

Called 8/8



CONSTRUCTION PERMIT APPLICATION

C22-11

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

I. IDENTIFICATION

1. Proposed Work Site at: BRICK Hospital 425 JACK MARTIN BLVD

2. Name of Owner in Fee: Meridian Healthcare Tel. (732) 840-2200
Address 425 JACK MARTIN BLVD BRICK NJ 08724
street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: ADVANTAGE SPRINKLER Tel. (732) 928-6950
Address 580 North County Line Road JACKSON

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. 22 361 2095 FAX: () _____

5. Architect or Engineer _____ Tel. () _____
Address _____

6. Responsible Person in Charge of Work GLEN PASCULO
Tel. (732) 267-1452 FAX (732) 761-0401

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection	<u>822</u>		
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	<u>130</u>		
10. Subtotal			
11. Cert. of Occupancy	<u>948</u>		
12. Other			
13. TOTAL	\$		

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 _____

Wet sprinkler heads
first floor

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☐ Minor Work								
2. ☐ New Building								
3. ☐ Addition								
4. ☐ Alteration								
5. ☒ Fire Protection	<u>15800</u>	<u>APP</u>	<u>07-22-02</u>		<u>7-25-02</u>	<u>(signature)</u>		
6. ☐ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS	<u>15800</u>							

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)

2. ☐ Multi-Family (R-2)

3. ☐ Two-Family (R-3) BOCA

4. ☐ Two-Family (R-4) CABO

5. ☐ One-Family (R-3) BOCA

6. ☐ One-Family (R-4) CABO

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: _____

COMMERCIAL
NO FEE REQUIRED

(office use only)

DATE 8/8/02

APPROVED BY

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 ADVANTAGE SPRINKLER Co. INC
Address 580 N. CTY LINE ROAD
JACKSON N.J. 08527
Telephone (732) 928-6950
Signature Alvin P. Parullo

- 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	Other
Building _____	Energy _____	
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. _____	_____	_____	_____

TOWNSHIP OF BRICK
441 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/16/2002
Control #
Permit # 02-3481

UCC NEW JERSEY
CONSTRUCTION
PERMITE

IDENTIFICATION Block 1170 Lot 18

Work Site Location 425 JACK MARTIN BLVD-1ST FLOOR
Owner in Fee HERIBIAN HEALTH CARE
Address SAME
Telephone 732/840-2200
Contractor ADVANTAGE SPRINKLER
Address 580 N COUNTY LINE RD
JACKSON, NJ 08527-
Telephone 732/928-6950
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 22-3612095

Is hereby granted permission to perform the following work:
☐ BUILDINGS ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter B only)

DESCRIPTION OF WORK:
FIRST FLOOR FIRE PROTECTION PLAN WET SPRINKLER HEADS

NOTE: If construction 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 \$ 158,000

Construction Official [Signature] 09/16/2002

U.C.C. F170 (rev. 3/96)

Date

PAYMENTS (Office Use Only)
Building 0
Electrical 0
Plumbing 0
Fire Protection 822
Elevator Devices 0
Other
DCA State Permit Fee 126
Cert. of Occupancy 0
Other
Total 948
Check No.
Cash
Collected By HJR

09/16/02 09:10AM 00000084777
0002 SEP0.002
#3481
FIRE
DCA
***TOTAL \$124.00
FIRE \$124.00
DCA \$2.00
***TOTAL \$126.00
09/16/02 09:10AM 00000084777
***TOTAL \$948.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 07/22/2002
Date Issued 9/16/02
Control # C22-71
Permit # 02-3481

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WITH CHARGES

D. TECHNICAL SITE DATA

CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 1170 lot 18 Qual
Work Site Location 425 JACK MARLIN BLVD-1ST FLOOR

WET SPRINKLER HEADS

Owner in Fee MERIDIAN HEALTH CARE

Address SAME

BRICK, NJ 08724-

Tele. (732) 928-6950 Fax ()

Contractor ADVANTAGE SPRINKLER

Address 580 W COUNTY LINE RD

JACKSON, NJ 08527-

Tele. (732) 928-6950

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-3612095

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U

Constr Class Present Proposed

Heating Systems [] New [] Existing [] HVAC

Type: [] Gas [] Oil [] Elect [] Solar

[] Other

Location:

Total Est Cost of Fire Prot Work \$ 158,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Plumb [] Elevator

[] Fire Plans Approved

Date: 7-26-02

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CH

Date:

Approved By:

INSPECTIONS

Type Failure Failure Approval Initial

Alarm Sys

Suppr Test

Standpipe

Fire Pump

Prefeng Sys

Mechanical

Smoke Ctl

TCO

Final

Other

Dates (Month/Day)

Storage Tanks

Type: [] Flammable liquid [] Combust Liquid

[] LPG [] LNG Capacity 0 Fuel 0

Alarm Systems [] 110V Interconnected NUMBER

[] System

Alarm Devices (Smoke, heat, pulls, water/flow) 0

Supervisory Devices (tamper, low/high air) 0

Signalling Devices (horn/strobes, bells) 0

Other Devices 0

TOTAL 0

Suppression Systems

Fire Pump 0 GPM Type 0

Dry Pipe/Alarm Valves 0

Pre-action Valves 0

Sprinkler Heads (Dry and Wet) 496

Standpipes 0

Pre-engineered Systems

Wet Chemical 0

Dry Chemical 0

CO2 Suppression 0

Foam Suppression 0

Halon Suppression 0

Other 0

Kitchen Hood Exhaust System 0

Smoke Control System 0

Gas [] or Oil [] Fired Appliances 0

Other 0

Other 0

FEE (Office Use Only)

* Call for vision

of your floor

above ceiling

- Above take

- Do not take

- your system up

- ceiling has safety

0

Administrative Surcharge \$ 0

Minimum Fee \$ 0

Collected by: TOTAL FEE \$ 822

OCA Training Fee \$ 126

U.C.C. 1140 (rev. 3/96)



Company Advantage Sprinkler Co.

City Ken State NJ ZIP 08527

310

Brick Town Hall - Construction Dept

Address	Part Floor/In Room
1000	1

City Brick State NJ ZIP 08723



8340 2006 1313
ETET 9002 0458

☐ **FedEx Priority Overnight**
Next business morning

4b Express Freight Service

☐ FedEx Envelope*

Available only for FedEx Priority Overnight and FedEx 2Day to select ZIP codes

One box must be checked

☒ No ☐ Yes

As per attached
Shipper's Declaration

7 ~~Payment~~ Bill to: _____ Enter _____

☒ Sender
Acct. No. in Section
1 will be billed.

☐ Recipient

Total Packages	Total
1	

8 Release Signature *Sgt. M.*

By signing you authorize us to do and agree to indemnify and hold

or call 1.800.Go.FedEx® 800.465.
Rev. Data 10/01 • Part #157612 • ©1999

10

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 111 LOT 11 SITE ADDRESS 10
TYPE OF SITE Residential / Commercial NAME OF BUSINESS
APPLICANT PHONE NUMBER 212-861-1111
APPLICANT ADDRESS 100 W 11th St CITY & STATE NYC

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required <u></u>	Date <u></u>
	Down Payment <u></u>	Date <u></u>
	Balance <u></u>	Date <u></u>
	Paid In Full <u></u>	Date <u></u>
Market Rate	No Fee Required	

NO FEE REQUIRED

MANDATORY DEVELOPER FEES

- ◇ Residential is .005 %
- ◇ Commercial is .01%
- ◇ The estimated equalized assessed value of the proposed construction is

APPROVED BY Let DATE 8/8/02

\$ 0
Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor

7/7/02
Date

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

\$

Frederick R. Millman, CTA, Tax Assessor

Date

Preliminary Fee Required _____
Preliminary Paid _____

Date _____
Check # _____
Receipt # _____

Final Total Fee Required _____
Preliminary Paid _____
Final Paid _____
Balance Due _____

Date _____
Check# _____
Receipt # _____

Fees Imposed To Date _____
Fees Reached \$15,000 _____ Date _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Office of Affordable Housing

Township of Brick

Counter Form (PLEASE PRINT)

Site Location: Brick Hospital
Block: _____ Lot: _____
Owner's Name: Meridian Healthcare Systems
Owner's Mailing Address: 925 JACK MARTIN BLVD
Brick NJ 08724
Phone: (732) _____

BUILDING

Contractor: _____
Address: _____
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work: _____

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: \$ _____

Cost of New Building: \$ _____

Total Cost of New Building Work: \$ _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: _____
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____ KW
Oven/Surface Unit _____ KW
Electric Water Heater _____ KW
Electric Dryer _____ KW
Dishwasher _____ KW
Garbage Disposal _____ HP
A/C Unit -Central Air _____ KW
Space Heater/Air Handler _____ KW
Baseboard Heating _____ KW
Motors 1+ HP _____
Transformer/Generator _____ KW
Light Stander _____ AMP
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
Furnace _____
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	_____
Urinals/Bidets	_____
Bath Tub (w/or w/out shower head)	_____
Lavatory (BR Sink)	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping	_____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Air Conditioner (Condensate Drain)	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Pool Heater	_____
Other:	_____

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: ADVANTAGE Sprinkler
Address: 580 N City Line Rd
SACKSON NJ 08527
Phone #: 732 928-6950
Lis #: _____
Federal Emp # or SSN 22 361 2095

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____
Water Supply Source Existing
Method of Valve Supervision TAMPERS
Local Alarm Supervision _____
Central Supervision: Y
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel _____
Combustible Storage Tanks _____ capacity _____ fuel _____
LPG Storage Tanks _____ capacity _____ fuel _____

Item	Quantity
Wet Sprinkler Heads	<u>496</u>
Dry Sprinkler Heads	_____
Total	<u>496</u>

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work 158,000

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Glenn Pasacillo
Print Name: Glenn Pasacillo