BLOCK 18 LOT 1170 QUALIFICATION CODE C-11 ADDRESS (SITE) 425 JACK MARTIN PERMIT NO. 01-0473

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: RADIATION THERAPY ADDITION/ALTER
2. Name of Owner in Fee: MEDICAL CENTER OCEAN Tel. (732) 840-3296
   Address 425 JACK MARTIN BLVD (street) BRICKTWSHP (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 NADASKAY/KOPELSON Tel. (973) 539-5353
   Address 95 WASHINGTON ST. - MORRISTOWN, NJ 07960
6. Responsible Person in Charge of Work ROBERT (BOB) WILKE
   Tel. (973) 376-9100 X 235 FAX (973) 376-9154

Addition 1005785 Ck

RECEIVED FEB - 6 2001

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 3478		
2.	Electrical	235		
3.	Plumbing	175		
4.	Fire Protection	155	92	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	124	4	
10.	Subtotal			
11.	Cert. of Occupancy	35		
12.	Other	30		
13.	TOTAL	$ 4242	96	

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

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☒ Addition	590,000	[initials]			3-1-01	FM			
4. ☒ Alteration	100,000								
5. ☒ Fire Protection	15,000				3-2-01	KR			
6. ☒ Plumbing	55,000				3-1-01	RN			
7. ☒ Electrical	80,000				3 1 01	TM			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☒ Demolition	10,000	GW	2/26/01		2/26/01				
TOTAL COSTS	850,000								

COMMERCIAL

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: HOSPITAL
2. Use Group: I-2
3. Change in Use Group, Indicate Former:

IMPORTANT - COMMERCIAL MANDATORY FEE A.B.I.

LDS BR 10504788

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name WM. BLANCHARD CO.
Address 199 MOUNTAIN AVE.
SPRINGFIELD, NJ 07081
Telephone (973) 376-9100
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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/25/2001
Control #
Permit # 01-0473

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
RADIATION THERAPY ADDITIO
Owner in Fee/Occupant MEDICAL CENTER OF OCEAN
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.
Type of Warranty Plan: [ ] State [ ] Private
Use Group I-2
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

LINEAR ACCELERATOR ADDITION AND INTERIOR ALTERATI
SOME NEW PARTITIONING, FINISHES, CEILINGS

[ ] 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.

[X] 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 _____, ___.

J Curazza /jy

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

Fee $ 35
Paid [X] Check No. 1005785
Collected by: DC

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/25/2001
Control #
Permit # 01-0473

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
RADIATION THERAPY ADDITIO
Owner in Fee/Occupant MEDICAL CENTER OF OCEAN
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.
Type of Warranty Plan: [ ] State [ ] Private
Use Group I-2
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

LINEAR ACCELERATOR ADDITION AND INTERIOR ALTERATI
SOME NEW PARTITIONING, FINISHES, CEILINGS

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J Curazzo Jr

CONSTRUCTION OFFICIAL
U.C.C. P260 (rev. 3/96)

Fee $ 35
Paid [X] Check No. 1005785
Collected by: DC

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/25/2001
Control #
Permit # 01-0473

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
RADIATION THERAPY ADDITIO
Owner in Fee/Occupant MEDICAL CENTER OF OCEAN
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.
Type of Warranty Plan: [ ] State [ ] Private
Use Group I-2
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

LINEAR ACCELERATOR ADDITION AND INTERIOR ALTERATI
SOME NEW PARTITIONING, FINISHES, CEILINGS

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[ ] 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:

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

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J Curuzzo Jr

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

Fee $ 35
Paid [X] Check No. 1005785
Collected by: DC

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/02/200
Control #
Permit # 01-0473

03/02/2001 1:28PM 00000DH2046
*01 SERV.001
BUILDING $3478.00
ELECTRIC $235.00
PLUMBING $175.00
FIRE $155.00
DCA $134.00
C/O $35.00
ZPA $15.00
EPA $15.00
CHECK $4242-000

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
RADIATION THERAPY ADDITIO
Owner in Fee MEDICAL CENTER OF OCEAN
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 Emp. 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 (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
LINEAR ACCELERATOR ADDITION AND INTERIOR ALTERATION INCLUDING MINOR DEMO
SOME NEW PARTITIONING, FINISHES, CEILINGS

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 $ 850,000

Construction Official

03/02/2001
Date

PAYMENTS (Office Use Only)

Building	3,478
Electrical	235
Plumbing	175
Fire Protection	155
Elevator Devices	0
Other	
DCA Training Fee	134
Cert. of Occupancy	35
Other ZPA EPA	30
Total	4,212
Check No.	1005785
Cash	42 42
Collected By	DC

U.C.C. P170 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 09/06/2001
Control #
Permit # 01-0473+A
Permit Issued 03/02/2001

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
PREACTION SYSTEM
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3290

Contractor R L DEHN & SONS
Address 60 C PROSPECT ST
WALDWICK, NJ -
Telephone (201)445-1155
Lic. No. or Cert. Reg. No.
Federal Emp. No. 22-2685266

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 9 only)

DESCRIPTION OF WORK:
PREACTION SYSTEM

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	92
Elevator Devices	0
Other	
DCA Training Fee	4
Cert. of Occupancy	0
Other	
Total	96
Check No.	13309
Cash	
Collected By	BJR

Estimated Cost of Work $ 5,000

09/06/2001
Construction Official Date

U.C.C. P-90 (rev. 3/90)

09/06/01 10:04AM 000000#6636
XXD2 SERV.002

#0473	
FIRE	$92.00
DCA	$4.00
CHECK	$96.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Beeper 880-3280
Office 836-4080

BLANCHARD

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/06/2001
Date Issued 03/08/01
Control # C7-17
Permit # 01-0473

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
RADIATION THERAPY ADDITIO

Owner in Fee MEDICAL CENTER OF OCEAN

Address SAME
BRICK, NJ 08724-

Tele.(201)295-0633 Fax ( )

Contractor ZABRANSKY MECHANICAL CORP

Address 44 MEHRHOF
LITTLE FERRY, NJ 07643-

Tele.(201)295-0633

Lic. No. or Bldrs. Reg. No. 3487

Federal Emp. No. 22-3281195

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present I-2 Proposed I-2

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 55,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. / Elect.
[ ] Fire / Elevator
[ ] Plumb. Plans Approved
Date: 3-1-01
Approved By: DN

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By: DN
Date: 8-31-01

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			3-5-01	DN
Rough			7-26-01	DN
Water				
Sewer				
Fixtures			8-31-01	DN
Gas Equip.				
Gas Piping				
Solar				
TCO				

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
2	Lavatory	20
0	Shower	0
3	Floor Drain	30
8	Sink	80
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
1	Hose Bib	10
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
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 EYEWASH Not done	35
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	175
DCA Training Fee	$	0

Paid [ ] Check # Collected by:

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/06/2001
Date Issued 03/09/01
Control # C7-17
Permit # 01-0473

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
RADIATION THERAPY ADDITIO
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.(201)295-0633 Fax ( )
Contractor ZABRANSKY MECHANICAL CORP
Address 44 MEHRHOF
LITTLE FERRY, NJ 07643-
Tele.(201)295-0633
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3281195

B. PLUMBING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 55,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elect.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-1-01
Approved By: SJW

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 an 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
2	Lavatory	20
0	Shower	0
3	Floor Drain	30
8	Sink	80
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
1	Hose Bib	10
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
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 EYEWASH	35
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 175
DCA Training Fee $ 0

U.C.C. P130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/06/2001
Date Issued 03/09/01
Control # C7-17
Permit # 01-6-173

