BLOCK 1170 LOT 16 18.02 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 07-0828

CONSTRUCTION PERMIT APPLICATION

(07-00131)

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

I. IDENTIFICATION

1. Proposed Work Site at: 419 JACK MARTIN 950 Rt 70 Brick NJ 08724
2. Name of Owner in Fee: Ocean Medical Center Tel. (732)840-3296
   Address 425 Jack Martin Blvd Brick, NJ 08724 (street / municipality / zip code)
3. Ownership in fee: Public _____ Private X
4. Principal Contractor: Systems Sales Corp Tel. (732)751-0600
   Address 1345 Campus Parkway Neptune, NJ 07753
   License No. OR, if new home, Builder Reg. No. P00525 Exp. Date _____
   Federal Employee No. 22-2359665 FAX: (732)751-0489
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun S. Anderson
   Tel. (732)921-6370 FAX: (___) _____

Called 4/6/07 left message

Fire Alarm

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40		
2. Electrical			
3. Plumbing	15		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$ 8		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Fee Surcharge			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 123		

VI. BUILDING/SITE CHARACTERISTICS

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

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☑ Fire Protection		8C	3/30/07		4-2-07	KER			
6. ☐ Plumbing									
7. ☑ Electrical					4407 MN		2-27-08		
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:	All Units	Income-restricted
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

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.

(X) Check if contractor.

Agent Name Systems Sales Corp

Address 1345 Campus Parkway

Neptune, NJ 07753

Telephone (732) 921-6370

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 02/17/2010
Control Number C-07-001311
Permit Number 07-0828
Permit Issue Date 04/11/2007
Certificate Number 07-0828

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 419 JACK MARTIN BLVD. Brick Township, NJ Block: 1170 Lot: 18.02 Qual:

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Owner Address: %1350 CAMPUS PARKWAY NEPTUNE NJ 07753

Telephone:

Contractor SYSTEMS SALES CORP

Address 1345 CAMPUS PARKWAY NEPTUNE NJ

Telephone: (732) 751-0600 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-2359665

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: ALARM SYSTEM (BURGLAR OR FIRE)

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: 02/17/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 4/11/2007
Control # C-07-001311
Permit # 07-0828

IDENTIFICATION Block: 1170 Lot: 16 Qualifier
Work Site Location: 970 ROUTE 70 Brick Township, NJ
Owner in Fee MEDICAL CENTER OF OCEAN COUNTY
Address %JACO 223 E BEACH DR PANAMA CITY FL 32401
Telephone:

Contractor SYSTEMS SALES CORP
Address 1345 CAMPUS PKY NEPTUNE NJ
Telephone: 732/751-0600
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2359665

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:
ALARM SYSTEM (BURGLAR OR FIRE)

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 $6,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$123
Check No.	9219
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

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.

Cuddle Care Day Care

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 07-0828
Control #
Date Issued 4-11-07
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 16.18.02 Qualification Code
Work Site Location ~~470 Rt 70~~ Brick, NJ 08724 — 419 Jack Martin Blvd.

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

Tel (732) 840-3296
Contractor Systems Sales Corp
Address 1345 Campus Parkway Neptune, NJ 07753

Tel (732) 751-0600 FAX (732) 751-0489
Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00525
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No. 22-2359665

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 [X] Existing
Location of Panel: Electrical Closet
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: ____

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

Total Cost of Fire Protection Work $ 5500-

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]
Applicant's Signature/Contractor's Signature
[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Technology Upgrade of Fire Alarm Replacement of FACP and 9 Smoke Detectors

Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	9	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices FACP	1	
TOTAL	10	
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		
Other ____		

Project location (8 heads)
COMMERCIAL

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

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 4-2-07
Approved by: KCB
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2-17-10
Approved by: KCB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System	2-5-08		2-12-10	DB
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	2-5-08		2-12-10	DB
Other ____				

Dates (Month/Day)

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

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

ALLIED FIRE & SAFETY EQUIPMENT CO., INC.

