BLOCK 1170 LOT 18.02-18.03 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 08-3420

CONSTRUCTION PERMIT APPLICATION 08-004839

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

I. IDENTIFICATION

1. Proposed Work Site at: 415 JACK MARTIN BLVD.
2. Name of Owner in Fee: MERIDIAN NURSING & Rehabilitation @ Brick
   Tel. (732) 251-3622 e-mail W.GRANT@MeridianHealth.com
   Address 3349 Hwy 138, Bldg C, Suite A, WALL, NJ. 07719
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: OWNER SAME Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: _____

Called 10/21/08

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 144		
2. Electrical	45		
3. Plumbing			
4. Fire Protection	75		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 10		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 274		

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved _____ HUD _____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

- ☑ Minor Work — Interior alterations per State plans
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building		[illegible]	10/8/08		10/10/08	[illegible]	2-11-09		
☑ Electrical					10.21.08	MR	1-7-09		
☐ Plumbing									
☑ Fire Protection					10-10-08	DL	1-30-09		
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: C
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: NURSING FACILITY
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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
11. ☐ LPGas Tanks

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.ix:

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.

( ) Check if contractor.

Agent Name WALTER GANT Regional Maintenance Director Meadow Quality Care

Address 3349 Hwy 138, Bldg C, Suite A, WALL, New Jersey 07719

Telephone (732) 751-3622

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/10/2009
Control Number C-08-004839
Permit Number 08-3420
Permit Issue Date 11/12/2008
Certificate Number 08-3420

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 415 JACK MARTIN BLVD , NJ Block: 1170 Lot: 18.03 Qual:

Owner in Fee: MERIDIAN NURSING & REHAB @ BRICK

Owner Address: 3349 HWY 138 BLDG C SUITE A WALL NJ 07719

Telephone: (732) 751-3622

Contractor MERIDIAN NURSING & REHAB @ BRICK

Address 3349 HWY 138 BLDG C SUITE A WALL NJ 07719

Telephone: (732) 751-3622 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL FABRICATE LIQUID OXYGEN STORAGE ROOM IN RECEIING AREA.

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 3/10/2009

U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 08-3420

Date Issued / Permit # 11-12-08

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

Block 1170 Lot 18.02 - 18.03 Qualification Code

Work Site Location 415 JACK MARTIN Blvd.
Brick, N.J. 08724

Owner in Fee: Meridian Nursing & Rehabilitation @ Brick

Tel. (732) 751-3622 e-mail WCOAST@meridianhealth.com

Address 3349 Hwy 138, Bldg. C, Suite A, Wall, N.J. 07719
street municipality zip code

Contractor: SAME Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

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 Reg. Mail Dietary M.O.C.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fabricate liquid oxygen storage Room in receiving area

State Approved Plans. Any Changes To Be Addressed with State.

CONFIDENTIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	10/10/08	FM
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date:
Approved by: 2/11/09 KA

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			2-11-09	OL
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other Oxygen STORAGE Room
[ ] Demolition

FEE (Office Use Only)
$ 600.00

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

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 6000.00
3. Total (1+ 2) $

U.C.C. F110
(rev. 12/07)

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

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 11-12-08
Control # 08-3420
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 18.02 & 18.04 Qualification Code
Work Site Location 415 Jack Martin Blvd Brick NJ
Owner in Fee MERIDIAN
Address 415 Jack Martin BLVD Brick NJ
Tel (732) 618 2634
Contractor NJSTI
Address PO Box 362 Middletown NJ 07748-0362
Tel (800) 928 5311 FAX (800) 928 5311
Fire Protection Equipment, NJ Div of Fire Safety Permit No. PO1165
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No. 20 475 9792

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [✓] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____

Fire Alarm System: [ ] New OR [✓] Existing
Location of Panel: ____
Fire Suppression/Standpipe System:
[ ] New OR [✓] Existing
Location of Main Control Valve: Mech RM

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

Total Cost of Fire Protection Work $ 460

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: ADD 2 Sprinkler Head
Water Supply Source ____
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	K	
Suppression Systems		
Fire Pump ____ GPM Type ____	N/A	
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	2	75 COMMERCIAL
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		
Other ____	A	

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: 10-10-08
Approved by: DS

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 11-12-08
Approved by: DS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			11-12-08	DS
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			11-12-08	DS
Other ____				

1. White-Inspector copy 2. Canary-Applicant copy
3. Pink-Office copy 4. White Tag- Office copy

UCC/F-140 (REV. 1/04)
Professional Printing
(856) 468-7933

CONFIDENTIAL

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 08-3420

Date Issued / Permit # 11-12-08

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

Block 1120 Lot 18.02 - 18.03 Qualification Code

Work Site Location 415 JACK MARTIN BLVD, BRICK

Owner in Fee: MERIDIAN NURSING & Rehabilitation @ Brick

Tel. (732) 751-3600 e-mail WCOAST@MERIDIANHealthcare.com

Address 3349 Hwy 138, Bldg C, Suite A, WALL, N.J. 07719
street municipality zip code

Contractor: Allaire Electrical Tel. (732) 223-0747

Address 2220 Lanmark Place e-mail

Suite F4 Manasquan NJ. 08736

Contractor License No. 9155H Exp. Date 3-2009

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-3248595 FAX: (732) 223-0766

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Nursing Home. Utility Co.

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW 10/21/08 State approved plans

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/21/08

Approved by: UMC

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 11/7/09

Approved by: A. Santo

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			12/16	DM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1-6-9	DD
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Adding new Light and Switch + Fan + exhust in oxygen Room.

QTY.	SIZE	ITEMS
1V		Lighting Fixtures
1V		Receptacles
		Switches
		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+	1	Exhust Fan.

FEE (Office Use Only)

COMMERCIAL

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER COF:004839

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 415 J M Blvd

DATE REVIEWED: 10.09.08

REVIEWED BY: OTB

CONTACT CALLED/FAXED: Allaire Electrical 732.223.0717

- need horsepower for the exhaust fan -

- spoke w/ Secretary - will call back w/ info.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 08-3450

Date Issued Permit # 11-12-08

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

Block 1170 Lot 18.02 - 18.03 Qualification Code

Work Site Location 415 JACK MARTIN BLVD. Brick N.J. 08724

Owner in Fee: Meridian Nursing & Rehabilitation @ Brick

Tel. (732) 251-3622 e-mail WJOANT@MERIDIANHEALTH.COM

Address 3349 Hwy 138, Bldg. C, Suite A, Wall, N.J. 07719
(street, municipality, zip code)

Contractor: SAME Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	10/10/08	FM
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 6000.00
3. Total (1+ 2) $

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.

D. Scott Kay, Main Director M.A.C.
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fabricate liquid oxygen storage Room in recieving area

State Approved Plans. Any Changes To Be Addressed With State.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other Oxygen STORAGE Room
[ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 12/07)

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

CONSTRUCTION PERMIT

Date Issued 11/12/2008
Control # C-08-004839
Permit # 08-3420

IDENTIFICATION Block: 1170 Lot: 18.03 Qualifier
Work Site Location: 415 JACK MARTIN BLVD . NJ

Owner in Fee: MERIDIAN NURSING & REHAB @ BRICK
3349 HWY 138 BLDG C SUITE A WALL NJ 07719

Telephone: (732) 751-3622

Contractor: WALTER GANT
Address: 3349 HWY 138 BLDG C SUITE A WALL NJ 07719

Telephone: (732) 751-3622
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - -COMMERCIAL FABRICATE LIQUID OXYGEN STORAGE ROOM IN RECEIING AREA.

Note: If constuction 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 $7,460

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$144
Electrical	$45
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$10
CO Fee	
Other	$0
Total	$274
Check No.	33153
Cash	$0
Credit	$0
Collected By	Inspection Account

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 08-3420

Date Issued / Permit # 11-12-08

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

Block 1120 Lot 18.02 - 18.03 Qualification Code

Work Site Location 415 JACK MARTIN BLVD. BRICK

Owner in Fee: MERIDIAN NURSING & Rehabilitation @ Brick

Tel. (732) 751-3600 e-mail WCANT@MERIDIAN Healthcare.com

Address 3349 Hwy 138, Bldg C, Suite A, WALL, N.J. 07719
street municipality zip code

Contractor: Allaire Electrical Tel. (732) 223-0747

Address 2220 Landmark Place e-mail

Suite H 4 Manasquan NJ. 08736

Contractor License No. 9156A Exp. Date 3-2009

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-3248595 FAX: (732) 223-0766

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Nursing Home. Utility Co.

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW 10/10/08

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved State approved plans

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/10/08

Approved by: MR

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Adding new Light and Switch + Fan + exhust in oxygen Room.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1V		Lighting Fixtures	
		Receptacles	
1V		Switches	
		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	1	Exhust FAN.	

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