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
RADIATION THERAPY ADDITIO
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.(201)295-0633 Fax ( )
Contractor ZABRANSKY MECHANICAL CORP
Address 44 MEHRHOF
LITTLE FERRY, NJ 07643-
Tele.(201)295-0633
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3281195

B. PLUMBING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 55,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elect.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-1-01
Approved By: JJW

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 an 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
2	Lavatory	20
0	Shower	0
3	Floor Drain	30
8	Sink	80
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
1	Hose Bib	10
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
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 EYEWASH	35
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 175
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Stanley

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Sam
Kyle
341-4189

Date Received 02/06/2001
Date Issued 03/02/01
Control # C7-17
Permit # 01-0473

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
RADIATION THERAPY ADDITIO
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )
Contractor FINESSE ELECT CORP
Address P O BOX 6837
-FREEHOLD, NJ 07728-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3396664

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present I-2 Proposed I-2
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 80,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 3 1 0 1
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9 2 1 0 1
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv			7/20/01	OVER
Const Serv				
~~FCO~~				
~~Other~~ Trench			6/25/01	
~~Service~~ Gen Cable			6/29/01	
Final			9/21/01	

Down Stairs PARTIAL RW

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
85		Lighting Fixtures	
46		Receptacles	
37		Switches	
4		Detectors	
0		Light Poles	
0		Motors-Fract HP	
18		Emergency & Exit Lights	
12		Communications Points	
0		Alarm Devices/F.A.C. Panel	
202		TOTAL NUMBERS	75
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
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
1	45	KW Transformer/Generator	40
0	0	AMP Service	0
1	200	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other 125 AMP SUBPANE	40
		Other 100 AMP SUBPANE	40

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

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	235
DCA Training Fee	$	0

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

SAW STANDART FOR - GC
7/20/01 SAW AT AT JOB - E.C. - 836 4080

PARTIAL RUCK — DOWNSTAIRS
PARTITION WALLS. ALL CIRCUITS HOS. GRADE
RUN TO OR STUBBED FOR NEW 3 PHASE
SUB PANEL. NO SUBPANEL FEED RUM YET.
RACEWAY FOR FEED STUBBED TO CEILING
E.C. WILL CALL FOR OPEN CEILINGS.

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/06/2001
Date Issued 03/02/01
Control # C7-17
Permit # 01-0473

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
RADIATION THERAPY ADDITIO
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )
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 I-2 Proposed I-2
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 80,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 3/01
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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
85		Lighting Fixtures	
46		Receptacles	
37		Switches	
4		Detectors	
0		Light Poles	
0		Motors-Fract HP	
18		Emergency & Exit Lights	
12		Communications Points	
0		Alarm Devices/F.A.C. Panel	
202		TOTAL NUMBERS	75
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
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
1	45	KW Transformer/Generator	40
0	0	AMP Service	0
1	200	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other 125 AMP SUBPANE	40
		Other 100 AMP SUBPANE	40

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

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	235
DCA Training 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 02/06/2001
Date Issued 03/02/01
Control # C7-17
Permit # 01-0473

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
RADIATION THERAPY ADDITIO
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )
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 I-2 Proposed I-2
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 80,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
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)
85		Lighting Fixtures	
46		Receptacles	
37		Switches	
4		Detectors	
0		Light Poles	
0		Motors-Fract HP	
18		Emergency & Exit Lights	
12		Communications Points	
0		Alarm Devices/F.A.C. Panel	
202		TOTAL NUMBERS	75
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
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
1	45	KW Transformer/Generator	40
0	0	AMP Service	0
1	200	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other 125 AMP SUBPANE	40
		Other 100 AMP SUBPANE	40

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 235
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/06/2001
Date Issued 03/02/01
Control # C7-17
Permit # 01-0473

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
RADIATION THERAPY ADDITIO
Owner in Fee MEDICAL CENTER OF OCEAN
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

LINEAR ACCELERATOR ADDITION AND INTERIOR ALTERATION INCLUDING MINOR DEMO SOME NEW PARTITIONING, FINISHES, CEILINGS

DCA Signed Drawings

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-1-01	KM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] TCO [ ] CA
Date: 9-19-01
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing			3/13/01	Cover
Foundation	Rebar		3/19/01	
Slab				
Frame			7/27/01	
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
Fire				
Other	Above Ceil		8/28/01	
Final			9/19/01	
BarrierFree				

TYPE OF WORK

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

FEE (Office Use Only)

$	0
	710
	2,760
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0

B. BUILDING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 1,690 Sq. Ft.
Volume of New Structure 28,730 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 590,000
2. Alteration $ 110,000
3. Total (1+2)$ 700,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 3,470
DCA Training Fee $ 13e

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 02/06/2001
Date Issued 03/02/01
Control # C7-17
Permit # 01-0473

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
RADIATION THERAPY ADDITIO

Owner in Fee MEDICAL CENTER OF OCEAN

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-1-01	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 WALL Rebar	Partial		4-5-01	FM
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 1,690 Sq. Ft.
Volume of New Structure 28,730 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 590,000
2. Alteration $ 110,000
3. Total (1+2)$ 700,000

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

LINEAR ACCELERATOR ADDITION AND INTERIOR ALTERATION INCLUDING MINOR DEMO SOME NEW PARTITIONING, FINISHES, CEILINGS

DCA Signed Drawings

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	718
[X] Alteration	2,760
[ ] 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	$ 3,478
	DCA Training Fee	$ 134

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 02/06/2001
Date Issued 03/05/01
Control # C7-17
Permit # C1-0473

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
RADIATION THERAPY ADDITIO
Owner in Fee MEDICAL CENTER OF OCEAN
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 Rep. 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

LINEAR ACCELERATOR ADDITION AND INTERIOR ALTERATION INCLUDING MINOR DEMO SOME NEW PARTITIONING, FINISHES, CEILINGS

DCA Signed Drawings

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-1-01	EM
[ ] 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				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	718
[X] Alteration	2,760
[ ] 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 I-2 Proposed I-2
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 1,690 Sq. Ft.
Volume of New Structure 28,730 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 590,000
2. Alteration $ 110,000
3. Total (1+2) $ 700,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 3,478
DCA Training Fee	$ 134

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 02/06/2001
Date Issued 03/02/01
Control # C7-17
Permit # 01 0473

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
RADIATION THERAPY ADDITIO
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.(201)445-1155 Fax ( )
Contractor R L DEHN & SONS
Address 60 W PROSPECT ST
WALDWICK, NJ -
Tele.(201)445-1155
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2683232

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 15,000

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
[ ] Fire Plans Approved
Date: 3-2-01
Approved By: RCD
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

APPROVED DCA PLANS

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)	4	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	4	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	38	120
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	$	155
DCA Training 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 02/06/2001
Date Issued 03/02/01
Control # C7-17
Permit # C1C1172

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
RADIATION THERAPY ADDITIO
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.(201)445-1155 Fax ( )
Contractor R L DEHN & SONS
Address 60 W PROSPECT ST
WALDWICK, NJ -
Tele.(201)445-1155
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2683232

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 15,000

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
[ ] Fire Plans Approved
Date: 3-2-01
Approved By: ECR

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

Approved
DCA PLANS

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

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	4	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	4	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	38	120
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	$	155
DCA Training 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 08/30/2001
Date Issued ~~01/01/1954~~ 9/6/01
Control #
Permit # 01-0473+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
PREACTION SYSTEM
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.(201)445-1155 Fax ( )
Contractor R L DEHN & SONS
Address 60 W PROSPECT ST
WALDWICK, NJ
Tele.(201)445-1155
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2683232

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 5,000

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
[ ] Fire Plans Approved
Date: 8.31.01
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)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	1	0
Dry Chemical	1	92
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

PRE ACTION for Rad. therapy 1ST FLOOR

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	92
DCA Training Fee	$	4

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 08/30/2001
Date Issued ~~01/01/1954~~ 9/6/01
Control #
Permit # 01-0473+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
PREACTION SYSTEM
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.(201)445-1155 Fax ( )
Contractor R L DEHN & SONS
Address 60 W PROSPECT ST
WALDNICK, NJ
Tele.(201)445-1155
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2683232

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 5,000

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
[ ] Fire Plans Approved
Date: 9.3.01
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)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	1	0
Dry Chemical	1	92
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

PRE ACTION for 2nd. therapy 1ST FLOOR

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 92
DCA Training Fee	$ 4

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: February 23, 2001 **No. 1.0163**

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

Property Address: 425 Jack Martin Boulevard

Applicant: Robert Wilke

Property Owner: Medical Center of Ocean County

Existing Use: Medical Center of Ocean County/Meridian Health System

Proposed Use: Same

Proposed Construction: Alterations and a 37' x 45' addition, 17'2" high, for radiation therapy.

Conditions: Site plan approved by the Planning Board.
Resolution No. R-84-98 approved on November 28, 1998.
Maps signed on April 14, 1999.

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

RESUBMIT
DATE 2/12/01

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

Block 18 Lot 1170 Qualifer _____

PROPERTY ADDRESS 425 JACK MARTIN BLVD - BRICK, NJ

PERSONAL NAME OF APPLICANT ROBERT WILKE

BUSINESS NAME OF APPLICANT MEDICAL CENTER OF OCEAN COUNTY

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 decribe) HOSPITAL

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) 37' x 45' x 17'2" H
☒ Addition
☒ Alteration RADIATION THERAPY ADDITION / ALTERATION
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

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

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

Signature of applicant [signature] FOR MCOC Date FEB 8, 2001

Reviewed by Zoning Office SK Date 2/23/1 (X) Approved ( ) Denied

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: February 23, 2001 **No. 1.0163**

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

Property Address: 425 Jack Martin Boulevard

Applicant: Robert Wilke

Property Owner: Medical Center of Ocean County

Existing Use: Medical Center of Ocean County/Meridian Health System

Proposed Use: Same

Proposed Construction: Alterations and a 37' x 45' addition, 17'2" high, for radiation therapy.

Conditions: Site plan approved by the Planning Board.
Resolution No. R-84-98 approved on November 28, 1998.
Maps signed on April 14, 1999.

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

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

Block_____ Lot_____ Qualifer_____

PROPERTY ADDRESS_____

PERSONAL NAME OF APPLICANT _____

BUSINESS NAME OF APPLICANT _____

PROPERTY OWNER_____

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please decribe)_____

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) _____

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.

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_____

Reviewed by Zoning Office _____ Date _____ ( ) Approved ( ) Denied

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # ______________________

APPROVAL DATE: ______________________
(Planning Board/BOA)

DATE: [illegible]

TO: Frederick R. Millman, CTA
Tax Assessor

[illegible]

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1170 LOT 18 SITE ADDRESS [illegible]

TYPE OF SITE ______________ (Residential/Commercial) TYPE OF BUSINESS [illegible]

APPLICANT [illegible] CITY & STATE [illegible]

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

[illegible]

$ 322,300

[signature]
Frederick R. Millman, CTA, Tax Assessor

[illegible]
Date

❒ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ 322,300

[signature]
Frederick R. Millman, CTA, Tax Assessor

[illegible]
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: _____

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK _____ LOT _____ SITE ADDRESS _____

TYPE OF SITE _____ TYPE OF BUSINESS _____
(Residential/Commercial)

APPLICANT _____ CITY & STATE _____

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ _____

Frederick R. Millman, CTA, Tax Assessor

_____
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

Frederick R. Millman, CTA, Tax Assessor

_____
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK ______ LOT ______ SITE ADDRESS ______
TYPE OF SITE Residential / Commercial ______ TYPE OF BUSINESS ______

APPLICANT ______ PHONE NUMBER ______
APPLICANT ADDRESS ______ CITY & STATE ______
PERMIT # ______ NAME OF BUSINESS ______

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 %

[X] Commercial is .01 %

Estimated Assessment $ ______ Date ______

Estimated Required Fee $ ______

Required Deposit on Estimate $ ______ Date ______

Check # ______ Receipt # ______

Actual Assessment $ ______ Date ______

Actual Required Fee $ ______

Minus Deposit of Estimate $ ______

Balance Due $ ______ Date ______

Check # ______ Receipt # ______

Amount Paid In Full $ ______

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

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

______

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
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	
Grease Trap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work _____

Signature: _____

FIRE

Contractor: R.L. Dehn Sonstine Protection Inc
Address: 60 W. Prospect ST
Waldwick NJ. 07463
Phone #: 201 445 1155
Lis #: _____
Federal Emp # or SSN 22 2683232

Technical Data

Description of Work: Radiation Therapy
Relocate 26 New-12 in addition
Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler: _____

Water Supply Source Esisting
Method of Valve Supervision By Others
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	38
Dry Sprinkler Heads	
Total	38
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:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

CONTRACTOR'S SEAL

Estimated Cost of Fire Work $15,000

Signature: F. Hogan

Print Name: F. Hogan

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

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

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

Date: 2-12-1

Re: Block: 1170

Lot: 18

425 Jack Martin Blvd.

OK
2/23/11
SK
25

☒ Your application for a zoning permit is incomplete. In order to process your application, we need the following:

☐ Two (2) accurate plot plans, drawn either by a surveyor or an engineer. 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 completely filled out and signed by the applicant. No facsimile copies can be accepted.

Upon submission of the required information to the Division of Inspections we will be able to process your application.

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

A site plan must first be approved by the Planning Board and the map signing date must be on the Zoning permit application form.

C: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Joseph P. Curiazza, Construction Official

Re-submitted
2/21/11

Post-it® Fax Note 7671	Date 2/8/01	# of pages ▶ (1)
To ALLISON	From BOB WILKE	
Co./Dept. BRICK BLDG DEPT.	Co. WM BLANCHARD CO	
Phone # 732-262-1031	Phone # 973-376-9100	
Fax # 732-262-8954	Fax # 973-376-9154	

HARD COPY WILL BE IN THE MAIL TO YOU.

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

Block 18 Lot 1170 Qualifer

PROPERTY ADDRESS 425 JACK MARTIN BLVD. - BRICK, NJ

PERSONAL NAME OF APPLICANT ROBERT WILKE

BUSINESS NAME OF APPLICANT MEDICAL CENTER OF OCEAN COUNTY

PROPERTY OWNER MED. CTR. 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)

RECEIVED
FEB - 8 2001

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.

Verified 2/8/01

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 For MCOC Date FEB. 8, 2001

Reviewed by Zoning Office Date ( ) Approved ( ) Denied

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050

Department of Administration & Finance

Office of Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
www.twp.brick.nj.us

COMMERCIAL

Date: FEB. 26, 2001

Block: 1170 Lot: 18

Property Address: 425 JACK MARTIN BLVD. - RADIATION THERAPY-MCOC

I, ROBERT WILKE (name) of WM BLANCHARD CO. 199 MOUNTAIN AVE. SPRINGFIELD, NJ 07081 (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick

Applicant's Signature

The following shall be submitted with this request:

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

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

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

FOR OFFICE USE ONLY

Approved on: 2/26/01 Signed:

Rejected on: Signed:

Comments: Per Site Plan

GAS CONVERSIONS: Always complete fire, plumbing, and electrical and include brochures for boiler, furnace and/or air conditioner. Building is required if a chimney certification is not completed & submitted. Elevation certificate must be submitted if located in a flood zone.

HOT TUBS: Treat as an AG pool permit application. See swimming pools.

MEMEBRANE STRUCTURES: Complete zoning, engineering and building. Must submit brochure and anchoring method.

PLUMBING: Complete plumbing application along with gas piping, isometric sketch, and/or list of existing fixtures.

ROOFING & SIDING: Complete building application. A debris form must be completed for any rip off. Only D225 or D3462 shingles are acceptable.

SHEDS: If shed is 100 sq. ft. or more, complete a zoning, engineering, and building application. Include 2 surveys indicating location, dimensions and setbacks. Submit 2 details on how the shed is constructed. If it is a pre fab shed, submit the brochure. If shed is under 100 sq. ft., follow the above instructions omitting the engineering and building application. Either case, submit anchoring method.

SIGNS: Commercial – require 2 signed site plans from the Planning board, submitting one original and 1 copy of the original, 2 sets of drawings of sign detailing mounting & construction. Also include electrical detail if applicable. Complete zoning, engineering, building and/or electrical application. Building mounted signs do not require the signed site plans.

SWIMMING POOLS: Complete zoning, engineering, building and electrical application. Submit 2 surveys showing location of pool, dimensions and setbacks. Submit 2 engineered sealed plans for an in ground pool and a brochure for an above ground pool. Also include a brochure on the filter and pump system and a pool certification form which needs to be signed by the homeowner and notorized. The STATE requires the ladder or stairs to the pool be fenced in and must have a self closing latched gate. If a chain link fence is to be used, the link must be an 1 ¼".

TANK INSTALLATION: New AG tank install requires 2 true size surveys indicating the location of tank with dimensions and set backs showing for zoning review. Replacing an AG tank does not require zoning. Although both require building and plumbing.

[1]TOWNSHIP OF BRICK

TYPES OF IMPROVEMENTS THAT REQUIRE BUILDING PERMITS AND THE REQUIREMENTS FOR OBTAINING A BUILDING PERMIT

ALL SURVEY NEED TO BE TO SCALE- NO EXCEPTIONS

A/C, BOILER, FURNACE: New or replacement requires a brochure and electrical. All new units require a licensed electrician if work is not being done by the homeowner. Replacement units may require a chimney certification when the vent/chimney is being cleaned, otherwise building needs to be completed. Furnace requires fire, boiler requires plumbing, a/c requires plumbing. Require elevation certification if located in a flood zone.

ADDITION: Submit 2 surveys showing the location of the addition, dimensions and setbacks. Complete a zoning and engineering application. Submit 2 sets of drawings and cross section showing all materials used from the footing to the roof. Submit a floor plan labeling rooms, size of windows and doors. If plans are drawn by homeowner, each page of the detail must be signed. Ask for addition checklist for further information.

ALTERATION: For inside changes, submit 2 copies of the existing and proposed floor plan including details of construction being done.

BULKHEADS & DOCKS: Copy of State and Army Corps permits. Complete engineering and building application. Submit 2 surveys showing bulkhead and/or dock and 2 cross section details signed by contractor.

DECK: Submit 2 surveys showing the location, dimensions and setbacks of the deck.. Complete a zoning and engineering application along with a building application. Submit 2 sets of plans showing how the deck will be constructed from the footing to the rail. A top view and a side view showing size of lumber being used. Refer to our deck planning guide.

FENCES: Complete a zoning, engineering and building application along with 2 surveys of the property indicating with X's the location of the fence with the height and type proposed.

FIREPLACES & WOOD STOVES: If a masonry chimney is being built on the outside of the house, complete a zoning and engineering application including 2 surveys showing location, dimensions and setbacks. Also include 2 copies of a cross section of foundation, hearth and throat. Wood burning stove needs brochure with building and fire applications completed. Gas fireplaces require brochure, gas sketch and completed building ,plumbing and fire applications.

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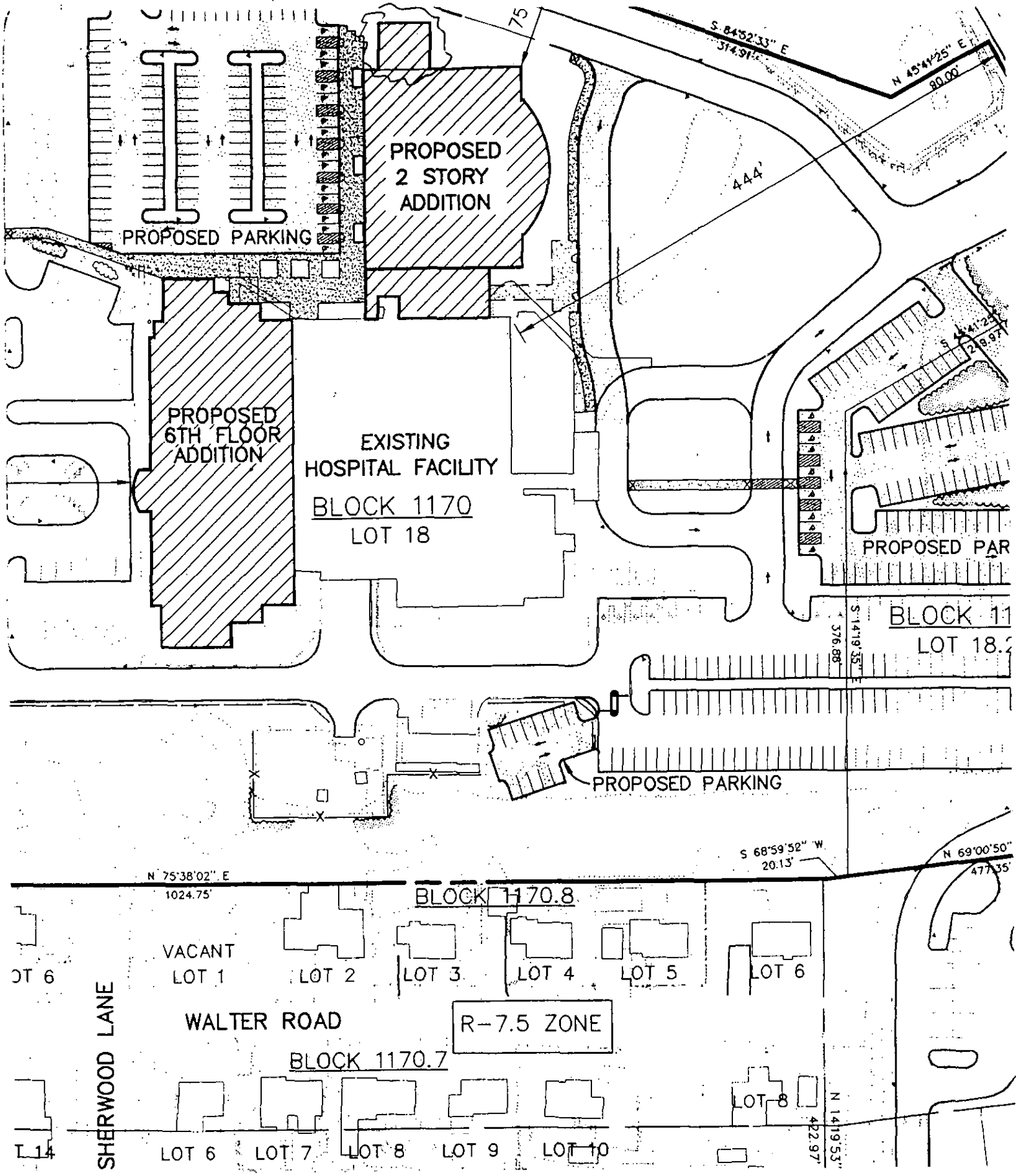
[1] TURN OVER FOR MORE INFO



BRICK - RADIATION THERAPY ADDITION

GRAPHIC SCALE

100 0 50 100 200 400

BOB WILKE
973-376-9100 X235

REQUIRED : 245 BEDS / 4 BEDS = 61.25 SPACES

1250 EMPLOYEES / 2 EMPLOYEES = 625 SPACES

TOTAL = 687 SPACES

PROVIDED : 664 EXISTING SPACES
+ 515 NEW SPACES
- 223 EXIST PARKING LOST FOR HOSPITAL ADDITION (115) & EMPLOYEE LOT (108)
956 TOTAL PARKING SPACES
(292 ADDITIONAL NEW PARKING SPACES PROPOSED)

15. SURVEY ERROR OF CLOSURE LESS THAN 1:10,000.
16. ALL FIRELANE, ZONES AND FIRE SIGNS AND STRIPING TO BE IN ACCORDANCE WITH BRICK TOWNSHIP ORDINANCE 102-71.
17. NO TOPSOIL SHALL BE REMOVED FROM THE SITE OR USED AS SPOIL. REMOVED TOPSOIL SHALL BE REDISTRIBUTED THROUGHOUT THE SITE AND UTILIZED AS SUCH. IN ADDITION THE REMOVAL OF SUBSOIL IS RESTRICTED BY ORDINANCE AND REQUIRES A PERMIT FROM THE TOWNSHIP IN ACCORDANCE WITH SECTION 190-19.
18. THE LOCATION OF THE WASTE TRAILER AND THE LINEN TRAILER SHALL BE WHEREIN THE NEW LOCATION FOR THE WASTE TRAILER WILL BE THE CURRENT LOCATION OF THE LINEN TRAILER AND VICE VERSA.
19. AT ALL TIMES THE WASTE TRAILER SHALL BE LOCKED.
20. ALL HOSPITAL EMPLOYEES SHALL BE ISSUED PARKING STICKERS.
21. IRRIGATION SYSTEMS SHALL BE PROVIDED ON ALL NEW LANDSCAPE AREAS.

8/19/98

APPROVED BY THE BRICK TOWNSHIP PLANNING BOARD
ON 10/29/98 (RES. R-84-98)

CHAIRMAN 4/13/99

SECRETARY E. Joan Kull 4-14-99

ENGINEER 3/19/99

MERIDIAN HEALTH SYSTEM

1998 EXPANSION

LOTS 18 & 18.2 BLOCK 1170
BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY

COVER SHEET

DESIGN	T.L./N.V.C.
DRAWN	G.W./R.U.
CHECKED	T.L.
SCALE	1"=100'
JOB No.	89-152.97

VAL, REVISED METES & BOUNDS

REVISED PLANS PER BUREAU OF
OWEN LITTLE & ASSOCIATES, INC.
/NSHIP PLANNER LETTER DATED 9/9/98.
& LOOP DRIVE TO CONFORM

RON

Robert F. McCarthy
ROBERT F. McCARTHY

D.W. SMITH ASSOCIATES, P.A.
Consulting Engineers • Planners • Surveyors • Landscape Architects

DATE AUG. 3,1998

SHEET 1

FAX CORRESPONDENCE

FAX #(732) 262-8954

any questions
pls call me
@ 732-262-1031

DATE 02.08.01

TO FAX NUMBER 973-376-9154

ATTENTION: Bud Wilke

FROM: Allison- bldg dept (brick)

PAGES INCLUDING COVER SHEET 2

MESSAGE: 425 Jack Martin Blvd - Radiation therapy.
zoning permit application needs
to be completed pls mail
original to my attention at the
above address thank-you-

Telephone Number	Mode	Start	Time	Page	Result	Note
19733769154	NORMAL	8,11:03	0'46"	2	* O K	

P.1 Feb 8 2001 11:04

** Transmit Conf. Report **

Land Use/ Bldg Dept Fax:732-262-8954

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

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

DEPARTMENT OF ADMINISTRATION & FINANCE

DIVISION OF INSPECTIONS
Joseph Curiazza
Construction Official
(732) 262-1030
Fax: (732) 262-8954
http://www.twp.brick.nj.us

FAX CORRESPONDENCE

FAX #(732) 262-8954

any questions p/s call me @ 732-262-1031

DATE 02.08.01

TO FAX NUMBER 973-376-9154

ATTENTION: Bob Wilke

FROM: Allison - bldg dept (Brick)

PAGES INCLUDING COVER SHEET 2

MESSAGE: 425 Jack Martin Blvd - Radiation therapy. Zoning permit application needs to be completed p/s mail original to my attention at the above address thank-you-

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

February 6, 2001

Town Hall
401 Chambersbridge Road
Brick Town, N.J. 08723

Attn: Building Department

Ref: Job No. 4763
Radiology Therapy
Additions and Alterations
Medical Center of Ocean County
Brick Township, New Jersey
STATE PROJ. # H300-1000

We Are:

- ☐ Forwarding To You
- ☐ Enclosing Herewith
- ☐ Returning Herewith
- ☒ Handing You (on 2/6/01)

For Your:

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

No. Copies	Drawing Number	Title	Date
1	Construction Permit Application for Building, Demolition, Plumbing, Electric and Fire Protection		
2 sets	State Approved Plans (H300-1000) Apv'd 1/9/01 By DAVE HAZE		

COMMENTS: Please give us a call with the permit fee amount as soon as possible.

Thanks,

Wm. **Blanchard** *Co.*

Robert Wilke
Project Manger

RW/lak
Cc: R. A. Samenfeld
File w/ copy

SUBMITTAL SERIAL NO:2162HY2
BRICK HOSPITAL RADIATION THERAPY
BRICK TOWNSHIP, N.J.
R.L. DEHN & SONS FIRE PROTECTION, INC.
WALDWICK, N.J.
NICHOLAS G. ROSANIA III, P.E.
N.J. LICENSE #21248
LIGHT HAZARD OCCUPANCY
DENSITY = 0.10 GPM / SQ FT OVER ENTIRE AREA

FLOW TEST RESULTS

Water Supply
STATIC 65.00 PSI
RESIDUAL 65.00 PSI @ 250.00 GPM

CITY PRESSURE AVAILABLE AT 245.8 GPM 65.00 PSI

SUMMARY OF SPRINKLER OUTFLOWS

SPR	ACTUAL FLOW	MINIMUM FLOW	K-FACTOR	PRESSURE
201	18.25	14.82	5.60	10.62
203	17.16	14.82	5.60	9.39
204	18.20	14.82	5.60	10.56
307	14.82	14.82	5.60	7.00
308	14.97	14.82	5.60	7.15
309	15.52	14.82	5.60	7.69
311	16.06	14.82	5.60	8.22
312	15.49	14.82	5.60	7.65
313	15.33	14.82	5.60	7.49

TOTAL WATER REQUIRED FOR SYSTEM 145.79 GPM
OUTSIDE HOSE STREAMS AT 0 100.00 GPM
TOTAL WATER REQUIREMENT 245.79 GPM
PRESSURE REQUIRED AT 0 49.94 PSI

MAXIMUM PRESSURE UNBALANCE IN LOOPS 0.00 PSI
MAXIMUM VELOCITY FROM 3 TO 4 13.94 FPS

BRICK HOSPITAL RADIATION THERAPY
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N.J. LICENSE #21248
LIGHT HAZARD OCCUPANCY
DENSITY = 0.10 GPM / SQ FT OVER ENTIRE AREA

