BLOCK 1170 LOT 18.01 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin Blvd PERMIT NO. 05-1328

CONSTRUCTION PERMIT APPLICATION

05-133753

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

I. IDENTIFICATION South Building

1. Proposed Work Site at: 2ND Floor Ocean Medical Center
2. Name of Owner in Fee: Ocean Medical Center Tel. (732) 836-4077
   Address 425 Jack Martin Blvd. Brick NJ
   street municipality zip code
3. Ownership in fee: Public _____ Private X
4. Principal Contractor: Sandy Hook Interiors Tel. (732) 859 1420
   Address PO Box 436 Atl. Highlands NJ 07716
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 222 91 8934 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Richard Dicbold
   Tel. (732) 859 1420 FAX: (732) 291 3437

Interior Alterations South Building West Wing 2nd Floor

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 1981		
2.	Electrical	48		
3.	Plumbing	248		
4.	Fire Protection	35		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$ 2328.		
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 2324		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
    no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

COMMERCIAL

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	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work		DA	3/24		4-11-05	FG			
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☒ c. Renovation	93400								
	☐ d. Reconstruction									
5.	☐ Fire Protection					4/13/05				
6.	☒ Plumbing	52,750				4/7/05				
7.	☒ Electrical	23,000				4/6/05				
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	169,150								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☒ Partial Releases
2. ☐ Prototype Processing

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

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

LDS BR 10625013

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.

AV Check if contractor.

Agent Name Sandy Hook Interiors Rich DiSalo

Address PO Box 436 Atlantic Highlands NJ 07716

Telephone (732) 859 1420

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. _____	_____	_____	_____	_____

$470.00

Top of block

262-1024
Building
8:00-4:00

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
4/22/05	per dan - did not need zoning - paid affordable housing fee on 4/21/05 w/ Kathy in treasures office - when LISA ROSE comes back from vacation on 5/2/05 she will finish processing paperwork + put into JACKet. Kim Bogan notified w/ Kathy that it was paid.	CRB

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

CONSTRUCTION PERMIT

Date Issued 04/26/2005
Control # C-05-133753
Permit # 05-1328

IDENTIFICATION Block: 1170 Lot: 18.01 Qualifier
Work Site Location: JACK MARTIN BLVD. Brick Township, NJ
Contractor SANDY HOOK INTERIOR
Address PO BOX 436 ATLANTIC HIGHLANDS NJ 07716

Owner in Fee OCEAN MEDICAL CENTER
Address 425 JACK MARTIN BLVD BRICK NJ
Telephone: (732) 859-1420
Lic. No. or Bldrs. Reg. No.

Telephone: (732) 836-4077
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR ALTERATION(S)
NEW SHEETROCK PARTITIONS/FLOORING/CEILING TILE REPLACE/DOOR &

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 $169,151

Construction Official

04/26/2005
Date

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

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	$1,981
Electrical	$40
Plumbing	$240
Fire Protection	$35
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$228
CO Fee	
Other	$0
Total	$2,524
Check No.	6204
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4/26/05
Control #
Permit # 05-1328

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

Block 1170 Lot 1801
Work Site Location 2nd Floor South Bldg Ocean Medical Center
425 Jack Martin Bldg. Brick NJ
Owner in Fee Ocean Medical Center
Address 425 Jack Martin Bldg
Brick NJ
Tele. (732) 840 4077
Contractor Sandy Hook Interiors
Address PO Box 436
Atlantic Highlands NJ 07716
Tele. (732) 859 1420
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22241 8974 or Social Security No.

Observation UNIT

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
New Sheetrock partitions, Painting, Flooring
ceiling tile replacement Doors Frames
Cabinets

STATE Approved Plans
Any Changes must be made By State

COMMERCIAL FM

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [ ] Other Interior
  - [ ] Other _____
- [ ] Demolition

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	4-11-05	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7-8-05
Approved By: FM

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame		5/16/05 (over)	5/20/05	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			7/6/05	

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 $ 93,400.-
3. Total (1+2) $ 93,400.-

(Office Use Only) FEE

Administrative Surcharge	$ 198
Minimum Fee	$ 126
DCA TRAINING FEE	$
TOTAL FEE	$ 324

Paid [ ] Check # _____
Collected by: _____

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

5/16/05 Firststop between Common Attics - OK.
Per Plan - Finish above Ceiling Duct & Bracing
Walls o'k To Sheetrock JK

BRICK

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4/26/05
Control #
Permit # 05-1328

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 Cen6er, (Observation Unit, 2nd Floor
2nd Floor South Bldg, 425 Jack Martin Bld, Brick
Owner in Fee/Occupant Ocean Medical Centere
Address 425 Jack Martin Boulevard
Brick, NJ
Tele. (736) 836 4077
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. 7246
Federal Emp. No. 22-3282269

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 23,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 4605
Approved by: VM

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 760
Approved by: VM

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			5/10	VM
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			760	VM

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

[XX] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

COMMERCIAL

FEE (Office Use Only)

TOTAL NUMBERS	$	
Administrative Surcharge	$	40
Minimum Fee	$	31
DCA Training Fee	$	1
TOTAL FEE	$	71

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 4/26/05
Permit # 05-1328

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 2nd Floor South Bldg Ocean Medical Center,
Owner in Fee Ocean Medical - 425
Address 425 Jack Martin Bldg Brick NJ
Tel (732) 836 4077 Mike Jahoda
Contractor NONE
Address
Tel ( ) FAX ( )
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present ____ Proposed ____ Location of Panel:
Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing
[ ] Other Location of Main Control Valve:
Location:

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

Total Cost of Fire Protection Work $

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:
All Work is Existing
Adding Bathrooms no change of use Prof.
Water Supply Source Public Prof.
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		35
Other review only		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 4-13-05
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			7-6-05	OK
Other				

State Approval Needed

U.C.C. F140 (rev. 1/04) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4/26/05
Control #
Permit # 05-1328

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 (Observation 2nd Floor) (2nd Floor South Bldg.) 425 Jack Martin Blvd. Brick NJ
Owner in Fee Ocean Medical Center
Address 425 Jack Martin Blvd. Brick NJ
Tele. (732) 839 4077
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 $ 52,750.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 4/26/05
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7-6-05
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			4/27/05	[signature]
Water				
Sewer				
Fixtures			7-6-05	[signature]
Gas Equipment				
Gas Piping				
Solar				
TCO				
Final			7-6-05	[signature]

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] pres
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT
3	Water Closet
	Urinal/Bidet
	Bath Tub
3	Lavatory
2	Shower
2	Floor Drain
4	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
2	Other TRAP PRIMERS
12	Other DRAINAGE BOXES
3	Other RPZ 1"

COMMERCIAL

FEE (Office Use Only)

Administrative Surcharge	$ 240
Minimum Fee	$ 71
DCA Training Fee	$
TOTAL FEE	$ 311

* RENOVATION OF EXISTING AREA
STATE APPROVED PLANS

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

05-1328

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 425 Jack Martin Blvd. Block 1170 Lot 18.01

Final Inspections needed if applicable as follows:

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

Rich
859-1420

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

FINALS		FINALS	FINALS
BUILDING	APPROVED	7/8/05	
PLUMBING	APPROVED	7/6/05	
FIRE	APPROVED	7/8/05	
ELECTRIC	APPROVED	7/6/05	
ENGINEERING	APPROVED	n/a	
O.C.SOIL	APPROVED		

COMMERCIAL OCCUPANCY CARD

C.C. FROM B.T.M.U.A. n/a @ per Carol 8/9/05
CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING OK @ per Lisa Rose 8/9/05
ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1170 LOT 18.01 SITE ADDRESS 425 Jackson Mill Blvd.
TYPE OF SITE Residential / Commercial NAME OF BUSINESS Urban Renewal Center 2nd floor
APPLICANT Sandpiper Ventures PHONE NUMBER 732-854-1420
APPLICANT ADDRESS PO Box 436 CITY & STATE Atlantic Highlands, NJ 07716

INCLUSIONARY DEVELOPMENT

Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01%

◊ The estimated equalized assessed value of the proposed construction is

$ 169,000

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor — 4/19/05 Date

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

$ _____

_____ Frederick R. Millman, CTA, Tax Assessor — _____ Date

Preliminary Fee $1845.00 Date 4-21-05
Check # 6199 Receipt # 327514

Final Fee _____ Date _____
Check# _____ Reciept # _____

Total Fee Due/Paid $1690.00
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.

4/14/05 - Tax Clerk.

_____
Office of Affordable Housing

6199

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

DATE 4/21/05 55-33-212

PAY TO THE ORDER OF Township of Brick $ 845.00

Eight Hundred Forty Five Dollars 00/100 DOLLARS

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

FOR Apartment House - 2nd Floor

⑈006199⑈ ⑆021200339⑆ 00060 09425⑈

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

Business/Development: Ocean Medical Center - South Bldg - 2nd Floor

Owner/Applicant: Sandy Hook Interiors

Property Address: 425 Jack Martin Blvd.

Block: 1170 Lot: 18.01

DEPOSIT RECEIVED
Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

DATE: 4-21-05

Check Number 6199

Preliminary Fee Paid 845.00

Final Fee Paid _____

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:

Kathleen Tinbergen
Signature

4-21-05
Date

OFFICE OF AFFORDABLE HOUSING