

BLOCK 1170 LOT 18.01 QUALIFICATION CODE ADDRESS (SITE) 425 JACK MARTIN BLVD PERMIT NO. 05-4858



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 425 JACK MARTIN BLVD.
2. Name of Owner in Fee: OCEAN MEDICAL CENTER Tel. (732) 840-2200
Address 425 JACK MARTIN BLVD BRIDGE 08724
street municipality zip code
3. Ownership in fee: Public Private ☒
4. Principal Contractor: GSC ASSOCIATES INC Tel. (732) 933-9166
Address P/O Box 548 RED BANK NJ 07701
License No. OR, if new home, Builder Reg. No. Exp. Date
Federal Employee No. 22-3138766 FAX: (732) 933-9161
5. Architect or Engineer: VIETIA GROUP Tel. ()
Address 4747 S. BROAD ST PHILA, PA Contact JOHN FINLEY
6. Responsible Person in Charge once Work has Begun GARY COUCH
Tel. (732) 933-9166 FAX: (732) 933-9161

interior demo

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Fee Surcharge			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	<u>40</u>	

VI. BUILDING/SITE CHARACTERISTICS

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

(office use only)

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									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☒ Demolition									
TOTAL COSTS									

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



CONSTRUCTION PERMIT

Date Issued 12/08/2005
Control # C-05-140043
Permit # 05-4858

IDENTIFICATION Block: 1170 Lot: 18.01 Qualifier _____
Work Site Location: JACK MARTIN BLVD. interior demo of N.I.C.U. Contractor GJC Assc., Inc.
Brick Township, NJ Address PO Box 548 Red Bank NJ 07701
Owner in Fee OCEAN COUNTY
Address 101 HOOPER AVE TOMS RIVER NJ 08753 Telephone: (732) 933-9166
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 223138786

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:

INTERIOR DEMOLITION

Note: If construction 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 \$40

Construction Official _____

12/08/2005
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$40
Check No.	11024
Cash	\$0
Credit	\$0
Collected By	Ann Marie Hanlon

REQUIRED INSPECTIONS

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

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

If you do not understand any of this information, please ask.

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee, and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☐ Check if contractor.

Agent Name GJC Associates INC
Address 210 Boy 548
Red Bank NJ 07701
Telephone (732) 933-9126
Signature GJC

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

Applicable to Ordinance 720-92

This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 425 JACK MARTIN BLVD BRICK NJ

Block: 1170 Lot: 18.01

Contractor: GJC ASSOCIATES

Contractor's Address: P/O BOX 548 RED BANK NJ 07701

Type of Construction (minor, new home): COMMERCIAL

Type of Debris (shingles, siding, wood, etc.): METAL STOPS, DRYWALL

Party responsible for removal: GJC ASSOCIATES

Dumpster size: 30 CUBIC YARDS

Destination of debris: MARPAZ, TINTON FALLS, NJ

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

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

Signature

Gary Couch

Print Name

Date

BUILDING SUBCODE TECHNICAL SECTION



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 405 JACK HANNA BLVD
 Owner in Fee Occopec Medical Center
 Address 405 JACK HANNA BLVD
BRIDGEVIEW, NJ 08724
 Tel. (732) 640-2206
 Contractor GSX ASSOCIATES, INC
 Address P.O. Box 548
BRIDGEVIEW, NJ
 Tel. (732) 433-9166 FAX () _____
 Contractor License No. or Builder Registration No. _____
 Federal Emp. No. 22-3132786

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required								
☐ All				Footings				
☐ Footing				Footings Bonding				
☐ Foundation				Foundation				
☐ Frame				Slab				
☐ Other				Frame				
				Truss Sys/Bracing				
				Barrier-Free				
				Insulation				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Finishes -Base Layer				
				Finishes -Final				
				Energy				
				Mechanical				
				TCO				
				Other				
				Final				
				Barrier-Free				

Joint Plan Review Required: _____
 SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
 Date: _____
 Approved by: _____
 TCO
 Other
 Final
 Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories			2. Rehabilitation \$ _____
Height of Structure			3. Total (1+2) \$ _____
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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 Issued 12/8/05
 Permit # 65-4858

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NUCO DEMO:
INTERIOR DEMO

TYPE OF WORK:	FEE (Office Use Only)
☐ New Building	\$ _____
☐ Addition	\$ _____
☐ Rehabilitation	\$ _____
☐ Roofing	\$ _____
☐ Siding	\$ _____
☐ Fence _____ Height (exceeds 6') Sq. Ft.	\$ _____
☐ Sign _____	\$ _____
☐ Pool	\$ _____
☐ Asbestos Abatement Subchapter 8	\$ _____
☐ Lead Haz. Abatement NJAC 5:17	\$ _____
☐ Other _____	\$ _____
☐ Demolition	\$ _____

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
 TOTAL FEE \$ 140.