Location From To		Flow in GPM	Pipe Size IN	Fittings & Devices		Equiv Length Ft	Friction Loss PSI/Ft	Pressure Summary PSI		
207 307			1.049		L	2.50	C=120	PT	7.00	(307)
	Q	14.82		F=2E	F	4.00		PE	0.00	
			BN1		T	6.50	0.0747	PF	0.49	
								PT	7.49	(207)
213 313			1.049		L	2.50	C=120	PT	7.49	(313)
	Q	15.33		F=2E	F	4.00		PE	0.00	
			BN1		T	6.50	0.0795	PF	0.52	
								PT	8.01	(213)
212 312			1.049		L	2.50	C=120	PT	7.65	(312)
	Q	15.49		F=2E	F	4.00		PE	0.00	
			BN1		T	6.50	0.0811	PF	0.53	
								PT	8.18	(212)
211 311			1.049		L	2.50	C=120	PT	8.22	(311)
	Q	16.06		F=2E	F	4.00		PE	0.00	
			BN1		T	6.50	0.0867	PF	0.56	
								PT	8.78	(211)
209 309			1.049		L	2.50	C=120	PT	7.69	(309)
	Q	15.52		F=2E	F	4.00		PE	0.00	
			BN1		T	6.50	0.0814	PF	0.53	
								PT	8.22	(209)
208 308			1.049		L	2.50	C=120	PT	7.15	(308)
	Q	14.97		F=2E	F	4.00		PE	0.00	
			BN1		T	6.50	0.0762	PF	0.50	
								PT	7.65	(208)
212 213			1.380		L	8.00	C=120	PT	8.01	(213)
	Q	15.33		F=0	F	0.00		PE	0.00	
			BN1		T	8.00	0.0209	PF	0.17	
211 212DQ		15.49	1.380		L	8.00	C=120	PT	8.18	(212)
	Q	30.82		F=0	F	0.00		PE	0.00	
			BN1		T	8.00	0.0761	PF	0.61	
210 211DQ		16.06	1.610		L	7.00	C=120	PT	8.79	(211)
	Q	46.87		F=E/T	F	12.00		PE	0.00	
			BN1		T	19.00	0.0781	PF	1.48	
								PT	10.27	(210)

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LIGHT HAZARD OCCUPANCY
DENSITY = 0.10 GPM / SQ FT OVER ENTIRE AREA

Location From	To		Flow in GPM	Pipe Size IN	Fittings & Devices		Equiv Length Ft	Friction Loss PSI/Ft		Pressure Summary PSI	
4	5			2.067		L	26.00	C=120	PT	29.35	(5)
		Q	145.79		F=2E	F	10.00		PE	-3.47	
				FM		T	36.00	0.1887	PF	6.79	
3	4			2.067		L	34.00	C=120	PT	32.67	(4)
		Q	145.79		F=E,T	F	15.00		PE	0.00	
				FM		T	49.00	0.1887	PF	9.25	
2	3			2.469		L	16.00	C=120	PT	41.92	(3)
		Q	145.79		F=2E	F	12.00		PE	0.00	
				FM		T	28.00	0.0794	PF	2.22	
1	2			2.469		L	4.00	C=120	PT	44.14	(2)
		Q	145.79		F=GV,T	F	13.00		PE	0.00	
				FM		T	17.00	0.0794	PF	1.35	
0	1			2.469		L	20.00	C=120	PT	45.49	(1)
		Q	145.79		F=4E,T	F	36.00		PE	0.00	
				FM		T	56.00	0.0794	PF	4.45	
									PT	49.94	(0)

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BRICK HOSPITAL RADIATION THERAPY
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FLOW TEST RESULTS

Water Supply
STATIC 65.00 PSI
RESIDUAL 65.00 PSI @ 250.00 GPM

CITY PRESSURE AVAILABLE AT 245.8 GPM 65.00 PSI

SUMMARY OF SPRINKLER OUTFLOWS

SPR	ACTUAL FLOW	MINIMUM FLOW	K-FACTOR	PRESSURE
201	18.25	14.82	5.60	10.62
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309	15.52	14.82	5.60	7.69
311	16.06	14.82	5.60	8.22
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TOTAL WATER REQUIRED FOR SYSTEM 145.79 GPM
OUTSIDE HOSE STREAMS AT 0 100.00 GPM
TOTAL WATER REQUIREMENT 245.79 GPM
PRESSURE REQUIRED AT 0 49.94 PSI

MAXIMUM PRESSURE UNBALANCE IN LOOPS 0.00 PSI
MAXIMUM VELOCITY FROM 3 TO 4 13.94 FPS

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DENSITY = 0.10 GPM / SQ FT OVER ENTIRE AREA

Location From To		Flow in GPM	Pipe Size IN	Fittings & Devices		Equiv Length Ft	Friction Loss PSI/Ft	Pressure Summary PSI		
207 307			1.049		L	2.50	C=120	PT	7.00	(307)
	Q	14.82		F=2E	F	4.00		PE	0.00	
			BN1		T	6.50	0.0747	PF	0.49	
								PT	7.49	(207)
213 313			1.049		L	2.50	C=120	PT	7.49	(313)
	Q	15.33		F=2E	F	4.00		PE	0.00	
			BN1		T	6.50	0.0795	PF	0.52	
								PT	8.01	(213)
212 312			1.049		L	2.50	C=120	PT	7.65	(312)
	Q	15.49		F=2E	F	4.00		PE	0.00	
			BN1		T	6.50	0.0811	PF	0.53	
								PT	8.18	(212)
211 311			1.049		L	2.50	C=120	PT	8.22	(311)
	Q	16.06		F=2E	F	4.00		PE	0.00	
			BN1		T	6.50	0.0867	PF	0.56	
								PT	8.78	(211)
209 309			1.049		L	2.50	C=120	PT	7.69	(309)
	Q	15.52		F=2E	F	4.00		PE	0.00	
			BN1		T	6.50	0.0814	PF	0.53	
								PT	8.22	(209)
208 308			1.049		L	2.50	C=120	PT	7.15	(308)
	Q	14.97		F=2E	F	4.00		PE	0.00	
			BN1		T	6.50	0.0762	PF	0.50	
								PT	7.65	(208)
212 213			1.380		L	8.00	C=120	PT	8.01	(213)
	Q	15.33		F=0	F	0.00		PE	0.00	
			BN1		T	8.00	0.0209	PF	0.17	
211 212DQ		15.49	1.380		L	8.00	C=120	PT	8.18	(212)
	Q	30.82		F=0	F	0.00		PE	0.00	
			BN1		T	8.00	0.0761	PF	0.61	
210 211DQ		16.06	1.610		L	7.00	C=120	PT	8.79	(211)
	Q	46.87		F=E/T	F	12.00		PE	0.00	
			BN1		T	19.00	0.0781	PF	1.48	
								PT	10.27	(210)

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LIGHT HAZARD OCCUPANCY
DENSITY = 0.10 GPM / SQ FT OVER ENTIRE AREA

Location From To		Flow in GPM	Pipe Size IN	Fittings & Devices		Equiv Length Ft	Friction Loss PSI/Ft		Pressure Summary PSI	
208 207			1.380		L	8.00	C=120	PT	7.49	(207)
	Q	14.82		F=0	F	0.00		PE	0.00	
			BN1		T	8.00	0.0196	PF	0.16	
209 208DQ		14.97	1.380		L	8.00	C=120	PT	7.65	(208)
	Q	29.79		F=0	F	0.00		PE	0.00	
			BN1		T	8.00	0.0715	PF	0.57	
210 209DQ		15.52	1.610		L	16.00	C=120	PT	8.22	(209)
	Q	45.31		F=E/T	F	12.00		PE	0.00	
			BN1		T	28.00	0.0734	PF	2.06	
205 210DQ		46.87	2.067		L	7.00	C=120	PT	10.28	(210)
	Q	92.19		F=T	F	10.00		PE	0.00	
			NC1		T	17.00	0.0808	PF	1.37	
								PT	11.65	(205)
204 203			1.049		L	6.00	C=120	PT	9.39	(203)
	Q	17.16		F=3E	F	6.00		PE	0.00	
			BN2		T	12.00	0.0980	PF	1.18	
205 204DQ		18.20	1.380		L	5.00	C=120	PT	10.57	(204)
	Q	35.36		F=T	F	6.00		PE	0.00	
			BN2		T	11.00	0.0982	PF	1.08	
202 205DQ		92.19	2.067		L	0.50	C=120	PT	11.65	(205)
	Q	127.54		F=0	F	0.00		PE	0.00	
			NC1		T	0.50	0.1474	PF	0.07	
								PT	11.72	(202)
202 201			1.049		L	1.00	C=120	PT	10.62	(201)
	Q	18.25		F=2E/T	F	9.00		PE	0.00	
			BN3		T	10.00	0.1098	PF	1.10	
6 202DQ		127.54	2.067		L	25.00	C=120	PT	11.72	(202)
	Q	145.79		F=5E	F	25.00		PE	0.00	
			FM1		T	50.00	0.1887	PF	9.44	
5 6			2.067		L	8.00	C=120	PT	21.16	(6)
	Q	145.79		F=GV,CV,E	F	17.00		PE	3.47	
			FR		T	25.00	0.1887	PF	4.72	

BRICK HOSPITAL RADIATION THERAPY
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Location From	To		Flow in GPM	Pipe Size IN	Fittings & Devices		Equiv Length Ft	Friction Loss PSI/Ft		Pressure Summary PSI	
4	5			2.067		L	26.00	C=120	PT	29.35	(5)
		Q	145.79		F=2E	F	10.00		PE	-3.47	
				FM		T	36.00	0.1887	PF	6.79	
3	4			2.067		L	34.00	C=120	PT	32.67	(4)
		Q	145.79		F=E,T	F	15.00		PE	0.00	
				FM		T	49.00	0.1887	PF	9.25	
2	3			2.469		L	16.00	C=120	PT	41.92	(3)
		Q	145.79		F=2E	F	12.00		PE	0.00	
				FM		T	28.00	0.0794	PF	2.22	
1	2			2.469		L	4.00	C=120	PT	44.14	(2)
		Q	145.79		F=GV,T	F	13.00		PE	0.00	
				FM		T	17.00	0.0794	PF	1.35	
0	1			2.469		L	20.00	C=120	PT	45.49	(1)
		Q	145.79		F=4E,T	F	36.00		PE	0.00	
				FM		T	56.00	0.0794	PF	4.45	
									PT	49.94	(0)

R. L. DEHN & SONS FIRE PROTECTION, INC.

60 WEST PROSPECT STREET
WALDWICK, NEW JERSEY 07463

201-445-1155
FAX 201-445-6265

1170 18

LETTER OF TRANSMITTAL

TO Twp of Brick
401 Change Bridge Rd
Brick NJ 08723
Attn: Fire Sub Code official

DATE: 4-24-01 Proj. No. _____

PROJECT: Brick Memorial Hospital
Permit 01-0473 issued 3-2-01
RADIATION THERAPY Addition

Gentlemen:

We are sending herewith

- [X] Plans
- [ ] Specifications
- [ ] Shop Drawings
- [ ] Samples
- [X] _____

As Follows:

- [X] For Approval
- [ ] Approved as Noted
- [ ] Approved
- [ ] Resubmit
- [ ] For Information
- [ ] Returned for Correction
- [ ] For Distribution
- [ ] For Coordination
- [ ] As Requested
- [ ] _____

NO. OF COPIES	DWG. NO.	REV. DATE	TITLE
2			PE signed & sealed Plans FP1 4-23-01
2			HYDRAULIC CALCULATIONS - Radiation Therapy

Return 1 copies of each.

Remarks: _____

If enclosures received are not as listed above, please notify us at once.

R. L. DEHN & SONS FIRE PROTECTION, INC.

BY Chip Hozan

CC: File
CC: Blanchard
Attn: Bob Wilkie

R. L. DEHN & SONS FIRE PROTECTION, INC.

60 WEST PROSPECT STREET
WALDWICK, NEW JERSEY 07463

201-445-1155
FAX 201-445-6265

LETTER OF TRANSMITTAL

TO Township of Brick
401 Chambersbridge RD
Brick, NJ 08723
ATTN: Mary Jane
Bldg. Dept

DATE: 9/4/01 Proj. No. _____

PROJECT: Medical Ctr of Ocean County
Brick, NJ PRE ACTION - Radiology

Gentlemen:

We are sending herewith

- ☐ Plans
- ☐ Specifications
- ☐ Shop Drawings
- ☐ Samples
- ☐ _____

As Follows:

- ☐ For Approval
- ☐ Approved as Noted
- ☐ Approved
- ☐ Resubmit
- ☐ For Information
- ☐ Returned for Correction
- ☐ For Distribution
- ☐ For Coordination
- ☐ As Requested
- ☐ _____

NO. OF COPIES	DWG. NO.	REV. DATE	TITLE
1			PERMIT FEE our Ck # 1359

Return _____ copies of each.

Remarks: _____

If enclosures received are not as listed above, please notify us at once.

R. L. DEHN & SONS FIRE PROTECTION, INC.

BY: _____

CC: File
CC:

No:

TEMPORARY
FIELD AFFIDAVIT

INSPECTION TESTING SERVICES
MEDICAL GAS SYSTEMS & EQUIPMENT

HOSPITAL Medical Center of Ocean County P.O.# _____

LOCATION Radiation Therapy & Linear Accelerator

Gentlemen:

In accordance with the terms of the contract document and NFPA 99.

I, Lawrence Saurano, as duly appointed representative of EMSE Corporation, have conducted the test of the medical gas piping system and related equipment and certify to the following as of August 25th, 2001

All valves are properly located, tagged, and functioned properly.

☑ All wall outlets were purged and function properly.

☑ The gas delivered at each outlet originated at the correct source.

☑ The concentration of gas delivered at each outlet was as specified.

☐ The alarm panels are properly located and were tested and signals functioned at the proper set points.

☐ Supply gas manifolds are properly located and were sequenced.

☐ Air compressor and other vacuum pumps were inspected and properly installed.

☑ Other: Oxygen Purity: 99.9% No Particulate Detected
Medical Vacuum: 26" Hg

Date: August 25th, 2001 Witnessed by: _____ Contractor
Lawrence Saurano EMSE Corp.

The Contractor verifies that he is responsible for identification of all the equipment to be certified in the system as of this date. Any equipment not listed on the attached worksheets is the responsibility of the Contractor.

HOLD HARMLESS CLAUSE:
The above certification applies to the condition of the detailed, itemized list of equipment as of the date noted. EMSE Corp. will be held harmless from any liability caused by any modification of the piping system including but not limited to the gas outlets, alarms, zone valves, manifolds or supply gases at a later date.

Lawrence Saurano EMSE CORP.

_____ HOSPITAL AUTHORITY

_____ CONTRACTOR

NOTICE
This temporary field affidavit is valid for 60 days. An official document bearing EMSE'S notarized corporate seal will be forwarded to you within 60 days. That document combined with this affidavit will complete this specific certification.

EMSE CORP.
Corporate Headquarters - 200 Madison Street, Passaic, New Jersey 07055 (201)471-4252

THIS DOCUMENT HAS INVISIBLE FLUORESCENT FIBERS - VIEW UNDER BLACK LIGHT

1860 **Blanchard**

Wm. Blanchard Co. - Builders since 1860

P.O. Box 298 | 199 Mountain Avenue | Springfield, New Jersey 07081 | 973.376.9100

CHASE MANHATTAN BANK
90 PRESIDENTIAL PLAZA
SYRACUSE, N.Y. 13202

50-943
213

100727

Pay **One thousand six hundred eleven dollars and no cents**

DATE: August 21, 2001

CHECK NO. 100727

AMOUNT $******1,611.00

PAY TO THE ORDER OF: TOWNSHIP OF BRICK

WM. BLANCHARD CO.

AUTHORIZED SIGNATURE

DOCUMENT CONTAINS VOID PANTOGRAPH AND MICRO-PRINT SIGNATURE LINE - MAGNIFY TO VIEW

⑈100727⑈ ⑆021309434⑆ 755⑈550277⑈

Re: Affordable Housing Fees

Business/Development: Radiation Therapy

Owner/Applicant: Wm. Blanchard

Property Address: 425 Jack Martin Blvd

Block: 1170 Lot: 18

DEPOSIT RECEIVED

Mandatory ~~Development~~ Fee

(Commercial)

Residential

Inclusionary Development Fee

DATE: 8/24/01

Check Number 100727

Estimated Fee

Preliminary Fee Deposit

Final Fee 3222.00

Less Preliminary Fee 1611.00

Final Fee Deposit 1611.00

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:

Signature

8-24-01

Date

OFFICE OF AFFORDABLE HOUSING

AHBT PRELIMINARY APPROVAL

"Radiation Therapy" 01-0473

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 425 Jack Martin Blvd Block 1170 Lot 18

Final Inspections needed if applicable as follows:

fax (973) 376-9154

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

FINALS	FINALS	FINALS
BUILDING	APPROVED	9/19/01 OK
PLUMBING	APPROVED	8/31/01 OK
FIRE	APPROVED	8/31/01 OK
ELECTRIC	APPROVED	9/18/01 OK
ENGINEERING	APPROVED	
O.C.SOIL	APPROVED	
COMMERCIAL OCCUPANCY CARD		
C.C. FROM B.T.M.U.A.		

CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING 8/24/01 OK

ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

update
01-0423
1A

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: Brick Hospital - Radiation Therapy
Block: 1170 Lot: 18
Owner's Name: Brick Medical Center
Owner's Mailing Address: 425 Jack Martin
Brick, NJ
Phone: (____)_____

BUILDING

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

Technical Data

Description of Work:

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

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

Cost of Alteration:_____

Cost of New Building:_____

Total Cost of 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	
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_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
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_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
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: R. L. Dehn + Sons Fire Protection
Address: 60 W Prospect St
Waukesha WI
Phone #: 262 547 1155
Lis #:_____
Federal Emp # or SSN 39 2883332

Technical Data

Description of Work: Pre Action Valve -

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:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other: Pre Action System

Estimated Cost of Fire Work $5000.00

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: F. Hogan

Print Name: F. HOGAN

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: RADIATION THERAPY ADDITION & ALTERATION
Block: 18 Lot: 1170
Owner's Name: MEDICAL CENTER OF OCEAN COUNTY
Owner's Mailing Address: 425 JACK MARTIN BLVD.
BRICKTOWN, NJ 08724
Phone: (732) 840-3296

BUILDING

Contractor: WM BLANCHARD CO.
Address: 199 MOUNTAIN AVE.
SPRINGFIELD, N.J. 07081
Phone#: 973-376-9100
Lis #
Federal Emp # ~~or SSN~~ 22-1688982

Technical Data

Description of Work:

LINEAR ACCELERATOR ADDITION AND INTERIOR ALTERATION INCLUDING MINOR DEMO, SOME NEW PARTITIONING, FINISHES, CEILINGS AND MECH, ELECT, PLUMBING & SPRINKLER AS SHOWN.

Type of Work

___ New Building	___ Siding
✓ 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: 17'-2"
Area of the largest floor:
Area of New Building: 1690 SF
Volume of Structure: 28,730 CF
Total Land Disturbed: 1690 SF
Cost of Alteration: $100,000 + $10,000 DEMO
Cost of New Building: 590,000
Total Cost of Building Work: $700,000
Signature: [signature]
Please Print Name ROBERT WILKE

ELECTRICAL

Contractor: Finesse Electric Corp.
Address: 205 Rt 9 North
Freehold, N.J 07728
Phone#: (732) 577-9671
Lis #: 9048
Federal Emp # or SSN 22-3396664

Technical Data

Item	Quantity
Lighting Fixtures	85
Receptacles	46
Switches	37
Detectors	4
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	18
Communication Points	12
Alarm Devices/FAC Panel	
Total	
Pool	
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	45 KW
Light Stander	AMP
Service	AMP
Subpanel	(1) 200 (1) 125 (1) 100A AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: $80,000
Signature: Kurt Wagner
Please Print Name Kurt Wagner
CONTRACTOR'S SEAL

THIS DOCUMENT HAS INVISIBLE FLUORESCEN FIBERS - VIEW UNDER BLACK LIGHT

1860 **Blanchard** 4529

Wm. Blanchard Co. - Builders since 1860

P.O. Box 298 | 199 Mountain Avenue | Springfield, New Jersey 07081 | 973.376.9100

CHASE MANHATTAN BANK
90 PRESIDENTIAL PLAZA
SYRACUSE, N.Y. 13202

50-943 / 213 1005784

DATE 2/26/01

CHECK NO. 1005784

AMOUNT $*1,611 00/100

One Thousand Six Hundred Eleven 00/100

PAY TOWNSHIP OF BRICK
TO THE ORDER OF

WM. BLANCHARD CO.

William C. Blanchard MP
AUTHORIZED SIGNATURE

DOCUMENT CONTAINS VOID PANTOGRAPH AND MICRO-PRINT SIGNATURE LINE - MAGNIFY TO VIEW

#702

⑈01005784⑈ ⑆021309434⑆ 755⑈550277⑈

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

Date: 3/1/01

Business/Development: Radiation Therapy - Hospital

Owner/Applicant: Wm Blanchard

Property Address: 425 Jack Martin Blvd

Block: 1170 Lot: 18

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 1005784

Estimated Fee $ 3222.00

Deposit Amount $ 1611.00

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:

Signature _____ Date 3/1/01

AHBT PRELIMINARY APPROVAL

BRICK HOSPITAL - RADIATION THERAPY ADDITION & ALTERATION

Counter Form
PLEASE PRINT

PLUMBING

Contractor: ZABRANSKY Mechanical Corp.
Address: 44 MEHRHOF Road
LITTLE FERRY N.J. 07643.
Phone #: 201-296-0633
Lis #: 3488
Federal Emp # or SSN 22-3281195

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	2
Shower	
Floor Drain	3
Sink	8
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	1
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other: EYEWASH	3
MEDICAL GAS OUTLETS	4

Estimated Cost of Plumbing Work $55,000.00

Signature: Nelson Zabransky

Please Print Name: Nelson Zabransky.

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:
Number of gas/oil fired appliances

Furnace
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work

Signature:

Print Name: