BLOCK 1170 LOT 18 QUALIFICATION CODE C16-10 ADDRESS (SITE) 425 Jack Martin Blvd. BRICK HOSPITAL PERMIT NO. 01-0232

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 425 Jack Martin Blvd. Brick Town
2. Name of Owner in Fee: Ocean County Medical Center Tel. (732) 840-2200
   Address 425 Jack Martin Blvd. Brick Town NJ 08724
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Kirk J. Ferrier Electric Tel. (908) 241-3771
   Address 118 W. Westfield Ave. Roselle Pk. NJ 07204
   License No. OR, if new home, Builder Reg. No. 82871 Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Ray Fochesato
   Tel. (732) 840-2200 Ext. 2284

Ralph from Ferrier Electric 732-920-2172

RECEIVED JAN 16 2001

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 15		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	24		
10. Subtotal			
11. Cert. of Occupancy			
12. Other EP — 7	15.114		
13. TOTAL	$		

CK# 2021

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical					1/17/01	MA	3/2/01	0/2	
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		JP	1/20/01		1/26/01	JP			
TOTAL COSTS	30,000								

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:
Before Construction
After Construction
Net Gain or Loss

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

INFORMATIONAL — MANDATORY FEE — A.H.R.I.

LDS BR 10504792

U.C.C. F100-1 (rev. 3/96)

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 1/16/01

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (___) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		**Name of Code & Edition**		
Building	_____	Energy	_____	Other _____
Electrical	_____	Barrier Free	_____	_____
Plumbing	_____	Flood Hazard	_____	_____
Fire Protection	_____	As Built Elevation Cert.	_____	_____
Mechanical	_____	Other	_____	_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/02/2001
Control #
Permit # ~~010232~~ 01-0232

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
SERVICE/LIGHT POLES
Owner in Fee OCEAN COUNTY MEDICAL CENTER
Address SAME
BRICK, NJ 08724-
Telephone (732)840-2200

Contractor KIRK J FERRIER ELECTRIC
Address 118 N WESTFIELD AVE
ROSELLE PARK, NJ 07204-
Telephone (908)241-3771
Lic. No. or Bldrs. Reg. No. 8281
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SERVICE AND LIGHT POLES

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 $ 30,000

PAYMENTS (Office Use Only)

Building	0
Electrical	75
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	24
Cert. of Occupancy	0
Other EP	15
Total	114- ~~99~~
Check No.	2021
Cash	
Collected By	ERP

02/02/01 12:49PM 000000#1592
XX07 SERV.007

#010232	
ELECTRIC	$75.00
DCA	$24.00
EPA	$15.00
CHECK	$114.00

02/02/2001
Construction Official Date

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

PM
(0002603167

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2/2/01
Control #
Permit # 01-0232

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 Ocean County Medical Center (Brick Hospital)
425 Jack Martin Blvd. Brick Town NJ 08724
Owner in Fee/Occupant Ocean County Medical Center (Brick Hospital)
Address 425 Jack Martin Blvd. Brick Town NJ 08724

Tele. (732) 840 - 2200
Contractor Kirk J. Ferrier Electric
Address 118 W. Westfield Ave.
Roselle Pk. NJ 07204
Tele. (908) 241 - 3771 Fax (908) 241 - 4779
Lic. No. 8281
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 30,000

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 1701
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 3201
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			3201	
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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
8		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	100A	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

CANCELLED 2-5-01 TO

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2/2/01
Control #
Permit # 01-0232

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 Ocean County Medical Center (Brick Hospital)
425 Jack Martin Blvd Brick NJ 08724
Owner in Fee/Occupant Ocean County Medical Center (Brick Hospital)
Address 425 Jack Martin Blvd Brick NJ 08724

Tele. (732) 840-2200
Contractor K.K. J Electrical Service
Address 1 New York Rd
Neptune NK NJ 07754
Tele. (908) 211-2221 Fax (908) 211-4223
Lic. No. 5241
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 30,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 1/30/01
Approved by:

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. 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.

BC 818

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

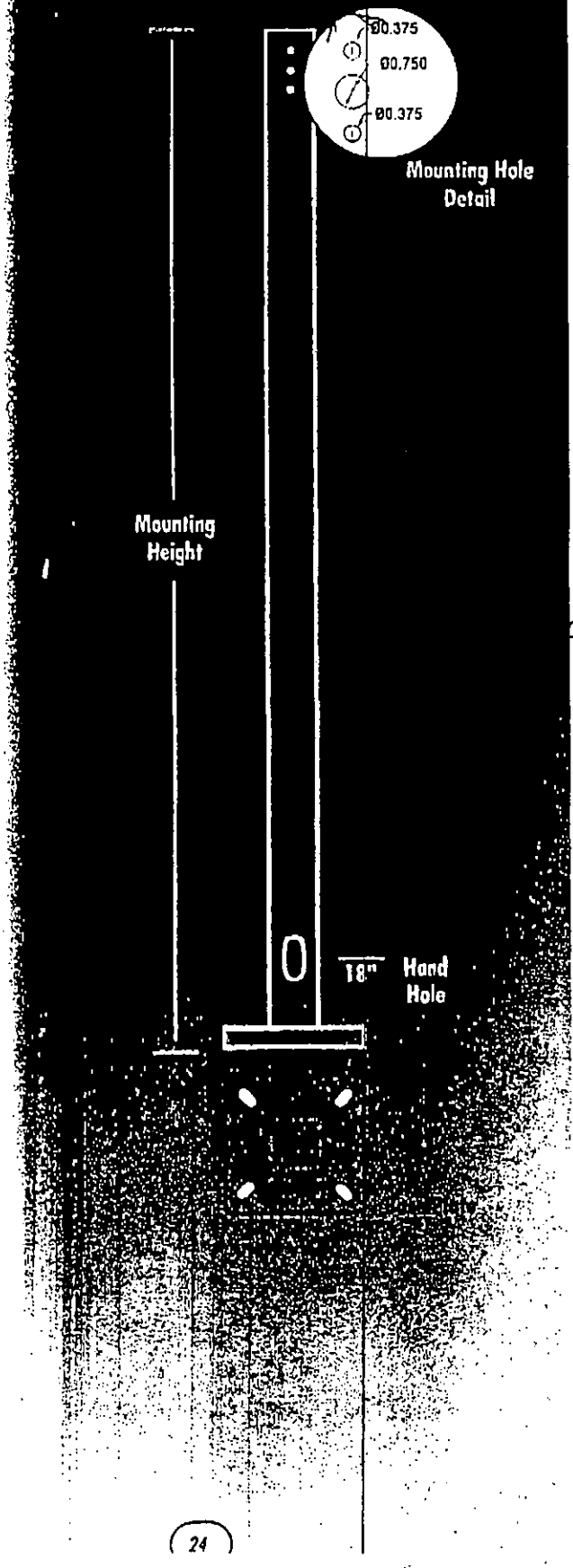
QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
8		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub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

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

U.C.C. F120
(rev. 3/98)

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

SSP Series
Square Steel Poles



SPARTAN

Shaft
Fabricated from high grade structural steel tube, the shaft conforms to ASTM specifications. It meets or exceeds minimum yield strength of 55,000 psi. Wall thickness is either 11 ga (.120 wall) or 7 ga (.180 wall) as specified (see ordering information). A reinforced hand hole is furnished with cover.

Base Plate
Fabricated from structural quality hot rolled steel, the base plate meets or exceeds minimum yield strength of 36,000 psi. Bolt holes are slotted to provide 1" flexibility on either side of bolt circle centerline.

Anchorage
Anchor bolts are made of hot rolled steel bar with minimum yield strength of 50,000 psi. Bolts have an "L" bend on one end and are threaded on the other end. Bolts are galvanized 12" from the top of the thread and are furnished with two nuts and two washers. See next page for anchor bolt specifications.

Base Cover
Fabricated from heavy gauge quality carbon steel, the two piece cover conceals base. ABS plastic is supplied with some sizes.

Standard Finish
The SSP Series is furnished with an electrostatically applied red oxide primer over 2 stage cleaning process.

Painted Finish (optional)
A choice of galvanized or painted finish is available. The painted finish is an electrostatically applied acrylic enamel over red oxide primer or powder coating, specify color.

Fixture Mounting
Two sides of the SSP Series poles are pre-drilled. Optional 2 3/8" tenon and other mounting brackets are also available. See next page for mounting codes and mounting hole detail.