517 GREEN GROVE ROAD ♦♦ P.O. BOX 607 ♦♦ NEPTUNE, NJ 07754-0607
PHONE: (732) 922-3399 ♦♦ FAX: (732) 918-8668
WWW.ALLIEDFIRESAFETY.COM

FIRE ALARM INSPECTION REPORT

Customer: MERIDIAN EARLY CHILDHOOD Bldg/Location: _____

Address: 980 RT. 70 BRICK NJ

Contact: _____ Phone: _____

ANNUAL Y SEMI-ANNUAL _____ QUARTERLY _____

Date of Test: 6-3-09 Test Start Time: _____

Fire Alarm Panel Type: DMP	Model: XR 200	Addressable – Y or (N) (circle one)
Voltage: 110/1-1 Battery Voltage: 12	AH: 7 Qty: 2	Location: ELECTRIC RM

Annunciator(s) Locations: FRONT DOOR _____

_____ _____

DEVICE LOCATIONS

NO	TYPE	MAKE/VOLTAGE	LOCATION	PASS	FAIL
	PS	EDW	BY FRONT DOOR	Y	
	SD	EDW	BY FRONT DOOR	Y	
	SD	EDW	Rm 1	Y	
	SD	EDW	OFFICE	Y	
	SD	EDW	BY RESTROOM	Y	
	HD	EDW	RESTROOM	Y	
	SD	EDW	Rm 2	Y	
	SD	EDW	BY Rm 3	Y	
	SD	EDW	Rm 3	Y	
	PS	EDW	BY Rm 3	Y	
	SD	EDW	Rm 4A	Y	
	SD	EDW	Rm 4B	Y	
	SD	EDW	FACP Rm	Y	
	SD	EDW	BABY Rm	Y	

Remote Station Name:	Phone:	Acct#
Central Station Name:	Phone:	Acct#

AUXILIARY DEVICES

TYPE	VOLTAGE	LOCATION
DMP 504	24	BY FACP

	Yes	No	Results
Does System Have Elevator Capture?		X	N/A
Was Battery Standby Test Performed?	X		
Does Customer Have Proper Tools For Pull Station Reset?	X		
Central or Police Notified?	X		
Time System Was Restored To Normal?			
Dispatcher/Operator Name:			

COMMENTS

SYSTEM TEST OK

CODE	TYPE EQUIP.
B	BELL
BS	BELL/STROBE
DD	DUCT DETECTOR
HDFT	HEAT DETECTOR FIXED TEMP.
HDROR	HEAT DETECTOR RATE OF RISE
H	HORN
HS	HORN/STROBE
LAS	LOW AIR SWITCH
LTA	LOW TEMP. SWITCH
PS	PULL STATION
SD	SMOKE DETECTOR
TS	TAMPER SWITCH
WF	WATER FLOW SWITCH
WPS	WATER PRESSURE SWITCH

CODE	TYPE EQUIP.
CEN	CENTRIUM
CHE	CHEMTRON
EDW	EDWARDS
ESL	ESL
FCI	FCI
FEN	FENWAL
FIRL	FIRELITE
GEN	GENTEX
NOT	NOTIFIER
PYR	PYROTRONICS
PYRT	PYROTECTOR
RAD	RADIONICS
SIM	SIMPLEX
SYS	SYSTEM SENSOR

CODE	TYPE EQUIP.
BRK	BRK
COL	COLDWATCH
DIC	DICTOGRAPH
FAR	FARADAY
FIR	FIREX
GAM	GAMEWELL
KID	KIDDIE
MIN	MINTONE
POT	POTTER
RSG	RSG
SPO	SPOTFIRE
THO	THORN

On this date, the above system was tested and inspected in accordance with procedures of the most recent adopted editions of NFPA 72 and the State of New Jersey Uniform Fire Code and was operated according to these procedures with the results indicated above. Any comments or unsatisfactory marks have been explained to the customer / customer's agent below.

SERVICE TECHNICIAN	DATE	TIME	CUSTOMER SIGNATURE	NAME	TITLE
DAN BOBEK	6-3-09			Esther McGuire	Manager

A COPY WILL BE FORWARDED TO THE AUTHORITY HAVING JURISDICTION (I.E. FIRE MARSHAL)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Cuddle Care Daycare

Date Received / Control # 07-0828

Date Issued / Permit # 4-11-07

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

Block 1170 Lot 16 18.02 Qualification Code

Work Site Location ~~Rt. 70 Brick, NJ 08724~~ 419 JACK MARTIN

Owner in Fee Ocean Medical Center

Address 425 Jack Martin Blvd Brick, NJ 08724

Tel (732) 840-3296

Contractor Systems Sales Corp

Address 1345 Campus Parkway Neptune NJ 07753

Tel (732) 751-0600 FAX (732) 751-0489

Contractor License No. 900525

Federal Emp. No. 22-2359665

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500-

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.

S. C

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

$ COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 4407

Approved by: WM

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 2 2208

Approved by: WM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2 2208	WM
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 / Control # 07-0828
Date Issued / Permit # 4-11-07

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

Block 1170 Lot 16 18.02 Qualification Code ____
Work Site Location 900 Rt 70 Brick, NJ 08724
Atg JACK Martin
Owner in Fee Ocean Medical Center
Address 425 Jack Martin Blvd Brick, NJ 08724

Tel (732) 840-3296
Contractor Systems Sales Corp
Address 1345 Campus Parkway Neptune, NJ 07753

Tel (732) 751-0600 FAX (732) 751-0489
Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00525
Fire Protection Equipment, NJ Div of Fire Safety Installer No. ____
Fire Alarm Contractor No. ____
Federal Emp. No. 22-2359665

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 [X] Existing
Location of Panel: Electrical Closet
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: ____

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

Total Cost of Fire Protection Work $ 5500-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 4-2-07
Approved by: (RCB)

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
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
[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Technology Upgrade of Fire Alarm Replacement of FACP and 9 Smoke Detectors

Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	9	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices FACP	1	
TOTAL	10	
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		
Other ____		

PROVIDE LOCATION & HEADS

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 07-0825

Date Issued
Permit # 4-11-07

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

Block 117C Lot 16 18.02 Qualification Code ____

Work Site Location 580 Rt 70 Brick NJ 08724
419 JACK Martin

Owner in Fee Ocean Medical Center

Address 425 Jack Martin Blvd Brick NJ 08724

Tel (732) 840-3296

Contractor Sisters Sales Corp

Address 1345 Campus Parkway Neptune NJ 07753

Tel (732) 751-0600 FAX (732) 751-0489

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00525

Fire Protection Equipment, NJ Div of Fire Safety Installer No. ____

Fire Alarm Contractor No. ____

Federal Emp. No. 22-2359665

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 [X] Existing

Location of Panel: Electrical Closet

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: ____

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity* ____

Total Cost of Fire Protection Work $ 5500-

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

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Technology Upgrade of Fire Alarm Replacement of FACP and 9 Smoke Detectors

Water Supply Source ____

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	____	____
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	9	____
Supervisory Devices (i.e., tampers, low/high air)	____	____
Signaling Devices (i.e., horn/strobes, bells)	____	____
Other Devices FACP	1	____
TOTAL	10	____
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	____	____
Other ____	____	____

PROVIDE LOCATION SHEADS

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: 4-2-07

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ____

Approved by: ____

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-0828

Date Issued / Permit # 4-11-07

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

Block 1170 Lot 16 Qualification Code

Work Site Location 950 Rt. 70 Brick, NJ 08724

Owner in Fee Ocean Medical Center

Address 425 Jack Martin Blvd Brick, NJ 08724

Tel (732) 840-3296

Contractor Systems Sales Corp

Address 1345 Campus Parkway Neptune NJ 07753

Tel (732) 751-0600 FAX (732) 751-0489

Contractor License No. 900505

Federal Emp. No. 22-2359665

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 500-

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.

S. C

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
___		Lighting Fixtures	
___		Receptacles	
___		Switches	
___		Detectors	
___		Light Poles	
___		Motors—Fract. HP	
___		Emergency & Exit Lights	
___		Communications Points	
1		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	
___	___	_____	
___	___	_____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 4407

Approved by: JM

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) 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 _____

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-0858

Date Issued / Permit # 4-11-07

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

Block 11.01 Lot 16 Qualification Code

Work Site Location 595 Rt 70 Brick, NJ 08724

Owner in Fee Ocean Medical Center

Address 425 Jack Martin Blvd Brick, NJ 08724

Tel (732) 840-2296

Contractor Systems Sales Corp

Address 1315 Campus Parkway Neptune NJ 07753

Tel (732) 751-0600 FAX (732) 751-0489

Contractor License No. 900505

Federal Emp. No. 22-2359665

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 4407

Approved by: MM

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
1		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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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Department of Community Affairs

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Division of Fire Safety State of New Jersey

Hereby Issues To

SYSTEMS SALES CORP

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas

Fire Alarm System

P00525	10/31/2006 to 10/31/2009
Permit ID	Date Issued Lapse Date

Commissioner