04/08/2005
Control # C-05-133864
Permit # 05-0677+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) 836-4077

Contractor: SANDY HOOK INTERIORS
Address: 404 A HIGHWAY 36 HIGHLAND NJ 07732
Telephone: (732) 291-3435
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

COMMUNICATION POINTS

NURSES CALL STATION

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

04/08/2005
Date

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

INSPECTOR COPY

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.	3127
Cash	$0
Credit	$0
Collected By	Allison Peltier

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/11/05
Control #
Permit # 05-0677

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
425 Jack Martin Blvd. Brick, NJ. 08724
Owner in Fee Ocean Medical Center
Address 425 Jack Martin Blvd. Brick, NJ. 08724

Tele. (732) 836-4077
Contractor Sandy Hook Interiors Inc.
Address 404A Hwy.#36 Highlands, NJ. 07732

Tele. (732) 291-3435 Fax (732) 291-3437
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 222-41-8974

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
Interior renovation
Demolition, New partitions, Doors ceilings, Floors, HVAC, Plumbing Electric.

5th Floor (South)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All STATE APP'D	03/11/05	TCK.
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-3-05
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Footing				
Foundation				
Slab				
Frame			4-4-05	
Barrier-Free above Ceiling			4-19-05	
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			5-2-05	
Barrier-Free				

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

[X] Demolition Interior

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
DCA Training 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. Alteration $ 160,000.00
3. Total (1+ 2) $ 160,000.00

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

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

4/19/05 cl. Seismic Bracing JKA

4/22 - Above ceiling OK - JO

update - #05.0677 fA
4/4/05

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 04-07-05

Date Issued
Permit # C05-133864

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 Ocean County Hospital
425 Jack Martin Blvd Brick Township

Owner in Fee Hospital

Address

Tel ( )

Contractor Contemporary Cooling

Address 27 Millbrook Drive
Middletown NJ 07748

Tel (732) 241 4850 FAX (732) 671-8884

Contractor License No. 6comp # 137

Federal Emp.-No. 22-298-2188

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 4500 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 [X] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
45		Communications Points (Nurse Call)
		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

FEE (Office Use Only)

COMMERCIAL

TOTAL NUMBERS $

Administrative Surcharge $ 40
Minimum Fee $ 6
State Permit Surcharge Fee $
TOTAL FEE $ 46

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4-8-05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5/4/05
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			4/30	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4/29/05	CO
Barrier-Free				

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

U.C.C. F120 (rev. 07/03)

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/11/05
Control #
Permit # 05-0677

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, Pediatric Impatient Unit, 5th Floor South, 425 Jack Martin Bld, Brick, NJ

Owner in Fee/Occupant Ocean Medical Center

Address 425 Jack Martin Boulevard Tony
Brick, NJ 08724 732-254 6132

Tele. ( )

Contractor R&A Electric, Inc., t/a MIDDLETOWN ELECTRIC

Address 7 Debele Lane
Lincroft, NJ 07738

Tele. (732) 495-5050 Fax (732) 495-7700

Lic. No.

Federal Emp. No. 908-902-9711 TROY

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 27,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required DCA

Joint Plan Review Required: Approved

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 3-9-05

Approved by: UM

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 5/4/05

Approved by: UM

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			4/01	
Temp. Serv.				
Constr. Serv.				
TCO				
Other Ceiling			4-19-05	TO
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.

Robert A. Wilson

Applicant's Signature/Contractor's Seal and Signature

[XX] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
13		Lighting Fixtures	
75		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
4		Communications Points (Nurse Call)	
		Alarm Devices/F.A.C. Panel	
		.....	
98		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	
1	1	HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	40	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

1. new voltage ONLY

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

OVER

U.C.C. F120 (rev 3/98)

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

4-29-05 Final walk through, All Head Boxes Enc. Receptacles had open ground Reading with Tester, System is grounded through Equipment.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/11/05
Control #
Permit # 05-0677

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 5th Floor Ocean Medical Center

Owner in Fee
Address State approved

Tele. ( )
Contractor CENTRAL JERSEY MECHANICAL, INC.
Address 379 BROADWAY
LONG BRANCH, NEW JERSEY 07740
Tele. (732) 571-4844 Fax (732) 571-3242
Lic. No. 9497
Federal Emp. No. 223-211-662

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 $ 31,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 3-10-05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-2-05
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	4/4/05		4/8/05	
Water				
Sewer				
Fixtures			5/3/05	
Gas Equipment				
Gas Piping				
Solar				
TCO			4/29/05	
FINAL			5/3/05	

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's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

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

UCC/PRO F-130 (REV3/96)
Professional Printing
(856)468-7933

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

4/4/05

① - NO WATER TEST

4/8/05

① - T.C.O - OK

② - ICE MACHINE INCOMPLETE

BACKFLOW NOT ORDERED - AUTO FILL

FLETCHER THOMPSON
ARCHITECTURE / ENGINEERING / INTERIOR DESIGN

TRANSMITTAL

TO: **Rich Diebold**

Sandy Hook Interiors

JOB NO.: **E04850/ E04860**

ATT: **Rich**

DATE: **2.28.05**

RE: **DCA Approvals**

FROM: **Marvin C. Sachs, AIA**

WE ARE ENCLOSING:

- ☒ PRINTS
- ☐ PLOTS
- ☐ SEPIAS
- ☐ RENDERINGS
- ☐ SPECIFICATIONS
- ☐ ADDENDA
- ☐ SUBMITTALS
- ☐ SAMPLES

TRANSMITTED BY:

- ☐ OUR MESSENGER
- ☐ YOUR MESSENGER
- ☒ OVERNIGHT MAIL
- ☐ FIRST CLASS MAIL

QTY	PREPARED BY:	I.D. NO.	DESCRIPTION
2 SETS			**Peds Drawings w/ DCA Approval**
2	DCA		**Approval Letter, Peds**
2	DCA		**Early Start- Partial Release/ Observation Unit**

COMMENTS:

As soon as I have the signed Partial Release Letter I will Fax to you. Local Building Dept. may not accept the unsigned document.

FLETCHER-THOMPSON, INC.
THREE CORPORATE DRIVE / SHELTON, CT 06484-6244 / TEL 203-225-6500 / FAX 203-225-6800
750 MAIN STREET / HARTFORD, CT 06103-2703 / TEL 860-249-0888 / FAX 860-246-7206
WWW.FLETCHERTHOMPSON.COM

FLETCHER THOMPSON
ARCHITECTURE / ENGINEERING / INTERIOR DESIGN

TRANSMITTAL

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750 MAIN STREET / HARTFORD, CT 06103-2703 / TEL 860-249-0888 / FAX 860-246-7206
WWW.FLETCHERTHOMPSON.COM

Sachs, Marvin

From: Zawislak, Jan [JZawislak@DCA.state.nj.us]
Sent: Monday, February 28, 2005 11:11 AM
To: Sachs, Marvin
Subject: RE: 5266-04/ 5273-04 Ocean Med Ctr
Attachments: Letter-Early Start-5273-04-0225.doc

Requested Partial Approval - Early Start was released 25 February 2005 - see the attachment.

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

RICHARD J. CODEY
Acting Governor

SUSAN BASS LEVIN
Commissioner

23 February 2005

Marvin C. Sachs, AIA
RJF FLETCHER THOMPSON ARCHITECTURE
One Tower Center Boulevard / 17th floor
EAST BRUNSWICK, NJ 08816

Re: **Ocean Medical Center**
Pediatric Unit
Fifth Floor South Building
Brick, New Jersey
DCA Ref. # **5266-04**

FINAL RELEASE

Dear Mr. Sachs:

The construction documents, which display the Department of Community Affairs, Health Care Plan Review release label of February 23rd, 2005 are approved for the referenced project. Therefore, you have the authorization of this office to apply for a construction permit.

The construction documents are released with the understanding that all comments relative to codes have been met and that the documents are in compliance with NJAC 5:23-2.15 (e) 3 vi.

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

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

RECEIVED
FEB 2 5 '05
RJF FLETCHER THOMPSON ARCHITECTURE, LLC
PROJ. NAME
PROJ. NO.
FILE NO.

Sincerely

Farivar Kiani,
Supervisor
Construction Plan Approval
Health Care Plan Review

FK/JZ/JOS/VR/kj

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

RICHARD J. CODEY
Acting Governor

SUSAN BASS LEVIN
Commissioner

23 February 2005

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One Tower Center Boulevard / 17th floor
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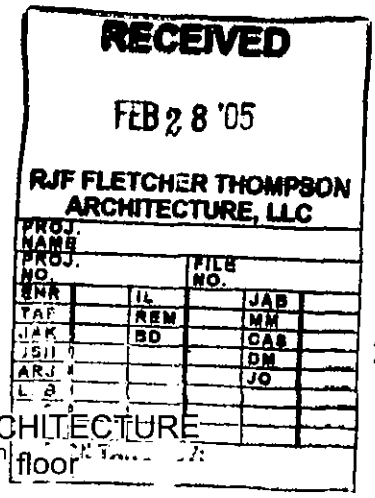
Sincerely

Farivar Kiani,
Supervisor
Construction Plan Approval
Health Care Plan Review

RECEIVED
FEB 25 '05
RJF FLETCHER THOMPSON ARCHITECTURE, LLC
PROJ. NAME
PROJ. NO.
FILE NO.
ENR IL JAB
TAF REM MM
SD CAS
DM
ARJ JO
L E

FK/JZ/JOS/MR/kj



25 February 2005

Marvin C. Sachs, AIA
RFJ FLETCHER THOMPSON ARCHITECTURE
One Tower Center Boulevard / 17th floor
EAST BRUNSWICK, NJ 08816

Re: **Ocean Medical Center**
Observation Unit
Second Floor South Building
Brick, New Jersey

DCA Ref. # **5273-04**

EARLY START - PARTIAL RELEASE

Dear Mr. Sachs:

The construction documents, which display the New Jersey State Department of Community Affairs release label and date of February 25th, 2005, are released for the following:

Interior Partition Demolition, Mechanical and Electrical Demolition

These contract documents are released with the understanding that all comments relative to codes have been met and that the documents are in compliance with NJAC 5:23-2.15 (e) 3 i (3).

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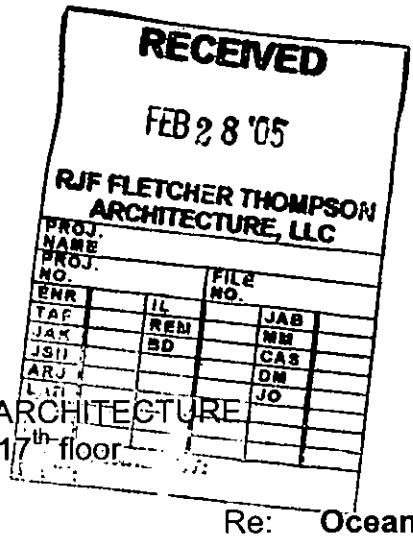
Please be advised that the final drawings and specifications must be submitted to this office for the review of additional work beyond the scope of this Partial Release.

Sincerely,

Farviar Kiani
Supervisor, Construction Plans Approval
Health Care Plan Review

C: Administrator

FK/JZ/JOS/VR/kj



25 February 2005

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Sincerely,

Farviar Kiani
Supervisor, Construction Plans Approval
Health Care Plan Review

C: Administrator

FK/JZ/JOS/VR/kj

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

Block: 1170 Lot: 18.01

Contractor: Sandy Hook Exteriors Inc.

Contractor's Address: 404A Hwy #36 Highlands NJ 07732

Type of Construction (minor, new home): Minor Interior renovations

Type of Debris (shingles, siding, wood, etc.): Sheetrock-Studs-Ceiling-Floor

Party responsible for removal: Waste Management

Dumpster size: 30 yards

Destination of debris: _____

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.

VP.
Signature

3/3/05
Date

Richard Chevalier VP.
Print Name

State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTOR

TELECOMMUNICATIONS
WIRING EXEMPTION

Issued to: Contemporary Cabling

27 Millbrook Dr., New Monmouth, NJ
Address

Signature of Holder

Exemption No. 139

OC Resource Center 5th floor

RECEIPT

DATE 5/12/05 No. 327525

FROM Sandy Hall Attorneys $1600.00

PO Box 930 Atlantic Highlands NJ 07716

Sixteen Hundred & 00/100 DOLLARS

○ FOR RENT
○ FOR 425 Jackson Shuster Blvd 5th fl.

ACCT.		○ CASH	R FROM B 1170 TO 18.01
PAID	62/3	✓ CHECK	
DUE		○ MONEY ORDER	BY Debbie Saunders

1152

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1170 LOT 18.01 SITE ADDRESS 425 Jack Martin Blvd. 5th floor
TYPE OF SITE Residential / Commercial (circled) NAME OF BUSINESS Ocean Medical Center
APPLICANT [illegible] PHONE NUMBER 732-291-3435
APPLICANT ADDRESS 404 A Rt. 36 CITY & STATE Highlands NJ 07732

Rich 732 859 1420

INCLUSIONARY DEVELOPMENT

Affordable
Fee Required ____ Date ____
Down Payment ____ Date ____
Balance ____ Date ____
Paid in Full ____ Date ____

Market Rate No Fee Required

* 5/9/05 - Missed preliminary fee assessment.

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ 160,000 Final

Frederick R Millman (signature) 5/6/05

Frederick R. Millman, CTA, Tax Assessor Date

◊ ~~The final equalized assessed value of the construction at the above referenced site is:~~

~~$ ____~~

Frederick R. Millman, CTA, Tax Assessor Date

Preliminary Fee ~~$800.00~~ Date ____
Check # ____ Receipt # ____

Final Fee ~~$1600.-~~ Date 5/12/05
Check# ~~10213~~ Reciept # 387585

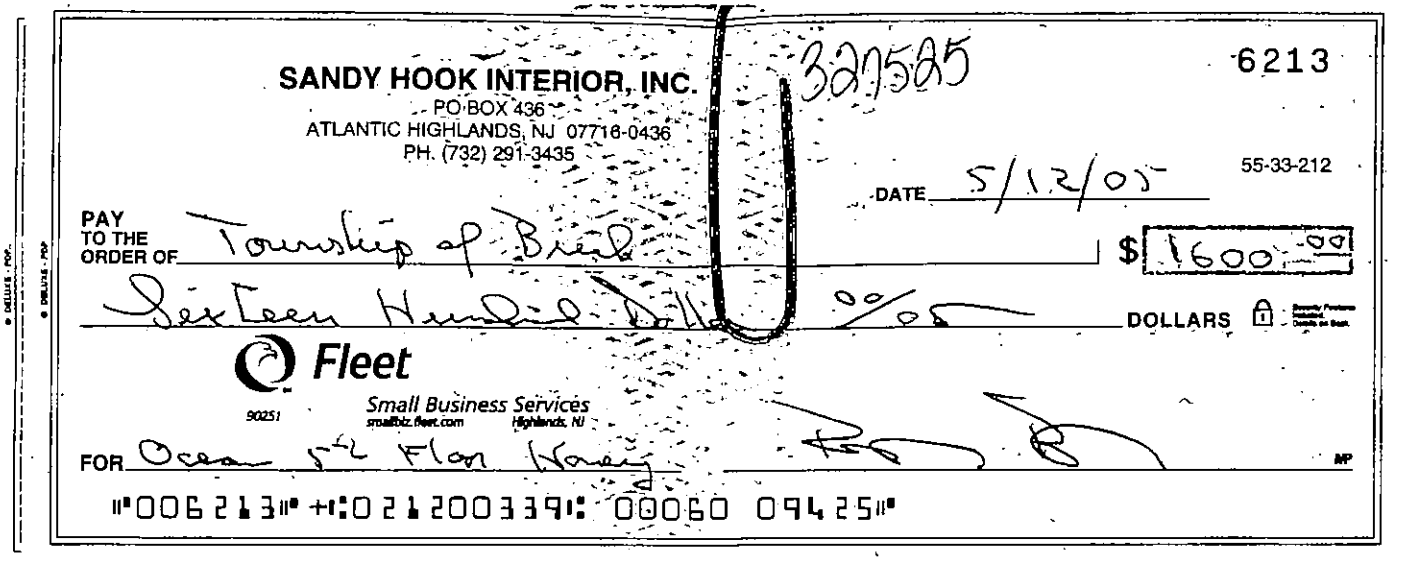
Total Fee Due/Paid $1600.-
Balance Due ____

Fees Imposed To Date ____
Fees Reached $15,000 ____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

(signature)
Office of Affordable Housing

5/5/05 - Ta prelim.
5/9/05 - Mailed letter



SANDY HOOK INTERIOR, INC.
PO BOX 436
ATLANTIC HIGHLANDS, NJ 07716-0436
PH. (732) 291-3435

321585

6213

55-33-212

DATE 5/12/05

PAY TO THE ORDER OF Township of Brick $ 1600.00

Sixteen Hundred Dollars 00/00 DOLLARS

Fleet
90251 Small Business Services smallbiz.fleet.com Highlands, NJ

FOR Ocean 5th Flor Hosp

⑈006213⑈ ⑆021200339⑆ 00060 09425⑈

Frederick J. Underwood, Sr.

To: Scott M. Pezarras, Chief Financial Officer
From: Lisa Rose Tavalaiccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Ocean Medical Center

Owner/Applicant: Sandy Hook Interior, Inc.

Property Address: 425 Jack Martin Blvd. 5th floor

Block: 1170 Lot: 18.01

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

DATE: 5/12/05

Check Number 6213

Preliminary Fee Paid _____

Final Fee Paid $1600.—

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Kathy Tinbergen
Signature

5-12-05
Date

OFFICE OF AFFORDABLE HOUSING

AHDT FINAL APPROVAL