Pole Height	Catalog Number	Base Sq. (In.)	Pole EPA Ratings Base Wind Velocity (MPH) With 1.3 Wind Gust Factor 80	90	100	Max. Fix. Wt. (lbs) at 80 MPH	Shipping Wt. (lbs.)
Steel Poles 4" Square – 11 Gauge (.120")							
10'	SSP10-4-11-(a)(b)	9.75	30.6	23.8	18.9	765	75
14'	SSP14-4-11-(a)(b)	9.75	19.9	15.1	11.7	498	100
20'	SSP20-4-11-(a)(b)	9.75	9.6	6.7	4.5	240	140
25'	SSP25-4-11-(a)(b)	9.75	4.8	2.6	1.0	150	170
Steel Poles 4" Square – 7 Gauge (.180")							
25'	SSP25-4-7-(a)(b)	9.75	10.8	7.7	5.4	270	245
Steel Poles 5" Square – 11 Gauge (.120")							
25'	SSP25-5-11-(a)(b)	11.0	9.8	6.3	3.7	245	225
30'	SSP30-5-11-(a)(b)	11.0	4.7	2.0	-	150	265
Steel Poles 5" Square – 7 Gauge (.180")							
25'	SSP25-5-7-(a)(b)	11.5	21.3	15.5	11.8	275	319
30'	SSP30-5-7-(a)(b)	11.0	10.7	6.7	3.9	267	380
35'	SSP35-5-7-(a)(b)	11.0	5.9	2.5	-	150	440
Steel Poles 6" Square – 7 Gauge (.180")							
30'	SSP30-6-7-(a)(b)	12.0	15.7	10.2	6.4	397	520
35'	SSP35-6-7-(a)(b)	12.0	9.5	5.0	1.8	237	540
39'	SSP39-6-7-(a)(b)	12.0	5.1	1.3	-	128	605

Other sizes available upon request.

(a)Pole Finish: Indicate finish in space (a)

Description	Prime	Bronze	Black	Galvanized
	P	BZ	BK	GLV

(b)Mounting Code: See detail next page.

Meridian
Health System

BRICK HOSPITAL
JERSEY SHORE MEDICAL CENTER
POINT PLEASANT HOSPITAL
RIVERVIEW MEDICAL CENTER

BILL TRANSUE
Maintenance Manager
Tel 732 ~~295-6572~~ 840-3296
Fax 732 840-3398

Meridian Health System
Brick Hospital
425 Jack Martin Boulevard
Brick, NJ 08724

I

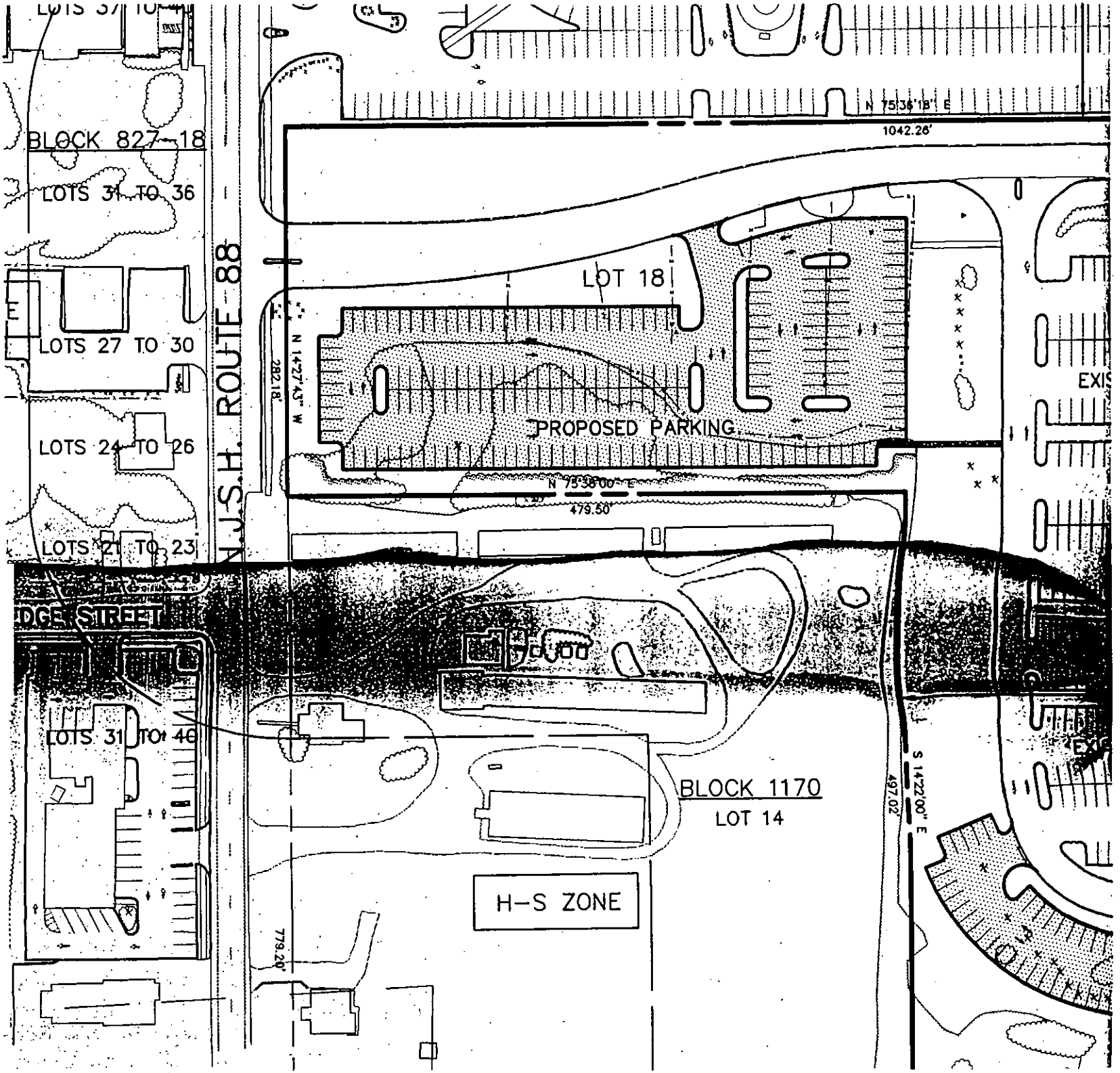
MEDICIAL CENTER OF OCEAN COUNTY

TO: Tom Rospos, Brick Township Engineer

FROM: Ray Fochesto, ef Facility Manager, MCOC

SUBJECT: Additional lighting to address our safety concerns.

It has been brought to senior managements attention that the lighting in the new parking lot by Rt 88 is inadequate and staff going home after the evening shift feel unsafe going to their cars. T o address this matter we would like to install an additional eight pole lights which are marked in yellow on print. Would you please review the print and give your approval to proceed with wirk. Thank you for your time and understanding.


LOTS 37 TO 40
BLOCK 827-18
LOTS 31 TO 36
LOTS 27 TO 30
LOTS 24 TO 26
LOTS 21 TO 23
N.J.S.H. ROUTE 88
N 75°36'18" E
1042.26'
LOT 18
N 14°27'43" W
282.18'
PROPOSED PARKING
N 75°38'00" E
479.50'
EXIS
DGE STREET
LOTS 31 TO 40
BLOCK 1170
LOT 14
S 14°22'00" E
497.02'
H-S ZONE
779.20'

To build catalog numbers refer to inside front cover

Forward Throw Luminaire Order Information

Housing Size (sq.)	Wattage Lamp	Catalog Number (add mounting code)	Mounting Code (Insert Code at * in Cat. #)
16"	175W MH	FFM*417-(a)(b)	1 = 1 1/2" Close Pole Mt.(1)
	250W MH	FFM*425-(a)(b)	2 = 6" Extended Pole Mt.(1)
	320W MH**	FFM*432-(a)(b)	3 = 2" Adj. Slip Fitter
	350W MH**	FFM*435-(a)(b)	4 = Yoke Mount
	400W MH**	FFM*440-(a)(b)	5 = 12" Extended Pole Mt.
23"	1000W MH**	FFL*499-(a)(b)	8 = Without Mounting
16"	150W HPS	FFM*515-(a)(b)	
	250W HPS	FFM*525-(a)(b)	
	250W HPS-Pulsetron	FFM*825-(a)(b)	
	400W HPS	FFM*540-(a)(b)	
	400W HPS-Pulsetron	FFM*840-(a)(b)	
23"	1000W HPS	FFL*599-(a)(b)	(For wall mount brackets see page 21)

(a)Voltage Suffix Key: Indicate voltage in space (a)

Description	120 Volt	277 Volt	208 Volt	240 Volt	480 Volt	Multi-tap
	1	2	3	4	5	M
						tapped @ 277V

(b)Options: Indicate options in space (b) (Factory Installed)

Description	SUFFIX (b)
Fusing (UL Pending)	
Single (120V & 277V)	F
Dual (208-240-480V)	J

Change Suffix (a) to:

120 Volt	277 Volt	208 Volt	240 Volt	480 Volt
1	2	3	4	5

Quartz Standby (Includes Q lamp; 150W = 16", 250W - 23") Non delay-relay type	Q
Photo Control A twist lock receptacle and matching photocell are supplied. Specify voltage in position (a) of order code	P

Change Suffix (a) to:

120 Volt	277 Volt	208 Volt	240 Volt	480 Volt
1	2	3	4	5

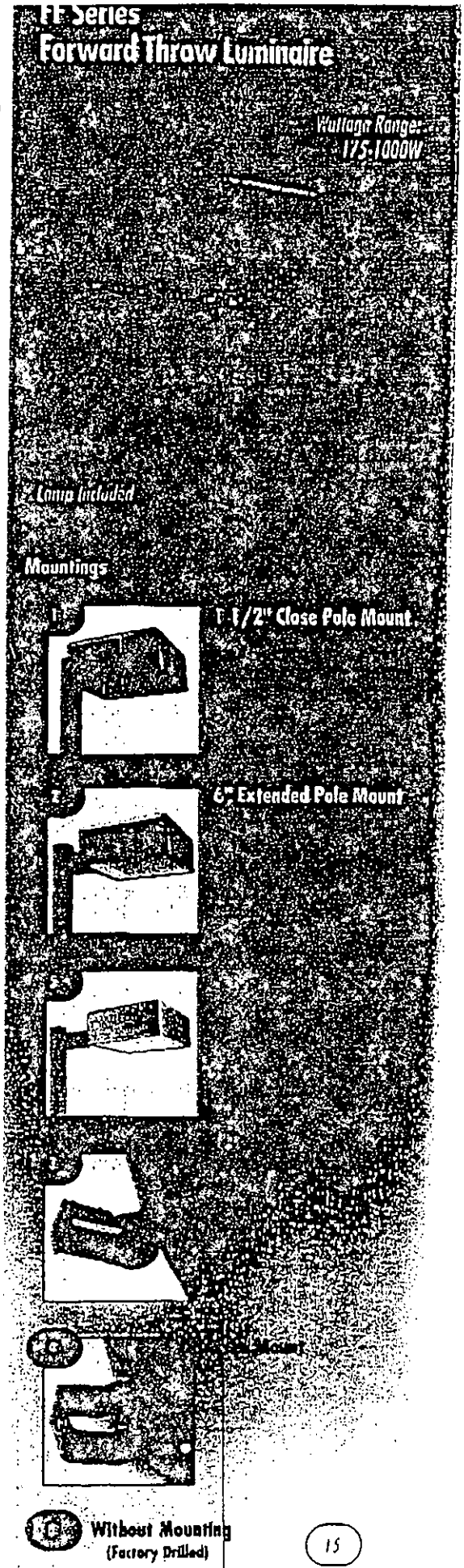
White Housing (Custom Colors Available: Consult factory for pricing and delivery.)	W

Accessories: (Field-Installed)

Description	16" housing Catalog Number	23" housing Catalog Number
Wire Guard	WG-16	WG-23
Vandal Shield	VS-16	VS-23

** Denotes reduced jacket lamp.

(1) See pages 20 - Tenon Adaptor for restrictions



I

MEDICIAL CENTER OF OCEAN COUNTY

TO: Tom Rospos, Brick Township Engineer

FROM: Ray Fochesto, ef Facility Manager, MCOC

SUBJECT: Additional lighting to address our safety concerns.

It has been brought to senior managements attention that the lighting in the new parking lot by Rt 88 is inadequate and staff going home after the evening shift feel unsafe going to their cars. T o address this matter we would like to install an additional eight pole lights which are marked in yellow on print. Would you please review the print and give your approval to proceed with wirk. Thank you for your time and understanding.

To build catalog numbers refer to inside front cover

Forward Throw Luminaire Order Information

Housing Size (sq.)	Wattage Lamp	Catalog Number (add mounting code)	Mounting Code (Insert Code at * in Cat. #)
16"	175W MH	FFM*417-(a)(b)	1 = 1 1/2" Close Pole Mt.①
	250W MH	FFM*425-(a)(b)	2 = 6" Extended Pole Mt.①
	320W MH**	FFM*432-(a)(b)	3 = 2" Adj. Slip Fitter
	350W MH**	FFM*435-(a)(b)	4 = Yoke Mount
	400W MH**	FFM*440-(a)(b)	5 = 12" Extended Pole Mt.
23"	1000W MH**	FFL*499-(a)(b)	8 = Without Mounting
16"	150W HPS	FFM*515-(a)(b)	
	250W HPS	FFM*525-(a)(b)	
	250W HPS-Pulsetron	FFM*625-(a)(b)	
	400W HPS	FFM*540-(a)(b)	
	400W HPS-Pulsetron	FFM*640-(a)(b)	
23"	1000W HPS	FFL*599-(a)(b)	(For wall mount brackets see page 21)

(a)Voltage Suffix Key: Indicate voltage in space (a)

Description	120 Volt	277 Volt	208 Volt	240 Volt	480 Volt	Multi-tap
	1	2	3	4	5	M
						tapped @ 277V

(b)Options: Indicate options in space (b) (Factory Installed)

Description	SUFFIX (b)
Fusing (UL Pending)	
Single (120V & 277V)	F
Dual (208-240-480V)	J

Change Suffix (a) to:

120 Volt	277 Volt	208 Volt	240 Volt	480 Volt
1	2	3	4	5

Quartz Standby (Includes Q lamp: 150W = 16", 250W – 23") Non delay-relay type	Q
Photo Control A twist lock receptacle and matching photocell are supplied. Specify voltage in position (a) of order code	P

Change Suffix (a) to:

120 Volt	277 Volt	208 Volt	240 Volt	480 Volt
1	2	3	4	5

White Housing (Custom Colors Available: Consult factory for pricing and delivery.)	W

Accessories: (Field Installed)

Description	16" housing Catalog Number	23" housing Catalog Number
Wire Guard	WG-16	WG-23
Vandal Shield	VS-16	VS-23

** Denotes reduced jacket lamp.

① See pages 20 – Tenon Adaptor for restrictions.

FF Series
Forward Throw Luminaire

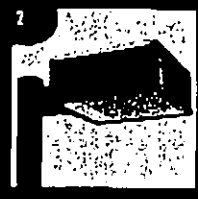
Voltage Range: 175-1000W

Lamp Included

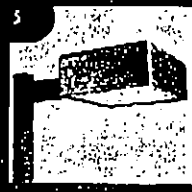
Mountings

1 

1 1/2" Close Pole Mount

2 

6" Extended Pole Mount

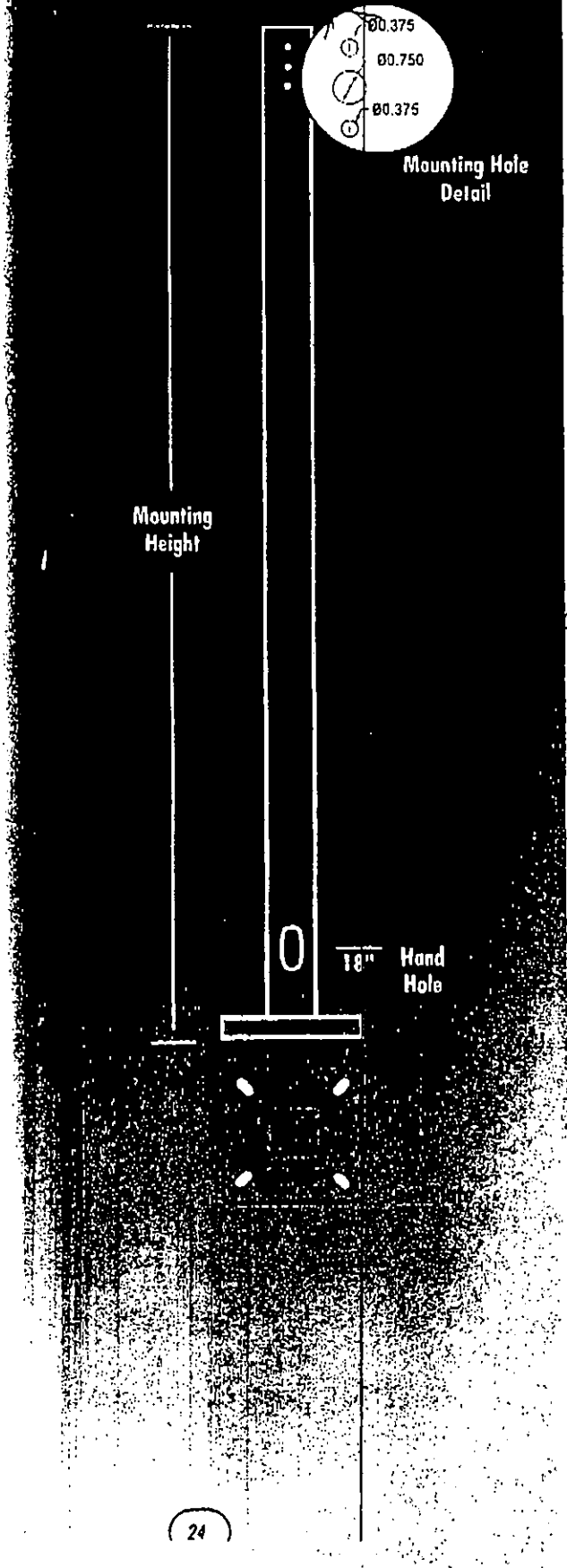
5 

3 

4 

8 **Without Mounting (Factory Drilled)**

SSP Series Square Steel Poles



SPARTAN

Shaft
Fabricated from high grade structural steel tube, the shaft conforms to ASTM specifications. It meets or exceeds minimum yield strength of 55,000 psi. Wall thickness is either 11 ga (.120 wall) or 7 ga (.180 wall) as specified (see ordering information). A reinforced hand hole is furnished with cover.

Base Plate
Fabricated from structural quality hot rolled steel, the base plate meets or exceeds minimum yield strength of 36,000 psi. Bolt holes are slotted to provide 1" flexibility on either side of bolt circle centerline.

Anchorage
Anchor bolts are made of hot rolled steel bar with minimum yield strength of 50,000 psi. Bolts have an "L" bend on one end and are threaded on the other end. Bolts are galvanized 12" from the top of the thread and are furnished with two nuts and two washers. See next page for anchor bolt specifications.

Base Cover
Fabricated from heavy gauge quality carbon steel, the two piece cover conceals base. ABS plastic is supplied with some sizes.

Standard Finish
The SSP Series is furnished with an electrostatically applied red oxide primer over 2 stage cleaning process.

Painted Finish (optional)
A choice of galvanized or painted finish is available. The painted finish is an electrostatically applied acrylic enamel over red oxide primer or powder coating, specify color.

Fixture Mounting
Two sides of the SSP Series poles are pre-drilled. Optional 2 3/8" tenon and other mounting brackets are also available. See next page for mounting codes and mounting hole detail.

Pole Height	Catalog Number	Base Sq. (in.)	Pole EPA Ratings Base Wind Velocity (MPH) With 1.3 Wind Gust Factor 80	90	100	Max. Fix. Wt. (lbs) @ 80 MPH	Shipping Wt. (lbs.)
Steel Poles 4" Square – 11 Gauge (.120")							
10'	SSP10-4-11-(a)(b)	9.75	30.6	23.8	18.9	765	75
14'	SSP14-4-11-(a)(b)	9.75	19.9	15.1	11.7	498	100
20'	SSP20-4-11-(a)(b)	9.75	9.6	6.7	4.5	240	140
25'	SSP25-4-11-(a)(b)	9.75	4.8	2.6	1.0	150	170
Steel Poles 4" Square – 7 Gauge (.180")							
25'	SSP25-4-7-(a)(b)	9.75	10.8	7.7	5.4	270	245
Steel Poles 5" Square – 11 Gauge (.120")							
25'	SSP25-5-11-(a)(b)	11.0	9.8	6.3	3.7	245	225
30'	SSP30-5-11-(a)(b)	11.0	4.7	2.0	-	150	265
Steel Poles 5" Square – 7 Gauge (.180")							
25'	SSP25-5-7-(a)(b)	11.5	21.3	15.5	11.8	275	319
30'	SSP30-5-7-(a)(b)	11.0	10.7	6.7	3.9	267	380
35'	SSP35-5-7-(a)(b)	11.0	5.9	2.5	-	150	440
Steel Poles 6" Square – 7 Gauge (.180")							
30'	SSP30-6-7-(a)(b)	12.0	15.7	10.2	6.4	397	520
35'	SSP35-6-7-(a)(b)	12.0	9.5	5.0	1.8	237	540
39'	SSP39-6-7-(a)(b)	12.0	5.1	1.3	-	128	605

Other sizes available upon request.

(a)Pole Finish: Indicate finish in space (a)

Description	Prime	Bronze	Black	Galvanized
	P	BZ	BK	GLV

b)Mounting Code: See detail next page.

Light Post

Forward Throw Luminaire

Dimensions

	FFM	FFL
Length	16.4"	23.4"
Width	16.4"	23.4"
Depth	7.0"	10.25"

Approx. Shipping Weights: FFM - 38 lbs.
FFL - 68 lbs.

EPA Rating: Listed on pages 30-33 with various mounting options

Housing
The 16" seamless, die cast aluminum housing and innovative 23" extruded aluminum housing are standard with our weather resistant bronze polyester powder topcoat. Consult factory for availability of other colors. Two sizes: 16" square x 7" deep and 23" square x 10" deep.

Optics
This compact Type III forward-throw reflector has a main beam of 60°+ from vertical (30° from horizontal), providing wide lateral distribution and improved uniformities. A supplied backlight shield permits precise cutoff adjustability.

Lens
A clear, tempered glass lens is held securely in a die cast or aluminum extruded door frame.

Ballast
All fixtures are standard with a high power factor multi tap ballast (except 480V). All units are supplied with a 36" SOW16/3 cord connected to requested voltage. If no voltage is specified, cord is connected to 277V lead.

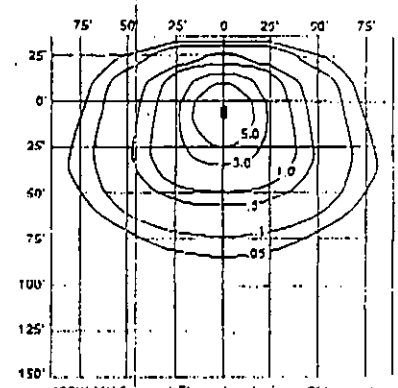
Mounting
For complete mounting options refer to pages 20-21.

Lamps
The 16" size utilizes 175-400W mogul base lamps. The 23" size utilizes 1000W MH mogul base lamps. (An ED28 lamp is standard in the 320- 400W MH fixtures; a BT37 lamp is standard in the 1000W MH fixtures). For significantly lower maintenance costs for 250 & 400W HPS fixtures, a Pulsetron™ lamp with its own built-in ignitor is available. (See Fixture # **FFM*625** & **FFM*640**.)

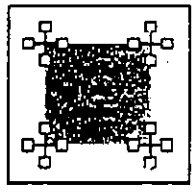
Gasketing
Complete silicone gasketing around the lens frame and at mounting points provide a watertight seal

Labels
The FF Series luminaires are UL listed for wet locations

Warranty
The FF Luminaire sold by C.E.W. Lighting, Inc., unless otherwise specified, will be warranted to be free of defects in materials and workmanship under normal use and service for a period of five (5) years from date of shipment. If found to be defective by us, we will replace the non-performing parts or goods.



400W MH Forward-Throw Luminaire at 25' mount height, 0° vertical tilt.



Criteria:
FF Series Luminaire 0° vertical tilt.
Mounting Height: 25'
Wattage: 400W
Mounting: 12' Extended Pole Mount
Pole Spacing: 4 times mounting height

Forward Throw Luminaire Pole Spacing Selection Guide

Lamp Type	Desired Mounting Height	Design Footcandles	Catalog Number
Metal Halide			
400W	20'	13.0	FFM2440
400W	25'	8.3	
1000W	30'	26.4	FFL2499
1000W	35'	14.5	
High Pressure Sodium			
250W	20'	12.2	FFM2525
400W	25'	13.4	FFM2540
400W	30'	9.1	
1000W	30'	25.4	FFL2599
1000W	35'	18.3	

*Initial footcandles assume 4 floodlights per pole.

UL LISTED

14

KIRK J. FERRIER ELECTRIC
P.O. BOX 815
CLARK, NJ 07066

4553

2024
2/2 YR 02

PAY Sixty Five 00/100 DOLLARS $ 65.00

TO THE ORDER OF Twp. of Brick

SUMMIT BANK 1050 RARITAN RD. CLARK, NJ 07066

⑈004553⑈ ⑆021202162⑆ 4880 730328⑈

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 2/2/01

Business/Development: OC Medical Center/Hospital

Owner/Applicant: Kirk Ferrier

Property Address: 425 Jack Martin Blvd

Block: 1170 Lot: 18

DEPOSIT RECEIVED
Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 2024

Estimated Fee $ 130.-

Deposit Amount $ 65.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Final Fee $_____

Less Deposit $_____

Final Payment $_____

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Kathy Tinbergen
Signature

2-2-01
Date

AHRT PRELIMINARY APPROVAL