BLOCK 1170 LOT 18.01 QUALIFICATION CODE _____ ADDRESS (SITE) X-Ray Room #3 425 Jack Martin Blvd PERMIT NO. 06-3033

CONSTRUCTION PERMIT APPLICATION C06-103258

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

I. IDENTIFICATION

1. Proposed Work Site at: Ocean Med Center 425 Jack Martin Blvd Brick X-Ray Room #3
2. Name of Owner in Fee: Ocean Medical Center Tel. (732) 836-4077
   Address 425 Jack Martin Blvd (street) BRICK (municipality) NJ (zip code)
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: GJC ASSOCIATES, INC Tel. (732) 933-9166
   Address 312 SHREWSBURY AVE, RED BANK 07701
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3138786 FAX: (732) 933-9161
5. Architect or Engineer: Sapphire ASSOCIATES Tel. (609) 921-3935
   Address 20 Nassau St. Princeton, NJ 08542 Contact E.O Albarran
6. Responsible Person in Charge once Work has Begun GARY Couch
   Tel. (732) 933-9166 FAX: (732) 933-9161

Interior Renovation

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	672	
2.	Electrical		200	
3.	Plumbing			15
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$	416	4
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other ZA		30	
13.	TOTAL	$	1008	19

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) CANCELLED

II. PROPOSED WORK

OPTIONAL (for office use only)

	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									
2. ☐ New Building		SC	7/11/06		8-4-06	[illegible]	11/15/06		
3. ☐ Addition									
4. ☐ a. Repair									
☑ b. Alteration	21,000								
☐ c. Renovation									
☐ d. Reconstruction							11/13/06		
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ Electrical	6000				8/10/06	MM	11/15/06		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☑ Demolition INT.	1000	CW	7/25/06		7/25/06	MM			
TOTAL COSTS	28000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group: I-2
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

called 8/11/06 MM

LDS BR-B 10525487

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 G.J.C. ASSOCIATES, INC.

Address 312 SHREWSBURY AVENUE
RED BANK, N.J. 07748

Telephone (732) 933-9166

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. _____	_____	_____	_____	_____

~~A.H.B.T. - MANDATORY FEE - COMMERCIAL~~ ~~IMPORTANT~~

No Mandatory Fee

MPF

FOR OFFICE USE ONLY

ANY BUILDING QUESTIONS
CALL 732-262-1027

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	11/16/2006
Tracking Number	C-06-103258
Permit Number	06-3033
Permit Issue Date	09/14/2006

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ Block: 1170 Lot: 18.01 Qual:

Owner in Fee: OCEAN COUNTY

Owner Address: 101 HOOPER AVE TOMS RIVER NJ 08753

Telephone:

Contractor: G J C ASSOCIATES INC

Address: 312 SHREWSBURY AVENUE RED BANK NJ 07701

Telephone: (732) 933-9166 Fax: (732) 933-9161

License Number or Builders Registration Number: Federal Emp. Number: 22-3138786

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 *Construction Classification:*

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

ALTERATION X-RAY ROOM UPGRADE

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: 12109
Collected By: Stephanie Capozzi

Date Printed: 11/16/2006

CONSTRUCTION PERMIT

Date Issued 09/14/2006
Control # C-06-103258
Permit # 06-3033

IDENTIFICATION Block: 1170 Lot: 18.01 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Contractor G J C ASSOCIATES INC
Address 312 SHREWSBURY AVENUE RED BANK NJ 07701

Owner in Fee OCEAN COUNTY
Address 101 HOOPER AVE TOMS RIVER NJ 08753
Telephone:
Telephone: (732) 933-9166
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3138786

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION X-RAY ROOM UPGRADE

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 $34,000

Construction Official Date

PAYMENTS (Office Use Only)

Building	$672
Electrical	$260
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$46
CO Fee	
Other	$30
Total	$1,008
Check No.	12109
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

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.

PERMIT UPDATE

Date Update Issued 11/02/2006
Control # C-06-105520
Permit # 06-3033+A

IDENTIFICATION Block: 1170 Lot: 18.01 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Owner in Fee OCEAN COUNTY
Address 101 HOOPER AVE TOMS RIVER NJ 08753
Telephone:

Contractor G J C ASSOCIATES INC
Address 312 SHREWSBURY AVENUE RED BANK NJ 07701
Telephone: (732) 933-9166
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3138786

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:
FIRE ALTERATIONS X-RAY ROOM UPGRADE

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 $3,000

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$79
Check No.	6688
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

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.

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/3/05
Control #
Permit # 05-0585

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 2nd floor Ocean Medical Center

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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 $ 4,000.00
3. Total (1+ 2) $ 4,000.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior demolition nonstructural

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

[X] Demolition

FEE (Office Use Only)
$

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 12/8/05
Permit # 05-4858

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 425 JACK MARTIN BLVD
BRICK, NJ.

Owner in Fee OCEAN MEDICAL CENTER

Address 425 JACK MARTIN BLVD
BRICK, NJ. 08724

Tel. (732) 840-2200

Contractor GJC ASSOCIATES, INC.

Address P/O BOX 548
RED BANK, NJ

Tel. (732) 933-9166 FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No 22-3138786

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) 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
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. Rehabilitation $
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NICU Demo: Interior Demo

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

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 110.00

U.C.C. F110
(rev. 07/03)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 9/14/06
Permit # 06-3033

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 Medical Center X-Ray Room #3
425 Jack Martin Blvd Brick, New Jersey
Owner in Fee Ocean Medical Center
Address 425 Jack Martin Blvd
Brick, New Jersey
Tel. (732) 836-4077
Contractor GTC Associates, Inc
Address 312 Shrewsbury Ave PO Box 548
Red Bank NJ 07701
Tel. (732) 933-9166 FAX (732) 933-9161
Contractor License No. or Builder Registration No.
Federal Emp. No 22-3138786

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

X-Ray Room Upgrade

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9-14-06	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 11-15-06
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame A-ceiling			10/19/06	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11/15/06	
Barrier-Free				

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

FEE (Office Use Only)
$ 0 WAIVED

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge 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. Rehabilitation $ 28000
3. Total (1+ 2) $ 28000

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 9/14/06
Permit # 06-3033

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 425 Jack Martin Blvd X-Ray Room #3
Owner in Fee Ocean Medical Center
Address 425 Jack Martin Blvd Brick NJ 08724
Tel (732) 836-4077
Contractor Monmouth Electric Service Inc
Address PO Box 184 Shrewsbury, NJ
Tel (732) 741-3251 FAX (732) 530-5171
Contractor License No 12475
Federal Emp. No. 21-0682967

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 6,000

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 [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
9		Lighting Fixtures
1		Receptacles
4		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
14		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	480v	X-RAY MACHINE REPLACEMENT

FEE (Office Use Only)

$ COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved Stube plans
Date: 81606
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 11506
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other open ceiling			101906 MW	
Service				
Final			111506 MW	
Barrier-Free				

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/1/06
Control # 06-30733-1A
Date Issued 11/2/06
Permit # C06-105520

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 Medical Center
425 Jack Martin Blvd
Owner in Fee Same
Address
Tel (732) 836-4077
Contractor Atlantic Sprinkler Corp
Address 454 Bellevue Ave Rear
Brick, NJ 08724
Tel (732) 905-6718 FAX (732) 892-3989
Fire Protection Equipment, NJ Div of Fire Safety Permit No. P0205
Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153360
Fire Alarm Contractor No.
Federal Emp. No. 22-1511981

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: Mech Room
Fire Suppression/Standpipe System:
[ ] New OR [✓] Existing
Location of Main Control Valve: Sprinkler Room
Fuel Storage Tank:
Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity*
Total Cost of Fire Protection Work $ 3,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 11-2-06
Approved by: OB

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 11-1-06
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			11-15-06	OB
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			11-15-06	OB
Final				
Other				

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: Change existing 6 pendent Sprinklers to flush Type in X-Ray - 2, 3, 4 Rooms

Water Supply Source City

Method of Alarm/Suppression System Supervision Control Station

	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)	6	
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		

COMMERCIAL

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

U.C.C. F140 (rev. 1/04)

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

Township of Brick
Zoning Permit

Approved: Wednesday, July 19, 2006 **Number:** 954

Block 1170 **Lot** 18.01 **Zone:** H-S, Hospital Supp.

Property Address: 425 Jack Martin Boulevard

Applicant: Gary Couch; GJC Associates, Inc.

Property Owner Ocean Medical Center

Existing Use: Ocean Medical Center

Proposed Use: Ocean Medical Center

Proposed Construction: Renovation of x-ray equipment Room No. 3.

Conditions: An additional zoning permit is required for any additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

JUL 19 2006

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 1170 LOT 18.01 QUALIFIER —

PROPERTY ADDRESS 425 Jack Martin Blvd Brick, New Jersey

PERSONAL NAME OF APPLICANT Gary Couch

BUSINESS NAME OF APPLICANT GJC Associates, Inc.

MAILING ADDRESS OF APPLICANT 312 Shrewsbury Ave PO Box 548 ~~Brick NJ~~ Red Bank NJ 07701

PROPERTY OWNER'S FULL NAME Ocean Medical Center

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) HOSPITAL Ocean Medical Center

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) UPGRADE X-Ray Room #3

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☒ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

COMPLETE

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT [signature] Date 7/11/06

Reviewed by Zoning Office JE Date 7/19/6 (X) Approved ( ) Denied

March 2003

7/11/06

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 Jackmarlyn Blvd Brick, NJ

Block: 1170 Lot: 18.01

Contractor: GJC Associates, INC

Contractor's Address: 312 Shrewsbury Ave Red Bank, NJ

Type of Construction (minor, new home): UPGRADE X-Ray Room #3

Type of Debris (shingles, siding, wood, etc.): Drywall, Cement

Party responsible for removal: Rossbe Rock Corp

Dumpster size: 30 cy/ton

Destination of debris: Ocean County Landfill

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

11/06
Date

Corp Cowen
Print Name

GJC
ASSOCIATES, INC.

BUILDERS • DEVELOPERS • CONSTRUCTION MANAGEMENT

July 11, 2006

Township of Brick
Building Department
Mr. Daniel Newman
Construction Official
401 Chambersbridge Road
Brick, New Jersey
08723

R e: Upgrade X-Ray Room # 3
Ocean Medical Center
425 Jack Martin Blvd., Brick, NJ
Request for Permits

Dear Mr. Newman:

Enclosed please find all information that is being submitted for permits in regards to the above referenced project.

Also, enclosed is two (2) signed and sealed Final Release from the State of New Jersey Department of Community Affairs dated June 15, 2006.

If you have any questions please contact Larry Siehl at 732-933-9166.

Thank you in advance for your cooperation.

Kind regards,

Gary Couch
President

GC/mw

Enclosures

P.O. Box 548, Red Bank, NJ 07701 • 732-933-9166 • 732-933-9161 FAX

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

JON S. CORZINE
Governor

June 15, 2006

SUSAN BASS LEVIN
Commissioner

Mr. Joseph E. Saphire AIA
Saphire Associates, P.C.
Twenty Nassau Street
Princeton, NJ 08542

Re: Local Plan Review
X-Ray Room 3 Equipment Replacement
Ocean Medical Center

Dear Mr. Saphire;

I have reviewed your letter dated June 5, 2006 regarding the above-referenced subject.

Currently, we are allowing local construction department to perform the review of certain projects, as long as there are no State licensure or AIA Guidelines requirements to be met in those areas or if the work is very minor in nature. Having looked at the submitted information it has been determined that local review of this project is appropriate. This is with the understanding that this is strictly limited to the review of the X-Ray Room 3 Equipment Replacement and all work necessary to accomplish this project at the above-referenced facility.

Prior to your occupying the project areas, a copy of the Certificate of Occupancy must be provided to the New Jersey Department of Health & Senior Services, Inspections, Compliance and Complaints (ICC) unit by mail or fax, (609) 943-3013. You must also contact that unit to arrange for an inspection of the completed work. The NJHSS ICC can be reached at (609) 292-9900.

Should you have any questions, you may call me at (609) 633-8154.

Sincerely,

Farivar Ifaili
Supervisor
Health Care Plan Review
Construction Plan Approval

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering
Office of the Municipal Engineer
(732) 262-1040
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: June 10,06

PLOT PLAN EXEMPT FORM

Block: 1170 Lot: 18.01

Property Address: 425 Jack Martin Blvd Brick, NJ

I, Gary Cavico (name) of G.J.C. Associates, Inc. (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Applicant's Signature

COMMERCIAL

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

COMMERCIAL

FOR OFFICE USE ONLY

Approved on: 7/25/06 Signed:

Rejected on: Signed:

Comments: