BLOCK 18 LOT 1170 QUALIFICATION CODE C19.07 ADDRESS (SITE) 425 JACK MARTIN BLVD. PERMIT NO. 02-3873

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: BOILER PLANT UPGRADE
2. Name of Owner in Fee: MEDICAL CENTER OF OCEAN CTY Tel. (732) 840-3296
   Address 425 JACK MARTIN BLVD. (street) BRICK (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: WM. BLANCHARD CO. Tel. (973) 376-9100
   Address 199 MOUNTAIN AVE. SPRINGFIELD NJ 07081
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 22-1688982 FAX: (973) 376-9154
5. Architect or Engineer VITETTA Tel. ( ) ____
   Address 4747 SOUTH BROAD ST. PHILLY - PA 19112
6. Responsible Person in Charge of Work BOB WILKE
   Tel. (973) 376-9100 FAX (973) 376-9154

840-4510

COMMERCIAL

Boiler room addition F&F only

V. FEE SUMMARY (for office use only)

		FA	FB Update	FB Update
1. Building	$	520 ✓	✓	
2. Electrical			62 ✓	
3. Plumbing			120 ✓	
4. Fire Protection			35 ✓	65 ✓
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		29		
10. Subtotal				
11. Cert. of Occupancy		25		
12. Other		30		
13. TOTAL	$	604	217	65

39 — 35

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		2 fl
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		

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		DLR	9/16/02		10-7-02	FM	6-19-03		
2. ☐ New Building									
3. ☒ Addition	400,000								
4. ☐ Alteration									
5. ☒ Fire Protection	1500				10-9-02	FM			
6. ☒ Plumbing	3000								
7. ☒ Electrical	10,000				10-9-02	WK			
8. ☐ Elevator Devices							6-16-03		
9. ☐ Asbestos Abat. Subch. 8							6-16-03		
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition	5500	GM	10/3/02		10/3/02				
TOTAL COSTS	420,000								

OPTIONAL (for office use only)

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:
7. Before Construction
8. After Construction
9. Net Gain or Loss

B. NON-RESIDENTIAL
1. State Specific Use: Hospital
2. Use Group: I-2
3. Change in Use Group, Indicate Former:

A.H.C. HOSPITAL SUPPLEMENT - COMMERCIAL

NO FEE REQUIRED

APPROVED BY ____ DATE 10/17/02

LDS BR 10401377

Called Bob Wilke

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 WM. BLANCHARD CO.

Address 199 MOUNTAIN AVE.
SPRINGFIELD, NJ

Telephone (973) 376-9100 X235

Signature _____ 8/16/02

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. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/15/2003
Control #
Permit # 02-3873

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
BOILER ROOM ADDITION
Owner in Fee/Occupant MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3296
Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Telephone (973)376-9100 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1688982

Home Warranty No. NA
Type of Warranty Plan: [ ] State [X] Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

BOILER ROOM ADDITION
PER DAN NEWMANS OK, FOOTING/FOUNDATION ONLY 10-07-02

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 35
Paid [X] Check No. 1010957
Collected by: AJP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/15/2003
Control #
Permit # 02-3873

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
BOILER ROOM ADDITION
Owner in Fee/Occupant MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3296
Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Telephone (973)376-9100 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1688982

Home Warranty No. NA
Type of Warranty Plan: [ ] State [X] Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

BOILER ROOM ADDITION
PER DAN NEUHANS OK, FOOTING/FOUNDATION ONLY 10-07-02

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

[ ] 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 OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] 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 _____, ___.

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 35
Paid [X] Check No. 1010957
Collected by: AJP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

IDENTIFIC

Block 1170 Lot 18
Work Site Location 425 JACK HAI
BOILER ROOH
Owner in Fee/Occupant MEDICAL (
Address SAHE
BRICK, NJ 08724-
Telephone (732)840-3296
Contractor WILLIAM BLANCHARD C(
Address 199 HOUNTAIN AVE
SPRINGFIELD, NJ 070(
Telephone (973)376-9100
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1688982

[X] CERTIFICATE OF OCCUPAN

This serves notice that said building or str
accordance with the New Jersey Uniform Const
for occupancy.

[ ] CERTIFICATE OF APPROVA

This serves notice that the work coopleted h
accordance with the New Jersey Uniform Const
If the permit was issued for minor work, thi
was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE

If this is a Temporary Certificate of Occupa
conditions must be met no later than _____
subject to fine or order to vacate:

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/08/2C
Control #
Permit # 02-3873

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
BOILER ROOM ADDITION
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3296

Contractor WILLIAM BLANCHARD CO
Address 129 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Telephone (973)376-9100
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1688982

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
BOILER ROOM ADDITION
PER DAN NEUMANS OK, FOOTING/FOUNDATION ONLY 10-07-02

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 $ 400,000

Construction Official

10/08/2002
Date

PAYMENTS (Office Use Only)

Building	520
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	39
Cert. of Occupancy	35
Other	
Total	624 52[illegible]
Check No.	1010957
Cash	
Collected By	AJP

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 11/01/2002
Control #
Permit # 02-3873+A
Permit Issued 10/08/2002

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
PLG/FIRE/ELEC/BLDG REVIEW
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3296

Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Telephone (973)376-9100
Lic. No. or Bldrs. Reg. No.
Federal Ecp. No. 22-1688982

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
BOILER ROOM ADDITION - BUILDING REVIEW ONLY
FOOTING/FOUNDATION ALREADY ISSUED ON 10-08-02

Estimated Cost of Work $ 14,501

Construction Official

11/01/2002
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	62
Plubing	120
Fire Protection	35
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	217
Check No.	1011226
Cash	
Collected By	HJR

11/01/02 1:27PM 0000006951
*02 SERV.002

#3873	
ELECTRIC	$62.00
PLUMBING	$120.00
FIRE	$35.00
CHECK	$217.00

U.C.C. F190 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 11/01/2002
Control 0
Permit 0 02-3873+0
Permit Issued 10/08/2002

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
WET SPRINKLER HEADS
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3296

Contractor HIGGINS FIRE PROTECTION
Address 1120 CENTRAL AVE
HILLSIDE, NJ 07205-
Telephone (908)352-3487
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-5465890

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
WET SPRINKLER SYSTEMS

Esticated Cost of Work $ 1,500

D. Newman HJR 11/01/2002
Construction Official Date

U.C.C. F190 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	65
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	65
Check No.	1011226
Cash	
Collected By	HJR

11/01/02 1:28PM 000000N5952
XX02 SERV.002
#3873
FIRE $65.00
CHECK $65.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/08/2002
Date Issued ~~01/01/1954~~
Control # 11-1-02
Permit # 02-3873+A

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 Qual
Work Site Location 425 JACK MARTIN BLVD
PLG/FIRE/ELEC/BLDG REVIEW
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Tele.(973)376-9100 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1688982

COMMERCIAL

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 Shop Drwgs on File

BOILER ROOM ADDITION - BUILDING REVIEW ONLY
FOOTING/FOUNDATION ALREADY ISSUED ON 10-08-02

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	10/2502	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			1-28-03	FM
BarrierFree				
Insulation			1-28-03	FM
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 1
2. Alteration $ 0
3. Total (1+2)$ 1

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 0
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/16/2002
Date Issued 10/08/02
Control # C19-07
Permit # 02-3873

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 Qual
Work Site Location 425 JACK MARTIN BLVD
BOILER ROOM ADDITION
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Tele.(973)376-9100 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1688982

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

BOILER ROOM ADDITION
PER DAN NEWMANS OK, FOOTING/FOUNDATION ONLY 10-07-02

Need Steel Shop Drwgs Before Any Further work.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10-7-02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 6-19-03
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			11-4-02	FM
Foundation				
Slab				
Frame				
BarrierFree	Rebar	11/8	cc	YK
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			6/19/03	FM
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 0 Ft.
Area Largest Floor 765 Sq. Ft.
New Bldg. Area/All Floors 765 Sq. Ft.
Volume of New Structure 20,783 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 400,000
2. Alteration $ 0
3. Total (1+2)$ 400,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	520
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 520
DCA State Permit Fee	$ 39

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/08/2002
Date Issued 01/01/1954
Control # 11-1-1
Permit # 02-3873+A

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 Qual
Work Site Location 325 JACK MARTIN BLVD
PLG/FIRE/ELEC/BLDG REVIEW
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Telc.(732)840-2296
Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Telc.(973)376-9100 Fax ( )
Lic. No. or Oldrs. Reg. No.
Federal Exp. No. 22-1668982

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK Shop Dwgs

BOILER ROOM ADDITION - BUILDING REVIEW ONLY
FOOTING/FOUNDATION ALREADY ISSUED ON 10-08-02

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10/21	TH
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 1
2. Alteration $ 0
3. Total (1+2)$ 1

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF CONST	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 0
DCA State Permit Fee	$ 0

Paid [ ] Check # Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/08/2002
Date Issued 01/01/1954
Control # 11-1-02
Permit # 02-3873+A

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 Qual
Work Site Location 425 JACK MARTIN BLVD
PLG/FIRE/ELEC/BLDG REVIEW
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Telo.(732)840-3296
Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Telo.(973)376-9100 Fax (___)
Lic. No. or Bldrs. Reg. No.
Federal Enp. No. 22-1688982

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK Shop Drwgs Only

BOILER ROOM ADDITION - BUILDING REVIEW ONLY
FOOTING/FOUNDATION ALREADY ISSUED ON 10-03-02

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	10/30/02	EB
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frane		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plunb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frane				
BarrierFree				
Insulation				
Finishes				
Energy				
Nechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volune of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 1
2. Alteration $ 0
3. Total (1+2)$ 1

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatenent Subchapter 8	0
[ ] Lead Haz. Abatenent NJAC 5:17	0
[ ] Othor	0
Other	0
[ ] Decolition	0

Adninistrative Surcharge	$ 0
Paid [ ] Check # Ninimun Fee	$ 0
Collected by: TOTAL FEE	$ 0
DCA State Permit Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/16/2002
Date Issued 10/08/02
Control # C19-07
Permit # 02-3873

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 Qual
Work Site Location 425 JACK MARTIN BLVD
BOILER ROOM ADDITION
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Tele.(973)376-9100 Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1688982

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10-7-02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrierfree				

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 0 Ft.
Area Largest Floor 765 Sq. Ft.
New Bldg. Area/All Floors 765 Sq. Ft.
Volume of New Structure 20,783 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 400,000
2. Alteration $ 0
3. Total (1+2)$ 400,000

Industrialized Building:
[ ] State Approved
[ ] HUD

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

BOILER ROOM ADDITION
PER DAN NEWMANS OK, FOOTING/FOUNDATION ONLY 10-07-02

Need Steel Shop Drwgs Before Any Further work.

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	520
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 520
DCA State Permit Fee	$ 39

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/16/2002
Date Issued / /
Control # C19-07
Permit # 1 1079

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 Qual
Work Site Location 425 JACK MARTIN BLVD
BOILER ROOM ADDITION
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Tele.(973)376-9100 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. 22-1680982

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

BOILER ROOM ADDITION
PER DAN HENMANS OK, FOOTING/FOUNDATION ONLY 10-07-02

Need Steel Shop Drwgs Before Any Further work.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10-7-02	ED
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK — FEE (Office Use Only)

[ ] New Building	$ 0
[X] Addition	520
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 0 Ft.
Area Largest Floor 765 Sq. Ft.
New Bldg. Area/All Floors 765 Sq. Ft.
Volume of New Structure 20,783 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 400,000
2. Alteration $ 0
3. Total (1+2)$ 400,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 520
DCA State Permit Fee	$ 39

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/08/2002
Date Issued 01/01/1954
Control # 11-1-02
Permit # 02-3873+A

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 Qual
Work Site Location 425 JACK MARTIN BLVD
PLG/FIRE/ELEC/BLDG REVIEW
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor FINESSE ELECT CORP
Address P O BOX 6837
FREEHOLD, NJ 07728-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3396664

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposod U
[ ] Pole/Pad 0 [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 10 9 02
Approved By:

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

INSPECTIONS

Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
13		Lighting Fixtures	
2		Receptacles	
3		Switches	
2		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
20		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
3	3	HP/KW Space Heater/Air Handler	27
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 62
DCA State Permit Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/08/2002
Date Issued ~~01/01/1954~~
Control # 11-1-02
Permit # 02-3873+A

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 Qual
Work Site Location 425 JACK MARTIN BLVD
PLG/FIRE/ELEC/BLDG REVIEW
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor FINESSE ELECT CORP
Address P O BOX 6837
FREEHOLD, NJ 07728-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3396664

Boiler Room Addition
COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 10 9 02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6/19/03
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final	6903MK		6/18/03MK	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

1 Underground
2 Support Box
3 Disconnects
4 Underground

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
13		Lighting Fixtures	
2		Receptacles	
3		Switches	
2		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
20		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
3	3	HP/KW Space Heater/Air Handler	27
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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 Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 62
DCA State Permit Fee	$ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

STR. 7403 III

Date Received 10/08/2002
Date Issued 01~~/01/1954~~ 11-1-02
Control #
Permit # 02-3873~~IA~~

PAGE-1

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 Qual
Work Site Location 425 JACK MARTIN BLVD
PLG/FIRE/ELEC/BLDG REVIEW
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor FINESSE ELECT CORP
Address P O BOX 6837
FREEHOLD, NJ 07728-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3396664

CONNECTICUT

* DCA NOT REQ AS PER LETTER JULY 15 FROM FARHAN KIANI

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [X] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 10-10-03
Approved By: EW

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6/4/03
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys	N-2/10-03		6-4-03	EW
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

See other paperwork

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	2	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	1	
Other Devices	0	
TOTAL	3	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

BOILER Renovation only for Boilers

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA State Permit Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/08/2002
Date Issued ~~01/01/1954~~
Control # 11-1-02
Permit # 02-3873+B

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 Qual
Work Site Location 425 JACK MARTIN BLVD
WET SPRINKLER HEADS
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor HIGGINS FIRE PROTECTION
Address 1120 CENTRAL AVE
HILLSIDE, NJ 07205-
Tele.(908)352-3487
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-5465890

BOILER ROOM addition COMMERCIAL Mike Keller 1500

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 $ 1,500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

200 PSI 2/8/03 @ 100 OK

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 10-25-02
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-16-03
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys	200 PSI	OK	Called	CAS
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
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.
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	6	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 65
DCA State Permit Fee	$ 0

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/08/2002
Date Issued 01/01/1954
Control # 11-1-02
Permit # 02-3873+B

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 Qual
Work Site Location 425 JACK MARTIN BLVD
WET SPRINKLER HEADS
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Telo.(732)840-3296
Contractor HIGGINS FIRE PROTECTION
Address 1120 CENTRAL AVE
HILLSIDE, NJ 07205-
Telo.(908)352-3487
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-5465890

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 $ 1,500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 12-25-02
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected	NUMBER	
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	6	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 65
	DCA State Permit Fee	$ 0

U.C.C. FF40 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/08/2002
Date Issued ~~01/01/1954~~ 11-1-02
Control #
Permit # 02-3873+B

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 Qual
Work Site Location 425 JACK MARTIN BLVD
WET SPRINKLER HEADS
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor HIGGINS FIRE PROTECTION
Address 1120 CENTRAL AVE
HILLSIDE, NJ 07205-
Tele.(908)352-3487
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-5465890

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 $ 1,500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 12-26-02
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
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.
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

		NUMBER	FEE (Office Use Only)
Storage Tanks			
Type: [ ] Flammable Liquid [ ] Combust Liquid			
[ ] LPG [ ] LNG Capacity 0 Fuel			
Alarm Systems [ ] 110v Interconnected			
[ ] System			
Alarm Devices(smoke,heat,pulls,water/flow)		0	
Supervisory Devices (tampers,low/high air)		0	
Signalling Devices (horn/strobes, bells)		0	
Other Devices		0	
TOTAL		0	0
Suppression Systems			
Fire Pump 0 GPM Type		0	
Dry Pipe/Alarm Valves		0	
Pre-action Valves		0	
Sprinkler Heads (Dry and Wet)		6	65
Standpipes		0	0
Pre-Engineered Systems			
Wet Chemical		0	0
Dry Chemical		0	0
CO2 Suppression		0	0
Foam Suppression		0	0
Halon Suppression		0	0
Other			0
Kitchen Hood Exhaust System		0	0
Smoke Control System		0	0
Gas [ ] or Oil [ ] Fired Appliances		0	0
Other			0
Other			0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	65
DCA State Permit Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/08/2002
Date Issued 01/01/1954
Control #
Permit # 02-3873+A

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 Qual
Work Site Location 425 JACK MARTIN BLVD
PLG/FIRE/ELEC/BLDG REVIEW
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Telo.(732)840-3296
Contractor FINESSE ELECT CORP
Address P O BOX 6037
FREEHOLD, NJ 07728-
Telo.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3396664

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [X] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 10-1-02
Approved By: KCB
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected	NUMBER	
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	2	
Supervisory Devices (tappers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	1	
Other Devices	0	
TOTAL	3	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA State Permit Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/08/2002
Date Issued ~~01/01/1954~~ 11-1-02
Control #
Permit # 02-3873+A

(Page-1)

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 Qual
Work Site Location 425 JACK MARTIN BLVD
PLG/FIRE/ELEC/BLDG REVIEW
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor FINESSE ELECT CORP
Address P O BOX 6837
FREEHOLD, NJ 07728-
Tele.(__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3396664

* DCA NJ \# (09 AB) per letter July 15 from Farivar Kiani

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [X] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 10-10-02
Approved By: KLR
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

Dates (Month/Day)

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combust Liquid
[ ] LPG [ ] LNG Capacity ____ 0 Fuel ____

FEE (Office Use Only)

Boiler Renovation only for Devices

	NUMBER	FEE
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	2	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	1	
Other Devices	0	
TOTAL	3	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge $ 0
Paid [ ] Check # ____ Minimum Fee $ 0
Collected by: ____ TOTAL FEE $ 35
DCA State Permit Fee $ 0

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/08/2002
Date Issued ~~01/01/1954~~
Control # 11-1-02
Permit # 02-3873+A

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 Qual
Work Site Location 425 JACK MARTIN BLVD
PLG/FIRE/ELEC/BLDG REVIEW
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor BARHAM-MCBRIDE CO INC
Address 4239 HWY 33
TINTON FALLS, NJ 07753-
Tele.(732)922-0660
Lic. No. or Bldrs. Reg. No. BI6107
Federal Emp. No. 22-1101670

boiler room addition
COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] ~~Plumb.~~ Plans Approved
Date: 10-10-02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 6-16-03

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.			6/4/03	
Gas Piping			6/11/03	
Solar				
TCO FINAL				

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
3 ~~1~~	Gas Piping	~~75~~ 0
1	Steam Boiler	35
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other ROOF DRAIN	10
	Other	0

changed in computer 10-10-02 ast

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ ~~45~~ 120
DCA State Permit Fee $ 0

U.C.C. F130 (rev. 3/96)

UPDATE To Boiler Job

Called 3/14/03

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 6-24-03
Date Issued
Control #
Permit # 02-3893 +C

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
Work Site Location Medical Center of Ocean County (Brick Division)
425 Jack Martin Blvd. Brick NJ. 08724
Owner in Fee MED CTR OF O.C.
Address 425 JACK MARTIN BLVD
BRICK NJ
Tele. (732) 840-3296
Contractor Barham-McBride Co., Inc.
Address 4239 Highway # 33
Tinton Falls, NJ 07753
Tele. (732) 922-0660 Fax (732) 922-3562
Lic. No. B106107
Federal Emp. No. 22-1101670

B. PLUMBING CHARACTERISTICS

Use Group Present Hosp. Proposed Hosp.
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 3/13/03
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3/13/03
Approved by: [signature]

INSPECTIONS Type	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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.

[signature]
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other EMERG O2 FILL	
	Other RELOCATION	
	Other	

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

UCC F130
(rev 3/96)

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

UPDATE To Boiler JOB

Called 3/14/03

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 6-24-03
Date Issued
Control #
Permit # 02-3873 +C

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
Work Site Location Medical Center of Ocean County (Brick Division)
425 Jack Martin Blvd. Brick NJ. 08724
Owner in Fee MED CTR OF O.C.
Address 425 JACK MARTIN BLVD
BRICK NJ
Tele. (732) 840-3296
Contractor Barham-McBride Co., Inc.
Address 4239 Highway # 33
Tinton Falls, NJ 07753
Tele. (732) 922-0660 Fax (732) 922-3562
Lic. No. B106107
Federal Emp. No. 22-1101670

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present Hosp. Proposed Hosp.
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 3/13/03
Approved by: _____

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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.

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other EMERG O2 FILL RELOCATION	
	Other	
	Other	

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

UCC F130 (rev 3/96)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/08/2002
Date Issued 01/01/1954
Control #
Permit # 02-3873+A 11-1-02

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 Qual
Work Site Location 425 JACK MARTIN BLVD
PLG/FIRE/ELEC/BLDG REVIEW
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor DARHAN-MCBRIDE CO INC
Address 4239 HWY 33
TINTON FALLS, NJ 07753-
Tele.(732)922-0660
Lic. No. or Bldrs. Reg. No. #16107
Federal Emp. No. 22-1101670

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
30	Gas Piping	75 ~~0~~
1	Steam Boiler	35
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other ROOF DRAIN	10
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 120 ~~45~~
DCA State Permit Fee $ 0

U.C.C. F139 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/08/2002
Date Issued 01/01/1954
Control #
Permit # 02-3873+A 11-1-05

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 Qual

Work Site Location 425 JACK MARTIN BLVD
PLG/FIRE/ELEC/BLDG REVIEW

Owner in Fee MEDICAL CENTER OF OCEAN CTY

Address SAME
BRICK, NJ 08724-

Tele.(732)840-3296

Contractor BARHAM-MCBRIDE CO INC

Address 4239 HWY 33
TINTON FALLS, NJ 07753-

Tele.(732)922-0660

Lic. No. or Bldrs. Reg. No. BI6107

Federal Emp. No. 22-1101670

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10 - 10 - 02
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
3	Gas Piping	15 ~~0~~
1	Steam Boiler	35
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other ROOF DRAIN	10
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 120 ~~45~~
DCA State Permit Fee $ 0

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: October 2, 2002 **No.** 2.1634

Block: 1170 **Lot:** 18-18.02 **Zone:** H-S, Hospital Support

Property Address: 425 Jack Martin Boulevard

Applicant: Robert Wilke; William Blanchard Company

Property Owner: Medical Center of Ocean County

Existing Use: Hospital

Proposed Use: Same.

Proposed Construction: Boiler room addition.

Conditions: Site plan approved by the Planning Board.
Case No. PB-2403 (2266)(1281)2-A-PSP/FSP-V-2/02.
Resolution adopted on July 10, 2002.
Maps signed on September 27, 2002.

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
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
AUG 19 2002
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(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.

RECEIVED
SEP 27 2002
ZONING

Block ~~15~~ 1170 Lot ~~1500~~ 18 Qualifier _____

PROPERTY ADDRESS 425 JACK MARTIN BLVD.

RECEIVED
OCT 2 2002
ZONING

PERSONAL NAME OF APPLICANT ROBERT WICKE

BUSINESS NAME OF APPLICANT WM BLANCHARD CO.

PROPERTY OWNER MEDICAL CENTER OF OCEAN COUNTY

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

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

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____
☒ Addition
☐ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

COMMERCIAL

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.

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 _____ Date 8/16/02

Reviewed by Zoning Office _____ Date 8-20-2 ☒ Approved ☐ Denied

9-30-02
10/2/2

7 / 2001

Blanchard
Wm. Blanchard Co. | Builders since 1860

P.O. Box 298 199 Mountain Avenue.Springfield, New Jersey 07081
973.376.9100 Fax: 973=376=9154

October 25, 2002

Building Department
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Block: 1170
Lot(s): 18 & 18.02

Attn: Daniel F. Newman, Jr. – Construction Official
732-262-1030
732=262=8954 (Fax)

Ref: Job No. 4876
Boiler Plant Upgrade
Medical Center of Ocean County
425 Jack Martin Blvd.
Brick, New Jersey
Ref Permit # 02-3873

We Are:

- ☐ Forwarding To You
- ☒ **Enclosing Herewith via Hand**
- ☐ Returning Herewith
- ☐ Handing You

For Your:

- ☐ Quotation
- ☒ **Approval**
- ☐ Review and Comment
- ☐ Approved as Noted
- ☒ **Use**

No. Copies	Drawing Number	Title	Date
2	Signed/Sealed Plumbing / Sprinkler design sketch by the Engineer K&L		8/15/02
2	Signed/Sealed Sprinkler Shop Drawings (prepared by Higgins F/P)		10/17/02
1	Structural Steel Shop Drawings (revised per engineers comments)		

COMMENTS: **Please give the Plumbing and Sprinkler design sketch to Kevin Batzel.**

The Structural Steel Shop Drawings were requested by Frank Mizer for his review. Please forward them to him.

Thanks,
Wm. **Blanchard** *Co.*

~~Robert Wilke~~
Project Manager

RW/lak
Cc: Ray Fochesto, MCOC
R. A. Samenfeld
Stan Kozal
File w/ copy

National Fire Code
Plan Review Record
Township of Brick

Date: 10-16-02

Site Address: 405 Jack Martin - Hospital Boiler Room

Reviewed By: KCB

CORRECTION LIST

No.	Description
1-	No plan showing locations and pipe schedule & heads for Boiler Room Activation

10.18.02 Called Bob Wilke told him of this Rejection

Called Darrel McGee 10-16-02 @ 4:00

Resubmit 10/25/02

Party Called and Phone #: _____

Resubmitted on: _____ By: _____

Blanchard
Wm. Blanchard Co. | Builders since 1860

P.O. Box 298 199 Mountain Avenue.Springfield, New Jersey 07081
973.376.9100 Fax: 973=376=9154

November 25, 2002

Building Department
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Attn: Daniel F. Newman, Jr. – Construction Official
732-262-1030
732=262=8954 (Fax)

Ref: Job No. 4826
East Wing Addition and
Parking Garage
Medical Center of Ocean County
Brick, New Jersey

We Are:

- ☐ Forwarding To You
- ☐ Enclosing Herewith
- ☐ Returning Herewith
- ☒ **Handing You**

For Your:

- ☐ **Quotation**
- ☐ **Approval**
- ☐ **Review and Comment**
- ☐ **Approved as Noted**
- ☒ **Use**

No. Copies	Drawing Number	Title	Date
1	Plumbing Permit		
2	Drawings P2, P3 & P11		

COMMENTS:

Thanks,
Wm. **Blanchard** *Co.*
Robert Wilke
Robert Wilke
Project Manager

LR

RW/lr
Cc: Doug Murray, GA
R. A. Samenfeld/SF
Steve DiFlora, K & L
File w/ copy

BARHAM-MCBRIDE CO., INC
PROJECT TESTING REPORT
STANDARD TEST FORM

Provide a test log for pipe and duct testing. Test log shall be as following:

LOG OF TEST

PROJECT: Brick Boiler Project CONTRACT: _____

DATE OF TEST: 11/29/03 TEST REPORT #: 3

WITNESSES TO TEST: FROM:

1. Mark Dupont Barham

2. Ed Mangold Brick Hospital

3. _____ _____

TEST PERFORMED BY: FROM:

1. Mark Dupont Barham

SYSTEM TESTED: Pilot gas main to new Boiler

BUILDING/LOCATION: South Wing Basement Mech. Room

Specified Test PSIG	Time	Initial Gage Reading	End of Test Time	Final Gage Reading
50	8AM	50	12pm	50

DRAWING REFERENCE: _____ SPEC REFERENCE: 15900 - 3

TEST RESULTS: SATISFACTORY X UNSATISFACTORY

REMARKS: APPROVED X WITNESS TO TEST DISAPPROVED

SIGNED BY _____

NAME: Ed Mangold OF Brick Hospital
Chief Engineer

7.1.1 Applicant agreed to supply further information as to reduction in air quality.

7.1.2 Applicant agreed to recite and represent that mechanicals are in basement.

7.2 Applicant agreed to supplement report to recite as to need for expanded facility and effect on evaluated factors, to address the alternate proposal element of the Environmental Impact Statement.

Site Plan

8.1 Applicant agreed to supplement per Brick Township Ordinance on page OP-1.

8.3 Applicant agreed to either reconfigure handicap spaces in easterly lot adjacent to Jack Martin Boulevard to eliminate crossing of 25' access drive or to paint crosswalks at each ramp location to satisfaction of Board Engineer.

8.4.1 Applicant will supply details to satisfaction of Board Engineer as to concrete curb.

8.4.2 Applicant will supply details to satisfaction of Board Engineer as to concrete sidewalk.

8.4.3 Applicant will supply details to satisfaction of Board Engineer as to parking lot pavement

8.4.4 Applicant will supply details to satisfaction of Board Engineer as to handicap spaces and associated signs.

Temporary Office Trailer Plan

9.1 Applicant testified proposed trailer is an office trailer, not a construction trailer, and applicant will supplement existing proposed location as shown in A-5.

9.2 Applicant agreed to supply restoration notes when trailer is removed to satisfaction of Board Engineer.

General

10.1 Applicant acknowledges provisions of Article XVIII Hospital Support Zone mandatory fee contribution to Brick Township Affordable Trust Fund established in Article VB.

10.2 Applicant will repair/replace as necessary existing Type B inlet as to Board Engineer's satisfaction.

10.3 Applicant agrees to add sidewalk on southwest side access to building from adjacent parking lots to match the existing sidewalks to satisfaction of Board Engineer.

6. The applicant shall comply with the comments contained in the report from the Bureau of Fire Safety dated March 4, 2002.

A. Applicant will comply with the canopy height acceptable for fire apparatus passage.

B. Applicant will revise plan to show drop-off zones.

C. Applicant will show "no parking" areas under Title 39 and new fire zone.

D. Applicant will provide additional fire hydrant on east side of proposed addition.

E. Applicant will provide details of dry standpipe system of parking garage to satisfaction of Fire Safety Bureau.

F. Applicant represented the hospital has contracted to fully sprinkle all floors of hospital.

G. Applicant represents that new structure will eliminate overcrowding in mechanical rooms and hallways.

H. Applicant will comply with fire zone and fire signs and striping per Brick Township Ordinance 102-71.

7. The applicant shall comply with the comments contained in the report from Shade Tree Commission dated 4/5/02.

8. Applicant shall provide Board Engineer and Planner with the location of any proposed construction trailers prior to placement on site, so that Board's professionals might report back to Board should there be any concerns.

9. Applicant will supply Board's Engineer and Planner with an anticipated construction schedule.

10. Applicant will supply to Board copies of cross-access agreement for parking with adjacent lot, to facilitate traffic circulation on site.

11 Applicant will supply to Board's Engineer and Planner revised Lighting Plan reciting shielding of lighting from adjacent residences.

12. Applicant will supply to Board's Engineer and Planner revised Landscaping Plan for area of Office Trailer.

MOVED BY: Mr. Scherer

SECONDED BY: Mr. Kelly

VOTING IN THE AFFIRMATIVE: Mr. Kelly, Mrs. LaDuke, Mr. Dockery, Mr. Petoia, Mr. Vespi, Mr. Higgins, Mr. Scherer

VOTING IN THE NEGATIVE:

INELIGIBLE TO VOTE: Councilman Underwood, Mr. Aiello, Mr. Fredo

ABSTAINING:

ABSENT: Mr. Reilly

CERTIFICATION

I, **JUDITH FOX NELSON**, Clerk of the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that the foregoing resolution was duly **ADOPTED** by the said Planning Board of the Township of Brick at a regular meeting held on the 24th day of April, 2002.

IN WITNESS WHEREOF, I have set my hand this 26th day of April, 2002.

JUDITH FOX NELSON, Clerk
Brick Township Planning Board

ATTACHMENT "A"

BRICK TOWNSHIP PLANNING BOARD

STANDARD CONDITIONS FOR SITE PLAN APPROVAL

RESOLUTION P-42-02 PAGE 16

CASE NO. 2403(2266) (1281) 2-A-PSP-FSP-V-2/02

1. Applicant shall obtain certification by the Local Soil Conservation District of a plan for soil erosion and sediment control in accordance with N.J.S.A. 4:24-39 et seq., commonly known as the "Soil Erosion and Sediment Control Act."

2. All materials, methods of construction and details shall be in conformance with the current "Engineering Specifications and Construction Details" of the Township of Brick, which are on file in the office of the Township Engineer.

3. Applicant shall obtain all approvals required by any Federal, State, County or Municipal agency having regulatory jurisdiction of this development. Upon receipt of such approval(s), the applicant shall supply a copy of the permit(s) to the Board. In the event that any other agency requires a change in the plans approved by this Board, the applicant must reapply to the Brick Township Planning Board for approval of that change.

4. Applicant shall submit this entire proposal for re-approval should there be any deviation from the terms and conditions of this Resolution or the documents submitted as part of this application, all of which are made a part hereof and shall be binding on the applicant.

5. Applicant shall provide a statement from the Brick Township Tax Collector that all taxes are paid in full as of the date of this Resolution and as of the date of the fulfillment of any condition(s) of this Resolution.

6. Prior to the issuance of a construction permit, the applicant shall furnish the Township Clerk with a cash bond and performance guarantee in an amount to be determined by the Township Engineer.

7. Applicant shall post an inspection fund with the Township Clerk in an amount to be determined by the Township Engineer.

8. No soil shall be removed from the site without the written approval of the Township Council.

9. The applicant shall comply with all provisions and pay all fees established under Article VB (Mandatory Development Fees) of Chapter 190 of the Code of the Township of Brick.

10. For all residential uses the subdivider or site plan applicant shall provide for a trash receptacle.

11. In order to insure uniformity of trash receptacles and compatibility with the automatic trash collection system, all trash can receptacles required herein shall be obtained from the Township of Brick.

12. Applicant shall provide proof of application for Title NJSA 39:5 A-1 to the Planning Board.

Post-it® Fax Note 7671	Date 9/4/02	# of pages ▶ 1
To ALLISON	From BOB WICKE	
Co./Dept. BLDG-PORT	Co.	
Phone #	Phone # PLEASE	
Fax # 732-262-8954	Fax # PRESS	

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scerpelli, Mayor

Township Council:
Steven N. Cucci — President
Stephen C. Acropolis
Kimberley S. Casten
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin
Frederick J. Underwood, Sr.

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Contruction Official
(732) 262-1030
Fax: (732) 262-8954
http://www.twp.brick.nj.us

UNIFORM CONSTRUCTION CODE

Construction Permits Application
5:23-2.15(e) (viii) (1x)

Owner/Agent: WM BLANCHARD CO.

Property Address: 425 JACK MARTIN BLVD.

BOILER PLANT UPGRADE

Town: BRICK, NJ Zip:

Block: 1170 Lot: 18 & 18.02

☐ Waive architecturals for commercial interior work

☐ Other

OWNER/AGENT PROCEED AT OWN RISK ☒

Signature:

Owner/Agent: WM BLANCHARD CO.

Building Sub-code Official: Frank Mizer

Construction Official: Joseph Curiazza

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: BOILER PLANT UPGRADE
Block: ~~18~~ 1170 Lot: ~~18~~ 20 18
Owner's Name: MEDICAL CENTER OF OCEAN COUNTY
Owner's Mailing Address: 425 JACK MARTIN BLVD.
BRICK, NJ 08724
Phone: (732) 840-3296

BUILDING

Contractor: WM. BRANCHARD CO.
Address: 199 MOUNTAIN AVE.
SPRINGFIELD NJ 07081
Phone#: 973-376-9100
Lis # —
Federal Emp # or SSN 22-1688987

Technical Data

Description of Work:

BOILER ROOM ADDITION
765SF (VOLUME = 20,783CF)

Type of Work

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

Building Characteristics

Use Group Present: I-2 Proposed: I-2
No of Stories: 1
Height of Structure:
Area of the largest floor: 765SF
Area of New Structure: 765SF
Volume of New Structure: 20,783 CF
Total Land Disturbed: 765SF

Cost of Alteration: $

Cost of New Building: $ 420,000

Total Cost of New Building Work: $ 420,000

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:

Please Print Name ROBERT WILKE

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:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks ____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

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_____

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:_____

Print Name:_____

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK
Debris Form

Work Site Address 425 JACK MARTIN BLVD

Block 18 Lot 1170

Contractor WM. BLANCHARD CO.

Contractor's Address 199 MOUNTAIN AVE. SPRINGFIELD NJ 07081

Type of Construction (minor, new home) _____

Type of Debris (shingles, siding, wood, etc.) _____

Party Responsible for removal NOT YET SELECTED

Dumpster Size 30 CY

Destination of Debris Discard _____

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] 8/16/02

Signature Date

ROBERT WICKE

Print Name

1860 Blanchard
Wm. Blanchard Co. | Builders since 1860

P.O. Box 298 199 Mountain Avenue.Springfield, New Jersey 07081
973.376.9100 Fax: 973=376=9154

August 16, 2002

Building Department
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Attn: Daniel F. Newman, Jr. – Construction Official
732-262-1030
732=262=8954 (Fax)

Ref: Job No. 4876
Boiler Plant Upgrade
Medical Center of Ocean County
Brick, New Jersey

We Are:

- ☐ Forwarding To You
- ☐ Enclosing Herewith
- ☐ Returning Herewith
- ☒ **Handing You**

For Your:

- ☐ Quotation
- ☒ **Approval**
- ☒ **Review and Comment**
- ☐ Approved as Noted
- ☒ **Use**

No. Copies	Drawing Number	Title	Date
1	State DCA Letter from Farivar Kiani (allowing for Local Review)		7/15/02
1	Construction Permit Application for Boiler Plant Upgrade		
1	Completed Building Subcode Tech Section		
3	Signed/Sealed Drawings		
3	Signed/Sealed Spec Booklets		

COMMENTS: **This is for your various Sub-Code Officials' review and approval. Please advise on Affordable Housing and other permit fee costs ASAP.**

Thanks,
Wm. Blanchard *Co.*

Robert Wilke
Project Manager

RW/lak
Cc: Ray Fochesto, MCOC
R. A. Samenfeld
Stan Kozal
File w/ copy

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

JAMES E. McGREEVEY
Governor

SUSAN BASS LEVIN
Commissioner

VITETTA
ANS
ENC
JUL 2 2 2002
BY
JSB SJM BRL

July 15, 2002

Mr. John Finley
Vitetta
Philadelphia Naval Business Center
4747 S. Broad St.
Philadelphia, PA 19112

Re: Medical Center of Ocean County
Boiler Plant Renovations

Dear Mr. Finley;

I have reviewed your letter of July 8th, 2002, received in this office on July 10th, 2002 regarding the above referenced subject.

As per our current policy, we are allowing local construction departments 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 **renovation of the existing boiler plant, consisting of replacement of a 250 HP boiler with a new 600 HP one** at the above referenced facility and all work required to accomplish this project.

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

Should you have any questions, you may call me at (609) 633-8151.

Sincerely,

Farivar Kiani
Supervisor
Health Care Plan Review
Construction Plans Approval

FK

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 111 LOT 1 SITE ADDRESS _____
TYPE OF SITE Residential / Commercial NAME OF BUSINESS _____
APPLICANT _____ PHONE NUMBER _____
APPLICANT ADDRESS _____ CITY & STATE _____

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01%

◊ The estimated equalized assessed value of the proposed construction is

$ 0

Frederick R. Millman, CTA, Tax Assessor — Date 10/4/02

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

$ _____

Frederick R. Millman, CTA, Tax Assessor — Date

Prelininary Fee Required _____ Date _____
Preliminary Paid _____ Check # _____
Receipt # _____

Final Total Fee Required _____
Preliminary Paid _____ Date _____
Final Paid _____ Check# _____
Balance Due _____ Receipt # NO FEE REQUIRED

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

APPROVED BY _____ DATE 10/7/02

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

BRICK TOWNSHIP PLANNING BOARD

AMENDMENT TO THE SECOND AMENDED

PRELIMINARY ANDFINAL SITE PLAN APPROVAL

WITH VARIANCES

RESOLUTION R-63-02 PAGE 1 OF 4

Case No. PB-2403 (2266) (1281) 2-A-PSP/FSP-V-2/02 July 10, 2002

WHEREAS, MERIDIAN HOSPITALS CORPORATION, MEDICAL CENTER OF OCEAN COUNTY, having a mailing address of 425 Jack Martin Boulevard, Brick, New Jersey 08724, has applied to the Brick Township Planning Board for an amendment to the second amended preliminary and final site plan approval pursuant to N.J.S.A. 40:55D-46, 50, 51, and 60; and

WHEREAS, a hearing was held on July 3, 2002 in the Municipal Building for a discussion of the reasons for the amendment to the second amended preliminary and final site plan approval and all interested parties having been heard, and at which time testimony was presented on behalf of the applicant and all interested parties having been heard; and

WHEREAS, the applicant received a resolution of intent of preliminary and final site plan approval with Resolution R-39-82 dated May 26, 1982; and

WHEREAS, the applicant received a resolution approving site plan and conditional use with Resolution R-41-82, dated June 9, 1982; and

WHEREAS, the applicant has received amended preliminary and final site plan approval with variances and design waivers with Resolution R-84-98 dated October 28, 1998, which amended approval and granted variances; and applicant received second amended approval with variances and design waivers with Resolution R-42-02 dated April 24, 2002;

WHEREAS, the Board makes the following factual findings and findings of law:

1. This property is known and designated as Block 1170, Lots 18 and 18.02 on the Municipal Tax Map.

Maps signed 9-27-02

2. The property is located in the HS (Hospital Support) Zone and is comprised of 26.47 acres fronting on State Highway Route 88 westbound and Jack Martin Boulevard north of State Highway Route 70. The applicant proposes an expansion of the existing boiler room located at the southwest corner of the existing building to accommodate additional utilities required for the proposed building expansion. The expansion of the boiler room is to consist of a basement story and one story above ground.

3. The proposed amendment to the second amended preliminary and final site plan is shown on plans entitled, "Preliminary and Final Site Plan, Medical Center of Ocean County, Block 1170, Lots 18 and 18.02, Township of Brick, Ocean County, New Jersey," dated 2/14/02, and last revised 6/20/02, consisting of fifteen (15) sheets, as prepared by Menlo Engineering Associates, Inc./Julius T. Szalay, P.E./L.S.

4. T&M Associates, Jay C. Steinmetz, P.E., C.M.E., prepared a report to the Board dated July 3, 2002. The Board hereby adopts the findings in that report and incorporates that document in this resolution by reference.

5. Mr. Steinmetz advises that the proposed addition does not impact traffic circulation or layout; as adequate parking was already supplied, as this subject application will not increase parking needs.

6. Mr. Steinmetz further advises that grading and drainage are not impacted. Certain necessary changes in routing were made which are acceptable. He further advises that landscaping and lighting were not affected by this application.

7. Further, Mr. Steinmetz advises that there is no change to the environmental impact and compliance statement as the facility already existed with prior approvals, and same is not affected by this application.

Whereas, applicant seeks amendment to expand existing boiler room, and the applicant has complied with the requirements of the Site Plan Ordinance. The plan is consistent with the intent and purpose of the Master Plan and the Municipal

Development Ordinance. Further, recognizing the growing health care needs of the Township of Brick and its surrounding communities, the Board is satisfied that the applicant's amended plan is reasonable and consistent with its health care service mission to the community. The Board finds that the amendment is reasonable and should be granted permitting the boiler room expansion. Accordingly, the Board permits this amendment.

NOW, THEREFORE, BE IT RESOLVED by the Township Planning Board on this 10th day of July, 2002, that this application to amend resolution R-42-02 be approved subject to the following conditions:

1. The applicant must comply with all conditions of the original approving intent Resolution R-39-82 dated May 26, 1982, pertaining to the subject property; Resolution R-41-82 dated June 9, 1982 approving site plan and conditional use; and the amended approving Resolution R-84-98 dated October 28, 1998, and Resolution R-42-02 dated April 24, 2002, except as modified by this resolution.

2. The applicant shall comply with all standard Planning Board conditions for preliminary major site plan approval as set forth on Attachment 'A.'

3. The applicant shall comply with all representations and agreements made by the applicant's representatives, its attorney, or its professionals during the presentation of this case.

4. The applicant shall comply with the comments contained in the report of T & M Associates, J.C. Steinmetz, P.E., C.M.E., Board Engineer, dated July 3, 2002.

MOVED BY: Mr. Aiello

SECONDED BY: Mr. Reilly

VOTING IN THE AFFIRMATIVE: Mrs. LaDuke, Mr. Aiello, Mr. Dockery, Mr. Reilly, Mr. Vespi, Mr. Fredo

VOTING IN THE NEGATIVE:

INELIGIBLE TO VOTE:

ABSTAINING: Mr. Kelly

ABSENT: Councilman Underwood, Mr. Petoia, Mr. Higgins, Mr. Scherer

CERTIFICATION

I, **JUDITH FOX NELSON**, Clerk of the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that the foregoing resolution was duly **ADOPTED** by the said Planning Board of the Township of Brick at a regular meeting held on the 10th day of July, 2002.

IN WITNESS WHEREOF, I have set my hand this 12th day of July, 2002.

Judith Fox Nelson
JUDITH FOX NELSON, Clerk
Brick Township Planning Board

BRICK TOWNSHIP PLANNING BOARD

SECOND AMENDED PRELIMINARY AND

FINAL SITE PLAN APPROVAL WITH VARIANCES

RESOLUTION R- 42 -02 PAGE 1

Case No. PB-2403 (2266) (1281) 2-A-PSP/FSP-V-2/02 April 24, 2002

WHEREAS, MERIDIAN HOSPITALS CORPORATION, MEDICAL CENTER OF OCEAN COUNTY, having a mailing address of 425 Jack Martin Boulevard, Brick, New Jersey 08724, has applied to the Brick Township Planning Board for second amended preliminary and final site plan approval pursuant to N.J.S.A. 40:55D-46, 50, 51, and 60; and

WHEREAS, proof of service as required by law upon appropriate property owners and governmental bodies has been furnished and determined to be in proper order; and

WHEREAS, a public hearing was held on April 10, 2002 in the Municipal Building for a discussion of the reasons for the second amended preliminary and final site plan approval and all interested parties having been heard, and at which time testimony was presented on behalf of the applicant and all interested parties having been heard and the following exhibits were admitted into evidence:

A-1 Site Plan by Menlo Engineering Associates Inc. dated 2/14/02

A-2 Color rendering of architectural/hospital addition

A-3 Plan of canopies/circulation route

A-4 Architectural of proposed three-story parking garage

A-5 Temporary Office Trailer Plan by Menlo Engineering Associates Inc. dated 3/19/02

A-6 Architectural of four-story hospital addition

A-7 Traffic Assessment Study dated 1/02

A-8 Drainage Plan by Menlo Engineering Associates Inc. dated 2/14/02

A-9 Environmental Impact Study by Menlo Engineering Associates Inc. dated 2/14/02

A-10 Brick Township Shade Tree Commission Report of 4/5/02

A-11 Ocean County Soil Conservation Report dated 2/25/02

A-12 Brick Township Planning Board Engineering Professional Jay C. Steinmetz, P.E., C.M.E. of T&M Associates report of 4/1/02

A-13 Brick Township Planning Board Municipal Planner Michael Fowler, A.I.C.P./P.P., report of 4/9/02

A-14 Brick Township Bureau of Fire Safety Kevin C. Batzel, Bureau Chief/Fire Sub Code Official, report of 3/4/02

A-15 Color rendering of 1-page Site Plan (hospital addition)

A-16 Color rendering of entire campus site plan

WHEREAS, the applicant received a resolution of intent of preliminary and final site plan approval with Resolution R-39-82 dated May 26, 1982; and

WHEREAS, the applicant received a resolution approving site plan and conditional use with Resolution R-41-82, dated June 9, 1982; and

WHEREAS, the applicant has received amended preliminary and final site plan approval with variances and design waivers with Resolution R-84-98 dated October 28, 1998, which amended approval and granted variances for minimum parking stall sizes of 9' by 18' where 10' by 20' are required; minimum aisle width of 24' where 25' was required; minimum setback of 5' between proposed parking lot adjoining Highway 88 and adjoining business use/zone where 10' was required; and a design waiver for rows of parking stalls ranging from 26 to 49 spaces with no

islands in between, where a landscaping island was required for each row of ten (10) parking stalls.

WHEREAS, the Board makes the following factual findings and findings of law:

1. This property is known and designated as Block 1170, Lots 18 and 18.02 on the Municipal Tax Map.

2. The property is located in the HS (Hospital Support) Zone and is comprised of 26.47 acres fronting on State Highway Route 88 westbound and Jack Martin Boulevard north of State Highway Route 70. The applicant proposes an expansion (to house the Shore Rehabilitation Institute and other hospital uses) which consists of a four-story building addition with full basement to be constructed at the southeast corner of existing building, together with a three-story parking garage deck containing 443 parking stalls which is proposed in the northwest area of the parking lot. On completion, this garage would provide for a net increase of 286 on-site parking spaces. Additionally, applicant has indicated necessity of placement of a temporary office trailer on site, because of the construction displacement of certain offices.

3. The applicant currently proposes to further amend the previous approvals in order to permit a variance for a minimum parking stall size of 9' by 18' where 10' by 20' is required; and a variance for minimum driveway aisle width of 24' where 25' is required. The proposed second amended preliminary and final site plan is shown on plans entitled, "Preliminary and Final Site Plan, Medical Center of Ocean County, Block 1170, Lots 18 and 18.02, Township of Brick, Ocean County, New Jersey," dated 2/14/02, and last revised 2/20/02, consisting of fifteen (15) sheets, as prepared by Menlo Engineering Associates, Inc./Julius T. Szalay, P.E./L.S.

4. T&M Associates, Jay C. Steinmetz, P.E., C.M.E., prepared a report to the Board dated April 1, 2002. The Board hereby adopts the findings in that report and incorporates that document in this resolution by reference.

5. Michael P. Fowler, A.I.C.P./P.P., Municipal Planner, prepared a report to the Board dated April 9, 2002. The Board hereby adopts the findings in that report and incorporates that document in this resolution by reference.

6. The Bureau of Fire Safety, Kevin C. Batzel, prepared a report to the Board dated March 4, 2002. The Board hereby adopts the findings in that report and incorporates that document into this resolution by reference.

7. The Shade Tree Commission, Dottie La Posa, prepared a report to the Board dated March 5, 2002. The Board hereby adopts the findings in that report and incorporates that document into this resolution by reference.

8. Albert A. Zager, Esq. appeared on behalf of the applicant and introduced a number of applicant's executives and professionals. Mr. Jeffrey Brickman, the executive vice president of Meridian Health System Inc., parent company of Meridian Health Corporation/Medical Center of Ocean County, testified that the expansion is extremely important because the hospital has been a "victim of its own success." Mr. Brickman further testified that the hospital is busier than ever, and occupancy levels are at their highest, making it urgent that this expansion be approved. He further testified that the relocation of the Shore Rehabilitation Center from its present location in Point Pleasant, to the Brick Township Hospital campus will be more convenient for patients and staff; and ease the transition to restorative care that the Rehab Center provides. Mr. Brickman concluded that, when this expansion is complete, it will make the Medical Center of Ocean County a "state-of-the-art Medical Center equal to any in the State of New Jersey."

Mr. Peter Daniels, newly installed president of the Medical Center of Ocean County, testified that the expansion proposed of 98,000 sq. ft. in the four-story addition with full basement and the expansion of the available parking by the construction of the three story parking deck garage (adding 286 spaces net) is necessary and timely. Mr. Daniels further testified that the relocation of the Shore Rehabilitation Center will help provide appropriate and convenient continuity of patient care. He further testified that he anticipated the first floor of the proposed addition would be utilized by the Outpatient Shore Rehab Center. The second floor, he anticipated, would be used as a 40-bed inpatient unit; the third floor used as demand required, but perhaps a 24-bed medical/surgical unit, and the use of the fourth floor is as yet undesignated. Mr. Daniels additionally testified that the basement would be used to expand support services and conference facilities. In his brief time here, Mr. Daniels acknowledged that the storage space issue is a problem that this expansion will remedy. He further related that, in answer to a Board member's concern, the entire hospital has just contracted to ensure that the entire interior of the hospital complex will be fit with sprinklers to the satisfaction of the Bureau of Fire Safety.

Mr. Scott Malin, A.I.A., architect with Vitetta Group, applicant's architectural firm, testified that with the project's L-shaped configuration, the applicant could provide safe, convenient access to the proposed new main entrance, which will be canopied in a color scheme still to be decided. Mr. Malin acknowledged that the applicant intends to match the existing structure's brick/stone for the four-story addition. However due to the uncertainty of obtaining specific materials and the sometimes lengthy delay in delivery, as well as cost considerations; applicant wanted to keep its options open as to the siding of the three-story parking garage. Mr. Malin testified that the first floor would have a glass block wall element; and

every effort would be made to work with the Board and its architectural committee in applicant's final selection of materials. Mr. Malin then testified as to the parking garage, and utilized the exhibits A-3 and A-4 in explaining the design and material choices of applicant. Mr. Malin concluded that the choices of costs, detail, and delivery dates are all important but the applicant wanted what was "right for the property."

Mr. William Lane, L.E., of Menlo Engineering Associates, Inc., applicant's engineering firm, recited the applicant's desire to cooperate with recommended changes and modifications suggested by Board's Engineer Mr. Steinmetz, as shown in Exhibit A-12, and agreed with many concerns, including the prohibiting of left turns from driveways of applicant onto Route 88. Although this would require diverting traffic to Jack Martin Blvd., then east to Route 70, or continuing through to Route 88, Mr. Lane agreed that it is a difficulty that they will address and remedy. Further concerns as to quality of drainage, landscaping length, and environmental impact have all been recognized and agreed. The applicant's acceptance of these changes were fully recorded in Mr. Steinmetz's conditions of report.

Mr. Raymond Fochesto, Senior Manager of Facilities Support Services, testified as to the temporary office trailer. It is 65' long and 24' wide (approximately 1200 sq. ft.), a double wide trailer. It will be removed at end of project, no later than four months after the certificate of occupancy is issued. The trailer is necessary because of the construction displacement of several offices, and it will be equipped with air conditioning, telephones, and electricity, as well as a chemical toilet, which will be periodically serviced as necessary.

Mr. Eric Keller, P.E., P.P., Omland Engineering Associates, Inc., testified as to the site's traffic patterns and applicant's proposed expansion. He recited that the 9' by 18' stall size match what is on site and is generally accepted. He further

testified that the parking needs of applicant are met by this garage/deck and that it is an efficient use of open space, and maximizes applicant's available and necessary need for visitor, patient, staff, vendor and physician parking.

Mr. Keller could not definitively answer Board's questions and concern as to whether there will be a fee or charge for parking. Mr. Keller acknowledged that it is never a popular choice to charge for parking, but applicant wanted to keep the option available of in the future charging a parking fee.

After some thought and consideration, and recognizing the concerns of the Board, applicant agreed that at present there would be no charge for parking, and agreed to return to the Planning Board for approval of any change in that "No-Fee Parking" policy.

Applicant further agreed that the handicapped parking area would be relocated adjacent to the proposed addition building, as it makes sense to have those spaces as convenient as possible to the entrance, and recognizing applicant has in excess of required spaces per existing plan.

Further, the site of the temporary office trailer will be restored to its pre-trailer condition (or better) after removal of the trailer, and in view of the approximate twenty-month period the temporary office trailer would be utilized, applicant agreed to provide landscaping in the vicinity of the trailer to the satisfaction of Board's Planner and Engineer.

With the exception of the variances granted hereinabove, the applicant has complied with the requirements of the Site Plan Ordinance. The plan is consistent with the intent and purpose of the Master Plan and the Municipal Development Ordinance. Further, recognizing the growing health care needs of the Township of Brick and its surrounding communities, the Board is satisfied that the applicant's plan is reasonable and consistent with its health care service mission to the community.

Accordingly, the Board finds that the benefits of the proposed development outweigh any detriments, and the relief requested can be granted without substantial detriment to the public good and will not substantially impair the intent and purpose of the Township Zoning Ordinance or Master Plan.

NOW, THEREFORE, BE IT RESOLVED by the Township Planning Board on this 24th day of April, 2002, that this application to amend resolution R-84-98 be approved subject to the following conditions:

1. The applicant must comply with all conditions of the original approving intent Resolution R-39-82 dated May 26, 1982, pertaining to the subject property; Resolution R-41-82 dated June 9, 1982 approving site plan and conditional use; and the amended approving Resolution R-84-98 dated October 28, 1998, except as modified by this resolution.

2. The applicant shall comply with all standard Planning Board conditions for preliminary major subdivision approval as set forth on Attachment 'A.'

3. The applicant shall comply with all representations and agreements made by the applicant's representatives, its attorney, or its professionals during the presentation of this case.

4. The applicant shall comply with the comments contained in the report from Michael P. Fowler, Municipal Planner, dated April 9, 2002, including:

A. Applicant agreed that at least one space per parking level would be van-accessible.

B. Applicant agreed to enhancements of landscaping around parking garage including foundation plantings and supplementing with shade trees and evergreens to the satisfaction of Board's Engineer and Planner.

C. Applicant recited circulation in/around garage and agreed to provide to continue sidewalk/walkway to/from parking garage to satisfaction of Board's Engineer and Planner.

D. Applicant agreed to pavement marking adjacent to handicapped parking and depressed curbing in front of Shore Rehab, and will add crosswalks as per Board Engineer and Planner.

E. Applicant will provide color renderings of architectural plans to satisfaction of Board's Engineer and Planner.

F. Applicant agreed to provide outdoor public seating where appropriate to satisfaction of Board's Engineer and Planner.

G. Applicant advised safety concerns as to loading zones prevented walkway around the entire perimeter of hospital building.

H. Applicant agreed not to remove topsoil from site or use same as spoil. Applicant further agreed to use redistributed topsoil throughout site.

5. The applicant shall comply with the comments contained in the report of T&M Associates, J.C. Steinmetz, P.E., C.M.E., Board Engineer, dated April 1, 2002.

Traffic Circulation/Layout

3.4 Applicant will correct required number of parking spaces.

3.5 Applicant will supply to satisfaction of Board Engineer the layout of proposed parking deck.

3.7 Applicant agrees to restrict "No Left Turn" onto Rt. 88 from applicant's driveways.

3.8 Applicant will supply sign schedule.

3.9 Applicant will supply signage for traffic exiting Brick Medical Arts Facility.

Grading/Drainage

4.1 Applicant has applied for Ocean County approval.

4.2 Applicant will indicate which pipes are to be plugged and abandoned or removed and, will supply details of plugged and abandoned pipe.

4.3 Applicant will supply details of proposed stormwater collection system for parking deck.

4.4 Applicant will provide details of proposed storm manholes and inlets.

4.5 Applicant will provide pipe bedding details.

Landscaping

5.1 Applicant will supply clearer, unshaded plans for review of Board Engineer.

5.2 Applicant agreed to attempt to relocate as many existing trees as possible and recite/provide same.

5.3 Applicant agreed to irrigate landscaped areas as required by Brick Township Ordinance Chap. 190-257 (K).

5.4 Applicant agreed to mulch per Brick Township Ordinance 190-257(I) and provide details of same to Board Engineer.

5.5 Applicant agreed to provide weed barrier per Brick Township Ordinance 190-257 (G).

5.6 Applicant agreed to define landscaped areas per Brick Township Ordinance 190-257 (E).

5.7 Applicant agreed to relocate existing 6" caliper Zelkova trees near proposed parking deck.

5.8 Applicant agreed to incorporate into the deciduous tree planting detail a root barrier product for deciduous trees that are to be installed with 10' of new or existing sidewalks/curbs.

5.9 Applicant agreed to include and correct planting sizes to satisfaction of Board Engineer.

5.10 Applicant agreed to reposition white pines or replace them with a fastigiate species to satisfaction of Board Engineer.

5.11 Applicant agreed to enhance and supplement proposed plantings around north side of parking deck, as well as between proposed deck and walkway on south side of parking deck, to satisfaction of Board Engineer.

Lighting

6.1 Applicant agreed to re-label "Light Pole Foundation/"

6.2 Applicant agreed to add bollard light foundations to Detail Sheet 2.

6.3 Applicant agreed to supply photometrics for Lighting Plan I vicinity of outer roadway (eastern portion of site) or to supplement existing lighting to Board Engineer's satisfaction.

6.4 Applicant agreed to supplement proposed lighting in the handicapped parking area in northwest corner of existing hospital building to Board Engineer's satisfaction.

Environmental Impact Statement

7.1 Applicant agreed to supplement report to address Brick Township Ordinance Chap. 190-188C (a) 5&6 as to air quality and noise.

7.1.1 Applicant agreed to supply further information as to reduction in air quality.

7.1.2 Applicant agreed to recite and represent that mechanicals are in basement.

7.2 Applicant agreed to supplement report to recite as to need for expanded facility and effect on evaluated factors, to address the alternate proposal element of the Environmental Impact Statement.

Site Plan

8.1 Applicant agreed to supplement per Brick Township Ordinance on page OP-1.

8.3 Applicant agreed to either reconfigure handicap spaces in easterly lot adjacent to Jack Martin Boulevard to eliminate crossing of 25' access drive or to paint crosswalks at each ramp location to satisfaction of Board Engineer.

8.4.1 Applicant will supply details to satisfaction of Board Engineer as to concrete curb.

8.4.2 Applicant will supply details to satisfaction of Board Engineer as to concrete sidewalk.

8.4.3 Applicant will supply details to satisfaction of Board Engineer as to parking lot pavement

8.4.4 Applicant will supply details to satisfaction of Board Engineer as to handicap spaces and associated signs.

Temporary Office Trailer Plan

9.1 Applicant testified proposed trailer is an office trailer, not a construction trailer, and applicant will supplement existing proposed location as shown in A-5.

9.2 Applicant agreed to supply restoration notes when trailer is removed to satisfaction of Board Engineer.

General

10.1 Applicant acknowledges provisions of Article XVIII Hospital Support Zone mandatory fee contribution to Brick Township Affordable Trust Fund established in Article VB.

10.2 Applicant will repair/replace as necessary existing Type B inlet as to Board Engineer's satisfaction.

10.3 Applicant agrees to add sidewalk on southwest side access to building from adjacent parking lots to match the existing sidewalks to satisfaction of Board Engineer.

6. The applicant shall comply with the comments contained in the report from the Bureau of Fire Safety dated March 4, 2002.

A. Applicant will comply with the canopy height acceptable for fire apparatus passage.

B. Applicant will revise plan to show drop-off zones.

C. Applicant will show "no parking" areas under Title 39 and new fire zone.

D. Applicant will provide additional fire hydrant on east side of proposed addition.

E. Applicant will provide details of dry standpipe system of parking garage to satisfaction of Fire Safety Bureau.

F. Applicant represented the hospital has contracted to fully sprinkle all floors of hospital.

G. Applicant represents that new structure will eliminate overcrowding in mechanical rooms and hallways.

H. Applicant will comply with fire zone and fire signs and striping per Brick Township Ordinance 102-71.

7. The applicant shall comply with the comments contained in the report from Shade Tree Commission dated 4/5/02.

8. Applicant shall provide Board Engineer and Planner with the location of any proposed construction trailers prior to placement on site, so that Board's professionals might report back to Board should there be any concerns.

9. Applicant will supply Board's Engineer and Planner with an anticipated construction schedule.

10. Applicant will supply to Board copies of cross-access agreement for parking with adjacent lot, to facilitate traffic circulation on site.

11. Applicant will supply to Board's Engineer and Planner revised Lighting Plan reciting shielding of lighting from adjacent residences.

12. Applicant will supply to Board's Engineer and Planner revised Landscaping Plan for area of Office Trailer.

MOVED BY: Mr. Scherer

SECONDED BY: Mr. Kelly

VOTING IN THE AFFIRMATIVE: Mr. Kelly, Mrs. LaDuke, Mr. Dockery, Mr. Petoia, Mr. Vespi, Mr. Higgins, Mr. Scherer

VOTING IN THE NEGATIVE:

INELIGIBLE TO VOTE: Councilman Underwood, Mr. Aiello, Mr. Fredo

ABSTAINING:

ABSENT: Mr. Reilly

CERTIFICATION

I, JUDITH FOX NELSON, Clerk of the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that the foregoing resolution was duly ADOPTED by the said Planning Board of the Township of Brick at a regular meeting held on the 24th day of April, 2002.

IN WITNESS WHEREOF, I have set my hand this 26th day of April, 2002.

JUDITH FOX NELSON, Clerk
Brick Township Planning Board

ATTACHMENT "A"

BRICK TOWNSHIP PLANNING BOARD

STANDARD CONDITIONS FOR SITE PLAN APPROVAL

1. Applicant shall obtain certification by the Local Soil Conservation District of a plan for soil erosion and sediment control in accordance with N.J.S.A. 4:24-39 et seq., commonly known as the "Soil Erosion and Sediment Control Act."

2. All materials, methods of construction and details shall be in conformance with the current "Engineering Specifications and Construction Details" of the Township of Brick, which are on file in the office of the Township Engineer.

3. Applicant shall obtain all approvals required by any Federal, State, County or Municipal agency having regulatory jurisdiction of this development. Upon receipt of such approval(s), the applicant shall supply a copy of the permit(s) to the Board. In the event that any other agency requires a change in the plans approved by this Board, the applicant must reapply to the Brick Township Planning Board for approval of that change.

4. Applicant shall submit this entire proposal for re-approval should there be any deviation from the terms and conditions of this Resolution or the documents submitted as part of this application, all of which are made a part hereof and shall be binding on the applicant.

5. Applicant shall provide a statement from the Brick Township Tax Collector that all taxes are paid in full as of the date of this Resolution and as of the date of the fulfillment of any condition(s) of this Resolution.

6. Prior to the issuance of a construction permit, the applicant shall furnish the Township Clerk with a cash bond and performance guarantee in an amount to be determined by the Township Engineer.

7. Applicant shall post an inspection fund with the Township Clerk in an amount to be determined by the Township Engineer.

8. No soil shall be removed from the site without the written approval of the Township Council.

9. The applicant shall comply with all provisions and pay all fees established under Article VB (Mandatory Development Fees) of Chapter 190 of the Code of the Township of Brick.

10. For all residential uses the subdivider or site plan applicant shall provide for a trash receptacle.

11. In order to insure uniformity of trash receptacles and compatibility with the automatic trash collection system, all trash can receptacles required herein shall be obtained from the Township of Brick.

12. Applicant shall provide proof of application for Title NJSA 39:5 A-1 to the Planning Board.

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

OK 10/2/2

Robert Wilke
Wm. Blanchard Co.
199 Mountain Ave.
Springfield, NJ 07081

Date: 8-20-2
Block: 1170
Lot: 18
425 Jack Martin Blvd.

___ Your application for a zoning permit is incomplete. In order to review your application we need the following:

___ Two (2) accurate plot plans, drawn either by a surveyor or an engineer, as per Section 190-31 of the Township Code. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways. No reduced, enlarged, taped or facsimile copies can be accepted.

___ A zoning permit application form completely filled out by the applicant. No facsimile copies can be accepted.

X Your application for a zoning permit is denied for the following reasons:

The site plan maps must first be signed by the Planning Board.

Resubmit 9-27-02

cc: Mayor Joseph Scarpelli
Scott MacFadden, Business Administrator
Michael Fowler, Municipal Planner
Kate MacDonald, Assistant Zoning Officer
Daniel Newman, Jr., Construction Official

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK , NJ 08723

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

September 30 2002

Robert Wilke
William Blanchard Company
199 Mountain Avenue
Springfield, NJ 07081

Resubmit 10-2-2
due to MAP
signing

Re: Block: 1170, Lot: 18
425 Jack Martin Boulevard
Zoning Permit Application

Dear Mr. Wilke:

Your zoning permit application for an addition to the building on the referenced property cannot be approved until the site plan maps are signed by the Planning Board.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

CC: Mayor Joseph Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AIP/PP, Municipal Planner
Daniel F. Newman, Jr., Construction Official

Granary Associates

411 North 20th Street
Philadelphia, Pennsylvania 19130
215/665-7000
215/665-7001 FAX
www.granaryassoc.com

May 20, 2002

Mr. Scott Malin
Vitetta
Philadelphia Naval Business Center
4747 South Broad Street
Philadelphia, PA 19112

Mr. Julius T. Szalay
Vice President
Menlo Engineering Associates
261 Cleveland Avenue
Highland Park, NJ 08904

Mr. Robert Wilke
Wm. Blanchard Company
P.O. Box 298
Springfield, NJ 07081

Mr. Eric L.Keller
Omland Engineering Associates
2 Ridgedale Avenue
Cedar Knolls, NJ 07927

RE: MERIDIAN HEALTH SYSTEM
MEDICAL CENTER OF OCEAN COUNTY
SHORE REHABILITATION INSTITUTE
ADDITION & PARKING GARAGE
PROJECT NO. 14930010

Gentlemen:

Enclosed, please find a copy of the Brick Township Planning Boards Resolution R-42-02 and other related documents as they relate to the above referenced project. I would like to discuss the completion of the conditions contained in these documents at the Tuesday May 28, 2002 project meeting at the MCOC Administration Conference Room.

Should you have any questions related to the above prior to the 28th please do not hesitate to contact my office at (215) 665-7159.

Sincerely,

Douglas D. Murray
Vice President

DDM/

Enclosures

c w/o enclosures: Ray Fochesto
Scott McKinnon

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Planning Board

(732) 262-1045
Fax: (732) 262-8954
http://www.twp.brick.nj.us

April 26, 2002

APR 30 2002

Meridian Hospitals Corporation
Medical Center of Ocean County
425 Jack Martin Boulevard
Brick, NJ 08724

Re: Case #2403-(2266)(1281)
2-A-PSP/FSP-V-2/02
Medical Center of Ocean County
Second Amended Preliminary and
Final Site Plan
Block 1170, Lots 18 & 18.02

Gentlemen:

DOUG?

After approval by the Brick Township Planning Board/Board of Adjustment of your Subdivision or Site Plan, it is your responsibility to request, in writing, that the Township Engineering Department prepare a bond estimate for the required site or subdivision improvements. This written request must be accompanied by a $500.00 down payment on the Inspection Fund and two (2) copies of the plans revised in accordance with the resolution of approval. Bond estimates will not be prepared until the Engineering Department has been advised that the plans conform to the resolution of approval. → LETTER

The Inspection Fund must be submitted to the Township Engineer. The Performance Guaranty/Bond must be submitted to the Township Clerk with a copy to the Township Engineer. The Performance Guaranty/Bond will not be accepted by the Engineering Department or Planning Board/Board of Adjustment.

STEINMETZ - ITEM

? who

Please review the attached "Township of Brick Site Plan/Subdivision Inspections" procedures before commencing any construction.

Yours truly,

Judith Fox Nelson

Judith Fox Nelson, Secretary

Att.
cc: Applicant's Attorney
Applicant's Engineer
Engineering Department

TOWNSHIP OF BRICK

SITE PLAN/SUBDIVISION INSPECTIONS

AFTER APPROVAL OF SITE PLANS OR SUBDIVISIONS BY THE BRICK PLANNING BOARD/BOARD OF ADJUSTMENT, AND PRIOR TO THE COMMENCEMENT OF CONSTRUCTION THE APPLICANT MUST, IN ADDITION TO SUBMITTING ALL REQUIRED SETS OF PLANS, PERFORM THE FOLLOWING:

(1) Provide two (2) additional full sets of approved plans, revised in accordance with all conditions of approval, to the Township Engineering Department for use during the inspection process;

(2) Schedule a Preconstruction meeting with the Township Engineer to discuss the implementation and coordination of the project.

(3) Submit shop drawings for all structures to be constructed except those for which standard details have been adopted by the Township;

(4) After approval to commence construction is granted (at preconstruction meeting) forty-eight (48) hour notice shall be required for all inspections requests. Please note, all inspections are made between 8:30 a.m. and 4:30 p.m., Monday through Friday.

a. Inspection charges are billed against applicant's inspection fund at standard adopted rates. For Saturdays and hours outside the normal work day, the rates are 1 1/2 times the standard rate. Sundays and Holidays are 2 times the standard rate

INSPECTIONS

(1) Prior to commencing any construction activities on a project approved by the Board, it shall be the applicant's responsibility to notify the Engineering Department, in writing, of the expected starting date for the project and schedule a preconstruction meeting. Said notice shall also include the names of all responsible persons in charge of construction and shall include the site telephone numbers for responsible persons. A copy of this notice shall also be sent to the Brick Township Police Department and appropriate Brick Township Fire Districts. The applicant shall also be responsible for furnishing the names, addresses and telephone numbers of all subcontractors to the Engineering Department;

(2) Any work that is performed without proper notification being given forty-eight (48) hours in advance to the Engineering Department will be subject to rejection by the Township Engineer or, in the alternative, will be subject to necessary testing to determine acceptability, the cost of which will be charged to the applicant's inspection fund.

MINOR REVISIONS OR CHANGES

(1) Minor revisions or changes of a technical nature may be administratively approved by the Township Engineer. However, all requests for such minor revisions must be submitted to the Engineering Department in writing, and if they affect any engineering aspect of the plan, they must first be certified by the applicant's engineer. Major changes or changes that affect the layout of the proposed project, reduction or alteration of landscaping, amount of parking, etc. will be referred to the Board of Adjustment/Planning Board for consideration (administrative approval or by amended application, as is appropriate).

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Department of Administration & Finance

Office of Land Use Management

Michael P. Fowler, AICP/PP
Municipal Planner
(732) 262-1042

Tara B. Paxton, AICP/PP
Assistant Municipal Planner
(732) 262-4783

Fax (732) 262-8954
http://www.twp.brick.nj.us

TO: ALL APPLICANTS/OWNERS APPROVED FOR DEVELOPMENT

FROM: Office of Land Use Management, Brick N.J.

YOU MUST MEET THE FOLLOWING CONDITIONS PRIOR TO THE ISSUANCE OF A BUILDING PERMIT for any Board approved development application:

1. Following Board approval, the applicant must submit four (4) sets of plans revised in accordance with the conditions of the approving resolution with the appropriate resolution compliance fee if applicable.

2. Once the Board professionals determine that the revised plans are in compliance with the approving Resolution, a bond estimate will be authorized and the applicant must submit the down payment on the Inspection Fund to the Township Engineer.

3. When the Bond Estimate has been prepared, a copy will be submitted to the applicant and the applicant will be required to post the balance of the Inspection Fund; a cash contribution towards the total Bond, if applicable; and a Surety for the remainder of the bonded amount.

4. Once the Inspection Fund has been received, the bonds have been approved and any other conditions of the resolution have been satisfied, the plans may be submitted and signed. Board Escrow funds must be current and taxes paid to date prior to the releasing of the signed maps. The applicant will receive three (3) copies of signed site plans and the mylars for subdivisions.

5. Following the receipt of the signed plans, the Applicant may begin site work. The applicant must notify the Township's Building and Engineering Departments 24 hours prior to the commencement of site work and keep the Department informed of the need for progress inspections throughout the development process.

6. A building permit application may be submitted for structures relative to a site plan simultaneous with the commencement of site work. A residential subdivision requires Board approval and filing (with the County Clerk) of a Final Subdivision map prior to applying for a Building Permit.

7. Before a Building Permit can be issued for a structure related to a site plan or a subdivision "prior approvals" are required:

- The Zoning Officer reviews the Building Permit Application and issues a Zoning Permit.

- If applicable a 50% payment to the Township's 1% Affordable Housing Fund which is one half of 1% of the estimated assessed value for Single Family Dwellings within a subdivision and 1% of the assessed value of Commercial Developments/Site Plans.

- Following the submission of the Affordable Housing Fee the Building Permit Application is reviewed by the Engineering Department.

- Following the review and approval of the Building Permit by the Engineering Department the Building Permit Application is resubmitted to the Building Department for Construction review. The Building Department then has twenty (20) days to make a determination with respect to the requested permits. Depending upon the scope of development the applicant may also require Ocean County Planning Board, BTMUA, Ocean County Soils, Shade Tree, DEP and/or DOT approvals prior to receiving a Building Permit.

An exception to the above "prior approval" is available to the owner of a Major Subdivision. The owner of a Major Subdivision has the option of constructing up to a maximum of five (5)

footings & foundations following the submission of a complete Building Permit Application for each dwelling & the filing of a cash bond of $2,000.00 per unit with the Township Engineer. The construction of more than five footings foundations is not permitted without all of the "prior approvals" and a Building Permit for the entire dwelling. Also, construction cannot exceed the footing & foundation stage for each exception unit until the above "prior approvals" are received and a full building permit issued.

8. When the applicant has completed a substantial portion of the required site improvements a Bond Reduction maybe requested from the Township Engineer. When all site work is completed the applicant may request a Bond Release. The request for Bond Release, if approved by Township Engineer and the Township Council, will reduce the bonded amount by 70% of the total required bond. Thirty (30%) percent of the bonded amount will be held for two (2) years by the Township as a Maintenance Bond. At the conclusion of the two (2) year period the Township will reinspect all site improvements and if in satisfactory condition the applicant may request the release of the Maintenance Bond. The request must be approved by the Township Engineer and Township Council.

9. It should be noted that additional Inspection Funds may be required from the applicant throughout the development process.

10. As each individual residential home or commercial building is completed a Certificate of Occupancy/Approval is required. Prior to the issuance of a Certificate of Occupancy/Approval the applicant must pay the 50% remainder of the Affordable Housing Fee and receive Final Engineering approval. The Certificate of Occupancy/Approval request is then submitted to the Building Department for final review and approval.

MPF/kb

BRICK TOWNSHIP PLANNING BOARD

SECOND AMENDED PRELIMINARY AND

FINAL SITE PLAN APPROVAL WITH VARIANCES

RESOLUTION R- 42 -02 **PAGE 1**

Case No. PB-2403 (2266) (1281) 2-A-PSP/FSP-V-2/02 **April 24, 2002**

FILE 2
APP
APP ATT
APP ENG
PB ATT
PB ENG
ZONING
BUILD
ENG-2

WHEREAS, MERIDIAN HOSPITALS CORPORATION, MEDICAL CENTER OF OCEAN COUNTY, having a mailing address of 425 Jack Martin Boulevard, Brick, New Jersey 08724, has applied to the Brick Township Planning Board for second amended preliminary and final site plan approval pursuant to N.J.S.A. 40:55D-46, 50, 51, and 60; and

WHEREAS, proof of service as required by law upon appropriate property owners and governmental bodies has been furnished and determined to be in proper order; and

WHEREAS, a public hearing was held on April 10, 2002 in the Municipal Building for a discussion of the reasons for the second amended preliminary and final site plan approval and all interested parties having been heard, and at which time testimony was presented on behalf of the applicant and all interested parties having been heard and the following exhibits were admitted into evidence:

A-1 Site Plan by Menlo Engineering Associates Inc. dated 2/14/02

A-2 Color rendering of architectural/hospital addition

A-3 Plan of canopies/circulation route

A-4 Architectural of proposed three-story parking garage

A-5 Temporary Office Trailer Plan by Menlo Engineering Associates Inc. dated 3/19/02

A-6 Architectural of four-story hospital addition

A-7 Traffic Assessment Study dated 1/02

A-8 Drainage Plan by Menlo Engineering Associates Inc. dated 2/14/02

A-9 Environmental Impact Study by Menlo Engineering Associates Inc. dated 2/14/02

A-10 Brick Township Shade Tree Commission Report of 4/5/02

A-11 Ocean County Soil Conservation Report dated 2/25/02

A-12 Brick Township Planning Board Engineering Professional Jay C. Steinmetz, P.E., C.M.E. of T&M Associates report of 4/1/02

A-13 Brick Township Planning Board Municipal Planner Michael Fowler, A.I.C.P./P.P., report of 4/9/02

A-14 Brick Township Bureau of Fire Safety Kevin C. Batzel, Bureau Chief/Fire Sub Code Official, report of 3/4/02

A-15 Color rendering of 1-page Site Plan (hospital addition)

A-16 Color rendering of entire campus site plan

WHEREAS, the applicant received a resolution of intent of preliminary and final site plan approval with Resolution R-39-82 dated May 26, 1982; and

WHEREAS, the applicant received a resolution approving site plan and conditional use with Resolution R-41-82, dated June 9, 1982; and

WHEREAS, the applicant has received amended preliminary and final site plan approval with variances and design waivers with Resolution R-84-98 dated October 28, 1998, which amended approval and granted variances for minimum parking stall sizes of 9' by 18' where 10' by 20' are required; minimum aisle width of 24' where 25' was required; minimum setback of 5' between proposed parking lot adjoining Highway 88 and adjoining business use/zone where 10' was required; and a design waiver for rows of parking stalls ranging from 26 to 49 spaces with no

islands in between, where a landscaping island was required for each row of ten (10) parking stalls.

WHEREAS, the Board makes the following factual findings and findings of law:

1. This property is known and designated as Block 1170, Lots 18 and 18.02 on the Municipal Tax Map.

2. The property is located in the HS (Hospital Support) Zone and is comprised of 26.47 acres fronting on State Highway Route 88 westbound and Jack Martin Boulevard north of State Highway Route 70. The applicant proposes an expansion (to house the Shore Rehabilitation Institute and other hospital uses) which consists of a four-story building addition with full basement to be constructed at the southeast corner of existing building, together with a three-story parking garage deck containing 443 parking stalls which is proposed in the northwest area of the parking lot. On completion, this garage would provide for a net increase of 286 on-site parking spaces. Additionally, applicant has indicated necessity of placement of a temporary office trailer on site, because of the construction displacement of certain offices.

3. The applicant currently proposes to further amend the previous approvals in order to permit a variance for a minimum parking stall size of 9' by 18' where 10' by 20' is required; and a variance for minimum driveway aisle width of 24' where 25' is required. The proposed second amended preliminary and final site plan is shown on plans entitled, "Preliminary and Final Site Plan, Medical Center of Ocean County, Block 1170, Lots 18 and 18.02, Township of Brick, Ocean County, New Jersey," dated 2/14/02, and last revised 2/20/02, consisting of fifteen (15) sheets, as prepared by Menlo Engineering Associates, Inc./Julius T. Szalay, P.E./L.S.

4. T&M Associates, Jay C. Steinmetz, P.E., C.M.E., prepared a report to the Board dated April 1, 2002. The Board hereby adopts the findings in that report and incorporates that document in this resolution by reference.

5. Michael P. Fowler, A.I.C.P./P.P., Municipal Planner, prepared a report to the Board dated April 9, 2002. The Board hereby adopts the findings in that report and incorporates that document in this resolution by reference.

6. The Bureau of Fire Safety, Kevin C. Batzel, prepared a report to the Board dated March 4, 2002. The Board hereby adopts the findings in that report and incorporates that document into this resolution by reference.

7. The Shade Tree Commission, Dottie La Posa, prepared a report to the Board dated March 5, 2002. The Board hereby adopts the findings in that report and incorporates that document into this resolution by reference.

8. Albert A. Zager, Esq. appeared on behalf of the applicant and introduced a number of applicant's executives and professionals. Mr. Jeffrey Brickman, the executive vice president of Meridian Health System Inc., parent company of Meridian Health Corporation/Medical Center of Ocean County, testified that the expansion is extremely important because the hospital has been a "victim of its own success." Mr. Brickman further testified that the hospital is busier than ever, and occupancy levels are at their highest, making it urgent that this expansion be approved. He further testified that the relocation of the Shore Rehabilitation Center from its present location in Point Pleasant, to the Brick Township Hospital campus will be more convenient for patients and staff; and ease the transition to restorative care that the Rehab Center provides. Mr. Brickman concluded that, when this expansion is complete, it will make the Medical Center of Ocean County a "state-of-the-art Medical Center equal to any in the State of New Jersey."

Mr. Peter Daniels, newly installed president of the Medical Center of Ocean County, testified that the expansion proposed of 98,000 sq. ft. in the four-story addition with full basement and the expansion of the available parking by the construction of the three story parking deck garage (adding 286 spaces net) is necessary and timely. Mr. Daniels further testified that the relocation of the Shore Rehabilitation Center will help provide appropriate and convenient continuity of patient care. He further testified that he anticipated the first floor of the proposed addition would be utilized by the Outpatient Shore Rehab Center. The second floor, he anticipated, would be used as a 40-bed inpatient unit; the third floor used as demand required, but perhaps a 24-bed medical/surgical unit, and the use of the fourth floor is as yet undesignated. Mr. Daniels additionally testified that the basement would be used to expand support services and conference facilities. In his brief time here, Mr. Daniels acknowledged that the storage space issue is a problem that this expansion will remedy. He further related that, in answer to a Board member's concern, the entire hospital has just contracted to ensure that the entire interior of the hospital complex will be fit with sprinklers to the satisfaction of the Bureau of Fire Safety.

Mr. Scott Malin, A.I.A., architect with Vitetta Group, applicant's architectural firm, testified that with the project's L-shaped configuration, the applicant could provide safe, convenient access to the proposed new main entrance, which will be canopied in a color scheme still to be decided. Mr. Malin acknowledged that the applicant intends to match the existing structure's brick/stone for the four-story addition. However due to the uncertainty of obtaining specific materials and the sometimes lengthy delay in delivery, as well as cost considerations, applicant wanted to keep its options open as to the siding of the three-story parking garage. Mr. Malin testified that the first floor would have a glass block wall element; and

every effort would be made to work with the Board and its architectural committee in applicant's final selection of materials. Mr. Malin then testified as to the parking garage, and utilized the exhibits A-3 and A-4 in explaining the design and material choices of applicant. Mr. Malin concluded that the choices of costs, detail, and delivery dates are all important but the applicant wanted what was "right for the property."

Mr. William Lane, L.E., of Menlo Engineering Associates, Inc., applicant's engineering firm, recited the applicant's desire to cooperate with recommended changes and modifications suggested by Board's Engineer Mr. Steinmetz, as shown in Exhibit A-12, and agreed with many concerns, including the prohibiting of left turns from driveways of applicant onto Route 88. Although this would require diverting traffic to Jack Martin Blvd., then east to Route 70, or continuing through to Route 88, Mr. Lane agreed that it is a difficulty that they will address and remedy. Further concerns as to quality of drainage, landscaping length, and environmental impact have all been recognized and agreed. The applicant's acceptance of these changes were fully recorded in Mr. Steinmetz's conditions of report.

Mr. Raymond Fochesto, Senior Manager of Facilities Support Services, testified as to the temporary office trailer. It is 65' long and 24' wide (approximately 1200 sq. ft.), a double wide trailer. It will be removed at end of project, no later than four months after the certificate of occupancy is issued. The trailer is necessary because of the construction displacement of several offices, and it will be equipped with air conditioning, telephones, and electricity, as well as a chemical toilet, which will be periodically serviced as necessary.

Mr. Eric Keller, P.E., P.P., Omland Engineering Associates, Inc., testified as to the site's traffic patterns and applicant's proposed expansion. He recited that the 9' by 18' stall size match what is on site and is generally accepted. He further

testified that the parking needs of applicant are met by this garage/deck and that it is an efficient use of open space, and maximizes applicant's available and necessary need for visitor, patient, staff, vendor and physician parking.

Mr. Keller could not definitively answer Board's questions and concern as to whether there will be a fee or charge for parking. Mr. Keller acknowledged that it is never a popular choice to charge for parking, but applicant wanted to keep the option available of in the future charging a parking fee.

After some thought and consideration, and recognizing the concerns of the Board, applicant agreed that at present there would be no charge for parking, and agreed to return to the Planning Board for approval of any change in that "No-Fee Parking" policy.

Applicant further agreed that the handicapped parking area would be relocated adjacent to the proposed addition building, as it makes sense to have those spaces as convenient as possible to the entrance, and recognizing applicant has in excess of required spaces per existing plan.

Further, the site of the temporary office trailer will be restored to its pre-trailer condition (or better) after removal of the trailer, and in view of the approximate twenty-month period the temporary office trailer would be utilized, applicant agreed to provide landscaping in the vicinity of the trailer to the satisfaction of Board's Planner and Engineer.

With the exception of the variances granted hereinabove, the applicant has complied with the requirements of the Site Plan Ordinance. The plan is consistent with the intent and purpose of the Master Plan and the Municipal Development Ordinance. Further, recognizing the growing health care needs of the Township of Brick and its surrounding communities, the Board is satisfied that the applicant's plan is reasonable and consistent with its health care service mission to the community.

Accordingly, the Board finds that the benefits of the proposed development outweigh any detriments, and the relief requested can be granted without substantial detriment to the public good and will not substantially impair the intent and purpose of the Township Zoning Ordinance or Master Plan.

NOW, THEREFORE, BE IT RESOLVED by the Township Planning Board on this 24th day of April, 2002, that this application to amend resolution R-84-98 be approved subject to the following conditions:

1. The applicant must comply with all conditions of the original approving intent Resolution R-39-82 dated May 26, 1982 pertaining to the subject property; Resolution R-41-82 dated June 9, 1982 approving site plan and conditional use; and the amended approving Resolution R-84-98 dated October 28, 1998, except as modified by this resolution.

2. The applicant shall comply with all standard Planning Board conditions for preliminary major subdivision approval as set forth on Attachment 'A.'

3. The applicant shall comply with all representations and agreements made by the applicant's representatives, its attorney, or its professionals during the presentation of this case.

4. The applicant shall comply with the comments contained in the report from Michael P. Fowler, Municipal Planner, dated April 9, 2002, including:

A. Applicant agreed that at least one space per parking level would be van-accessible.

B. Applicant agreed to enhancements of landscaping around parking garage including foundation plantings and supplementing with shade trees and evergreens to the satisfaction of Board's Engineer and Planner.

C. Applicant recited circulation in/around garage and agreed to provide to continue sidewalk/walkway to/from parking garage to satisfaction of Board's Engineer and Planner.

D. Applicant agreed to pavement marking adjacent to handicapped parking and depressed curbing in front of Shore Rehab, and will add crosswalks as per Board Engineer and Planner.

E. Applicant will provide color renderings of architectural plans to satisfaction of Board's Engineer and Planner.

F. Applicant agreed to provide outdoor public seating where appropriate to satisfaction of Board's Engineer and Planner.

G. Applicant advised safety concerns as to loading zones prevented walkway around the entire perimeter of hospital building.

H. Applicant agreed not to remove topsoil from site or use same as spoil. Applicant further agreed to use redistributed topsoil throughout site.

5. The applicant shall comply with the comments contained in the report of T&M Associates, J.C. Steinmetz, P.E., C.M.E., Board Engineer, dated April 1, 2002.

Traffic Circulation/Layout

3.4 Applicant will correct required number of parking spaces.

3.5 Applicant will supply to satisfaction of Board Engineer the layout of proposed parking deck.

3.7 Applicant agrees to restrict "No Left Turn" onto Rt. 88 from applicant's driveways.

3.8 Applicant will supply sign schedule.

3.9 Applicant will supply signage for traffic exiting Brick Medical Arts Facility.

Grading/Drainage

4.1 Applicant has applied for Ocean County approval.

4.2 Applicant will indicate which pipes are to be plugged and abandoned or removed and, will supply details of plugged and abandoned pipe.

4.3 Applicant will supply details of proposed stormwater collection system for parking deck.

4.4 Applicant will provide details of proposed storm manholes and inlets.

4.5 Applicant will provide pipe bedding details.

Landscaping

5.1 Applicant will supply clearer, unshaded plans for review of Board Engineer.

5.2 Applicant agreed to attempt to relocate as many existing trees as possible and recite/provide same.

5.3 Applicant agreed to irrigate landscaped areas as required by Brick Township Ordinance Chap. 190-257 (K).

5.4 Applicant agreed to mulch per Brick Township Ordinance 190-257(I) and provide details of same to Board Engineer.

5.5 Applicant agreed to provide weed barrier per Brick Township Ordinance 190-257 (G).

5.6 Applicant agreed to define landscaped areas per Brick Township Ordinance 190-257 (E).

5.7 Applicant agreed to relocate existing 6" caliper Zelkova trees near proposed parking deck.

5.8 Applicant agreed to incorporate into the deciduous tree planting detail a root barrier product for deciduous trees that are to be installed with 10' of new or existing sidewalks/curbs.

5.9 Applicant agreed to include and correct planting sizes to satisfaction of Board Engineer.

5.10 Applicant agreed to reposition white pines or replace them with a fastigiate species to satisfaction of Board Engineer.

5.11 Applicant agreed to enhance and supplement proposed plantings around north side of parking deck, as well as between proposed deck and walkway on south side of parking deck, to satisfaction of Board Engineer.

Lighting

6.1 Applicant agreed to re-label "Light Pole Foundation/"

6.2 Applicant agreed to add bollard light foundations to Detail Sheet 2.

6.3 Applicant agreed to supply photometrics for Lighting Plan I vicinity of outer roadway (eastern portion of site) or to supplement existing lighting to Board Engineer's satisfaction.

6.4 Applicant agreed to supplement proposed lighting in the handicapped parking area in northwest corner of existing hospital building to Board Engineer's satisfaction.

Environmental Impact Statement

7.1 Applicant agreed to supplement report to address Brick Township Ordinance Chap. 190-188C (a) 5&8 as to air quality and noise.

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD · BRICK, NJ 08723

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Contruction Official
(732) 262-1030
Fax: (732) 262-6954
http://www.twp.brick.nj.us

Date: 8/16/02

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 18 Lot: 1170

Property Address: 425 JACK MARTIN BLVD

I, ROBERT WICKE (name) of BIANCHINO 199 MOUNTAIN AVE SPRINGFIELD, NJ 07081 (address)

Request to be exempted from the plot plan requirement for an addition 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 survey locating existing dwelling and proposed addition. Dimensions of 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.

OFFICE USE

Approved: 10/3/02 Signed:

Rejected: Signed:

[redacted]

Boiler Plant Upgrade
Med. Ctr. of Ocean City

Block 1170
Lot(s) 18 & 18.02

Counter Form
PLEASE PRINT

Update #3
02-3873

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: Higgins Fire Protection
Address: 1120 Central Ave.
Hillside, NJ 07205
Phone #: 908-352-3487
Lis #: N/A
Federal Emp # or SSN 135465890

Technical Data

Description of Work: Add 6 heads off existing sprinkler main.

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source Existing
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ___capacity___fuel
Combustible Storage Tanks___capacity___fuel
LPG Storage Tanks___capacity___fuel

Item — Quantity

Wet Sprinkler Heads 6
Dry Sprinkler Heads 0
Total 6

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

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: Darrell McGee
Print Name: DARRELL McGEE

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location:_____

Block:_____ Lot:_____

Owner's Name:_____

Owner's Mailing Address:_____

_____

Phone: (_____)_____

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

PLUMBING

Block 1170
Lot(s) 18 & 18.02

Contractor: BARHAM-McBRIDE
Address: 4239 Hwy 33
TINTON FALLS NJ 07753
Phone #: 732-922-0660
Lis #: BI 6107
Federal Emp # or SSN 22-1101670

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	1
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: Roof Drain	(1)

Boiler Plant Upgrade
Med. Ctr. of Ocean Cty.

FIRE

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

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ____capacity____fuel
Combustible Storage Tanks____capacity____fuel
LPG Storage Tanks____capacity____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
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

Estimated Cost of Plumbing Work 3000

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: Thomas B Barham

CONTRACTOR'S SEAL

Gas Logs _____

Total Appliances _____

Wood Burning Stove _____

Wood Fireplace _____

Other:

Estimated Cost of Fire 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: _____

Print Name: _____

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: Medical Center of Ocean County - Boiler Plant Upgrade
Block: 1170 Lot: 18 & 18.02
Owner's Name: MEDICAL CENTER OF OCEAN COUNTY
Owner's Mailing Address: 425 JACK MARTIN BLVD
BRICK, NJ 07024
Phone: (732) 840-3296

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: $

ELECTRICAL

Contractor: Finesse Electric Corporation
Address: 205 Rt 9 North
Freehold, N.J. 07728
Phone#: (732) 577-9671
Lis #: 9048
Federal Emp # or SSN 223396664

Technical Data

Item	Quantity
Lighting Fixtures	13
Receptacles	2
Switches	
Detectors	2
Light Poles	0
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	(1) 7½ HP 3Ø
Other: Boiler Feed Pumps	(2) 25 HP 3Ø

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_____

Estimated Cost of Electrical Work: $ 10,000

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: Kurt Wagner

Please Print Name KURT Wagner

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

Block 1170
Lot(s) 18 & 18.02

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

FIRE

Contractor: Finesse Electric Corp
Address: 205 Rt 9 North
Freehold, N.J. 07728
Phone #: (732) 577-9671
Lis #: 9048
Federal Emp # or SSN 223396664

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil _X_Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler: Boiler Rm
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ____capacity____fuel
Combustible Storage Tanks ____capacity____fuel
LPG Storage Tanks ____capacity____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors (Horn strobes)	1
Heat Detectors	2
Total	3
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

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

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work $ 1500

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: Kurt Wagner

Print Name: Kurt Wagner

-63-02-

BRICK TOWNSHIP PLANNING BOARD

AMENDMENT TO THE SECOND AMENDED

PRELIMINARY ANDFINAL SITE PLAN APPROVAL

WITH VARIANCES

RESOLUTION R-63-02 PAGE 1 OF 4

Case No. PB-2403 (2266) (1281) 2-A-PSP/FSP-V-2/02 July 10, 2002

WHEREAS, MERIDIAN HOSPITALS CORPORATION, MEDICAL CENTER OF OCEAN COUNTY, having a mailing address of 425 Jack Martin Boulevard, Brick, New Jersey 08724, has applied to the Brick Township Planning Board for an amendment to the second amended preliminary and final site plan approval pursuant to N.J.S.A. 40:55D-46, 50, 51, and 60; and

FILE 2

APP
APP ATT.
APP ENG
PB ATT
PB. ENG
PBUILD.
ZONING.
TAX A.
ENG 2.

WHEREAS, a hearing was held on July 3, 2002 in the Municipal Building for a discussion of the reasons for the amendment to the second amended preliminary and final site plan approval and all interested parties having been heard, and at which time testimony was presented on behalf of the applicant and all interested parties having been heard; and

WHEREAS, the applicant received a resolution of intent of preliminary and final site plan approval with Resolution R-39-82 dated May 26, 1982; and

WHEREAS, the applicant received a resolution approving site plan and conditional use with Resolution R-41-82, dated June 9, 1982; and

WHEREAS, the applicant has received amended preliminary and final site plan approval with variances and design waivers with Resolution R-84-98 dated October 28, 1998, which amended approval and granted variances; and applicant received second amended approval with variances and design waivers with Resolution R-42-02 dated April 24, 2002;

WHEREAS, the Board makes the following factual findings and findings of law:

1. This property is known and designated as Block 1170, Lots 18 and 18.02 on the Municipal Tax Map.

2. The property is located in the HS (Hospital Support) Zone and is comprised of 26.47 acres fronting on State Highway Route 88 westbound and Jack Martin Boulevard north of State Highway Route 70. The applicant proposes an expansion of the existing boiler room located at the southwest corner of the existing building to accommodate additional utilities required for the proposed building expansion. The expansion of the boiler room is to consist of a basement story and one story above ground.

3. The proposed amendment to the second amended preliminary and final site plan is shown on plans entitled, "Preliminary and Final Site Plan, Medical Center of Ocean County, Block 1170, Lots 18 and 18.02, Township of Brick, Ocean County, New Jersey," dated 2/14/02, and last revised 6/20/02, consisting of fifteen (15) sheets, as prepared by Menlo Engineering Associates, Inc./Julius T. Szalay, P.E./L.S.

4. T&M Associates, Jay C. Steinmetz, P.E., C.M.E., prepared a report to the Board dated July 3, 2002. The Board hereby adopts the findings in that report and incorporates that document in this resolution by reference.

5. Mr. Steinmetz advises that the proposed addition does not impact traffic circulation or layout; as adequate parking was already supplied, as this subject application will not increase parking needs.

6. Mr. Steinmetz further advises that grading and drainage are not impacted. Certain necessary changes in routing were made which are acceptable. He further advises that landscaping and lighting were not affected by this application.

7. Further, Mr. Steinmetz advises that there is no change to the environmental impact and compliance statement as the facility already existed with prior approvals, and same is not affected by this application.

Whereas, applicant seeks amendment to expand existing boiler room, and the applicant has complied with the requirements of the Site Plan Ordinance. The plan is consistent with the intent and purpose of the Master Plan and the Municipal

Development Ordinance. Further, recognizing the growing health care needs of the Township of Brick and its surrounding communities, the Board is satisfied that the applicant's amended plan is reasonable and consistent with its health care service mission to the community. The Board finds that the amendment is reasonable and should be granted permitting the boiler room expansion. Accordingly, the Board permits this amendment.

NOW, THEREFORE, BE IT RESOLVED by the Township Planning Board on this 10th day of July, 2002, that this application to amend resolution R-42-02 be approved subject to the following conditions:

1. The applicant must comply with all conditions of the original approving intent Resolution R-39-82 dated May 26, 1982, pertaining to the subject property; Resolution R-41-82 dated June 9, 1982 approving site plan and conditional use; and the amended approving Resolution R-84-98 dated October 28, 1998, and Resolution R-42-02 dated April 24, 2002, except as modified by this resolution.

2. The applicant shall comply with all standard Planning Board conditions for preliminary major site plan approval as set forth on Attachment 'A.'

3. The applicant shall comply with all representations and agreements made by the applicant's representatives, its attorney, or its professionals during the presentation of this case.

4. The applicant shall comply with the comments contained in the report of T & M Associates, J.C. Steinmetz, P.E., C.M.E., Board Engineer, dated July 3, 2002.

MOVED BY: Mr. Aiello

SECONDED BY: Mr. Reilly

VOTING IN THE AFFIRMATIVE: Mrs. LaDuke, Mr. Aiello, Mr. Dockery, Mr. Reilly, Mr. Vespi, Mr. Fredo

VOTING IN THE NEGATIVE:

INELIGIBLE TO VOTE:

ABSTAINING: Mr. Kelly

ABSENT: Councilman Underwood, Mr. Petoia, Mr. Higgins, Mr. Scherer

CERTIFICATION

I, **JUDITH FOX NELSON**, Clerk of the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that the foregoing resolution was duly **ADOPTED** by the said Planning Board of the Township of Brick at a regular meeting held on the 10th day of July, 2002.

IN WITNESS WHEREOF, I have set my hand this 12th day of July, 2002.

Judith Fox Nelson
JUDITH FOX NELSON, Clerk
Brick Township Planning Board

1860 Blanchard
Wm. Blanchard Co. | Builders since 1860

P.O. Box 298 199 Mountain Avenue.Springfield, New Jersey 07081
973.376.9100 Fax: 973=376=9154

August 21, 2002

Building Department
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Block: 1170
Lot(s): 18 & 18.02

Attn: Daniel F. Newman, Jr. – Construction Official
732-262-1030
732=262=8954 (Fax)

Ref: Job No. 4876
Boiler Plant Upgrade
Medical Center of Ocean County
Brick, New Jersey

We Are:

- ☐ Forwarding To You
- ☒ **Enclosing Herewith via Fedex**
- ☐ Returning Herewith
- ☐ Handing You

For Your:

- ☐ Quotation
- ☒ **Approval**
- ☐ Review and Comment
- ☐ Approved as Noted
- ☒ **Use**

No. Copies	Drawing Number	Title	Date
1	Brick Township Planning Board Amended Resolution for the Boiler Plant Upgrade Project (4 pages)		7/10/02
1	Signed/Sealed Plumbing Permit Application for Boiler Plant Upgrade		
1	Signed/Sealed Electrical Permit Application for Boiler Plant Upgrade		
1	Fire Sprinkler Permit Application for Boiler Plant Upgrade		
1	Signed/Sealed Fire Alarm Permit Application for Boiler Plant Upgrade		

COMMENTS: **Sorry it took till now to gather all this up for you. This is for your various Sub-Code Officials' review and approval. Please advise on Affordable Housing and other permit fee costs ASAP.**

Thanks,
Wm. Blanchard Co.

Robert Wilke
Project Manager

RW/lak
Cc: Ray Fochesto, MCOC
R. A. Samenfeld
Stan Kozal
File w/ copy

1860 Blanchard
Wm. Blanchard Co. | Builders since 1860

P.O. Box 298 199 Mountain Avenue.Springfield, New Jersey 07081
973.376.9100 Fax: 973=376=9154

June 11, 2003

Brick Township Building Department
401 Chambersbridge Road
Brick, NJ 07081

Attn: Kevin Batzel

Ref: Job No. 4876
Boiler Room Upgrade
Medical Center of Ocean County
Brick Township, New Jersey

We Are:

- ☐ Forwarding To You
- ☐ Enclosing Herewith via & mail
- ☐ Returning Herewith
- ☒ **Handing You on 6/11/03**

Noted

For Your:

- ☐ Quotation
- ☐ Revision
- ☐ Review and Comment
  - ☐ Approved as
  - ☒ **Use**

No. Copies	Submittal Number	Title	Date
1	**Certification for Fire Alarm System**		04/01/03
1	**Inspection & Testing Forms**		04/01/03

Comments: For your files.

Thank you,
Wm. **Blanchard** *Co.*
Paul Lorello

PL/lr

cc: Steve DiFlora – K & L w/ copies
John Finley – Vitetta, w/copies
Richard A. Samenfeld/SF
Bob Wilke
File w/1 copy

Systems Sales

1345 CAMPUS PARKWAY · NEPTUNE, NJ 07753-6815
PHONE: 732-751-0600 FAX: 732-751-0489
WEBSITE: WWW.SSCNJ.COM

LETTER OF TRANSMITTAL

To: Finesse Electric
205 Route 9 North
Suite #39
Freehold, NJ 07728

Date: 4/9/03
Attn: Kurt Wagner
Re: Brick Hospital-Boiler Room Addition, Brick, NJ
CC:

SSC Project No: 16216

We are sending you ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Submittals ☐ Wiring Diagrams ☐ Operation & Maintenance Manuals
☐ Plans ☒ System Certifications ☒ NFPA 72 Inspection & Testing Forms

Copies	Date	No.	Description
2	4/1/03	16216	EST3 Fire Alarm System Certifications
2	4/1/03	16216	NFPA 72 Inspection & Testing Forms

These are transmitted as checked below:

☐ For Approval ☐ For Your Use ☐ Return ___ Approved or Corrected Copies
☒ For Record Purposes ☐ Returning Borrowed Prints

Comments: _____

SIGNED *Maria Cicalese*
Maria Cicalese

IF ENCLOSURES ARE NOT AS NOTED, KINDLY NOTIFY US AT ONCE.

System Certification

Facility:	Brick Hospital Brick, NJ	***Type of System/Location:***	EST3 Fire Alarm System Boiler Room Addition
Installing Contractor:	Finesse Electric Corporation Freehold, NJ	***System Manufacturer:***	Edwards Systems Technology
		Warranty Start Date:	4/1/03
SSC Project Number:	16216	***Warranty Expir. Date:***	3/31/04

All components of the above referenced system are certified to be operating in compliance with the manufacturer's specifications.

Authorized Factory Service Center

Systems Sales Corporation (SSC)
1345 Campus Parkway
Monmouth Shores Corporate Park
Neptune, NJ 07753
(732) 751-0600 • www.sscnj.com

Authorized Signature

Michael Golembeski
SSC Project Manager

NFPA 72 FORM
INSPECTION AND TESTING FORM

DATE: 4-1-03

TIME: 1300

SERVICE ORGANIZATION

NAME: Systems Sales Corporation

ADDRESS: 1345 Campus Parkway
Neptune, NJ 07753

REPRESENTATIVE: J Martinez

LICENSE NO.: N/A

TELEPHONE: (732) 751 - 0600

PROPERTY NAME (USER)

NAME: Brick Hospital

ADDRESS: 425 Jack Martin Blvd.
Bricktown, NJ

OWNER CONTACT: Ed Mangold

TELEPHONE:

MONITORING ENTITY

CONTACT: Others

TELEPHONE: Others

MONITORING ACCOUNT REF. NO.: Security

APPROVING AGENCY

CONTACT:

TELEPHONE:

TYPE TRANSMISSION

- ☐ - McCulloh
- ☐ - Multiplex
- ☐ - Digital
- ☐ - Reverse Polarity
- ☐ - RF
- ☐ - Other (Specify)

SERVICE

- ☒ - Acceptance
- ☐ - Monthly
- ☐ - Quarterly
- ☐ - Semiannually
- ☐ - Annually
- ☐ - Other (Specify)

PANEL MANUFACTURER: EST-Edwards Systems Technologies MODEL NO.: EST 3

CIRCUIT STYLES: B

NO. OF CIRCUITS: 2

SOFTWARE REV.: 3.1

LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 4-1-03

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: 4-1-03

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
-	-	MANUAL STATIONS
-	-	ION DETECTORS
-	-	PHOTO DETECTORS
-	-	DUCT DETECTORS
2	B	HEAT DETECTORS
-	-	WATERFLOW SWITCHES
-	-	SUPERVISORY SWITCHES
-	-	OTHER (SPECIFY)

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
-	-	BELLS
-	-	HORNS
-	-	CHIMES
-	-	STROBES
-	-	SPEAKERS
1	B	OTHER (SPECIFY) H/S combination

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 1

ARE CIRCUITS SUPERVISED? ☒ YES ☐ NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
N/A		BUILDING TEMP.
N/A		SITE WATER TEMP.
N/A		SITE WATER LEVEL
N/A		FIRE PUMP POWER
N/A		FIRE PUMP RUNNING
N/A		FIRE PUMP AUTO POSITION
N/A		FIRE PUMP OR PUMP CONTROLLER TROUBLE
N/A		GENERATOR IN AUTO POSITION
N/A		GENERATOR OR CONTROLLER TROUBLE
N/A		SWITCH TRANSFER
N/A		GENERATOR ENGINE RUNNING
N/A		OTHER: (SPECIFY)

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to system:

Quantity Na Style(s) Na

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 120 , Amps 15

Overcurrent Protection: Type , Amps

Location (Panel Number): Na Temp Pwr

Disconnecting Means Location: CB

b. Secondary (Standby): Battery

24vdc Storage Battery: Amp-Hr. Rating 5ah

Calculated capacity to operate system, in hours: X 24 60

Na Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: Na

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify)

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- Emergency system described in NFPA 70, Article 700
- Legally required standby described in NFPA 70, Article 701
- Optional standby system described in NFPA 70, Article 702, which also meets the performance of Article 700 or 701

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	☒	☐	Security	1000
BUILDING OCCUPANTS	☒	☐	Via security	1000
BUILDING MANAGEMENT	☒	☐	Via security	1000
OTHER (SPECIFY)	☐	☐	N/A	
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	☐	☐	N/A	

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	☒	☒	
INTERFACE EQUIPMENT	☒	☒	
LAMPS/LEDS	☒	☒	
FUSES	☒	☒	
PRIMARY POWER SUPPLY	☒	☒	
TROUBLE SIGNALS	☒	☒	
DISCONNECT SWITCHES	☒	☒	
GROUND FAULT MONITORING	☒	☒	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	☒		
LOAD VOLTAGE		☒	
DISCHARGE TEST		☒	
CHARGER TEST		☒	
SPECIFIC GRAVITY		☐	N/A
TRANSIENT SUPPRESSORS	☐		N/A
REMOTE ANNUNCIATORS	☐	☐	
NOTIFICATION APPLIANCES			
AUDIBLE	☒	☒	
VISUAL	☒	☒	
SPEAKERS	☐	☐	N/A
VOICE CLARITY		☐	N/A

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC&S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
		☒	☒			☒	☐
		☒	☒			☒	☐
		☒	☒			☒	☐
		☒	☒			☒	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

COMMENTS: *******Verified Communication of Heat Detector Zone Module. Test of Horn/strobe not allowed by Ed Mangold.

	VISUAL	FUNCTIONAL	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
PHONE SET	☐	☐	N/A
PHONE JACKS	☐	☐	N/A
OFF-HOOK INDICATOR	☐	☐	N/A
AMPLIFIER (S)	☐	☐	N/A
TONE GENERATOR (S)	☐	☐	N/A
CALL IN SIGNAL	☐	☐	N/A
SYSTEM PERFORMANCE	☐	☐	N/A

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) _____	☐	☐	☐
(SPECIFY) _____	☐	☐	☐
(SPECIFY) _____	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(SPECIFY) N/A	☐	☐	☐
(SPECIFY) N/A	☐	☐	☐
(SPECIFY) N/A	☐	☐	☐

SPECIAL PROCEDURES: N/A

COMMENTS:

ON/OFF PREMISES MONITORING:	YES	NO	TIME	COMMENTS
ALARM SIGNAL	☐	☐		Na
ALARM RESTORAL	☐	☐		Na
TROUBLE SIGNAL	☐	☐		Na
TROUBLE RESTORAL	☐	☐		Na
SUPERVISORY SIGNAL	☐	☐		Na
SUPERVISORY RESTORAL	☐	☐		Na

NOTIFICATIONS THAT TESTING IS COMPLETE	YES	NO	WHO	COMMENTS
BUILDING MANAGEMENT	☒	☐		
MONITORING AGENCY	☒	☐		
BUILDING OCCUPANTS	☒	☐		
OTHER (SPECIFY)	☐	☐	N/A	

THE FOLLOWING DID NOT OPERATE CORRECTLY:

SYSTEM RESTORED TO NORMAL OPERATION: DATE 10-10-02 TIME 1300

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: John Martinez

DATE: 4-3-03 TIME: 1330

SIGNATURE:

NAME OF OWNER OR REPRESENTATIVE: Finesse Electric

DATE: 4-3-03 TIME: 1330

SIGNATURE: