BLOCK 1170 LOT 18 QUALIFICATION CODE C21-70 C21-70-1 ADDRESS (SITE) 425 JACK MARTIN BLVD PERMIT NO. 01-0474

CONSTRUCTION PERMIT APPLICATION

RECEIVED
FEB 20 2001

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

I. IDENTIFICATION

1. Propsed Work Site at: PAIN MANAGEMENT
2. Name of Owner in Fee: MEDICAL CENTER OF OCEAN COUNTY Tel. 732-840-3296
   Address 425 JACK MARTIN BLVD. (street) BRICK (municipality) NJ (zip code) 08724
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 ARCH Tel. (973) 539-5353
   Address 95 WASHINGTON ST. MORRISTOWN NJ 07960
6. Responsible Person in Charge of Work ROBERT WICKE
   Tel. (973) 376-9100 FAX (973) 376-9154

2nd floor - Pain Mngt. Office 1065 sq renovation

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	2955	+A
2.	Electrical		105	
3.	Plumbing		90	
4.	Fire Protection		120	35
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		111	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	3411	35

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 COMMERCIAL	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes / no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building		NMM	2-2001		2-26-01	[illegible]	7/31	01	OK
3.	☐ Addition									
4.	☒ Alteration	115,000								
5.	☒ Fire Protection	3,200				2-27-01	[illegible]	8/1/01		OK
6.	☒ Plumbing	40,000				3-1-01	[illegible]	8/1/01		OK
7.	☒ Electrical	60,000				2-27-01	[illegible]	7/30/01		OK
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☒ Demolition	2800								
	TOTAL COSTS	221,000								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☒ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1) 0
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 SEE MANDATORY CONDITIONS

LDS BR 10504789

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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 ROBERT WILKE FOR WM. BLAKEHARD 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 08/02/2001
Control #
Permit # 01-0474

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
2ND FLOOR RENOVATION
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:

2ND FLOOR RENOVATION - PAIN MANAGEMENT OFFICE
INCLUDES MINOR DEMO, NEW PARTITIONS & FINISHES, NEW
HUNG 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 renoval 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 Cirnazzi

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

Fee $ 0
Paid [X] Check No. 1005806
Collected by: ERP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/02/2001
Control #
Permit # 01-0474

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
2ND FLOOR RENOVATION
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:

2ND FLOOR RENOVATION - PAIN MANAGEMENT OFFICE
INCLUDES MINOR DEMO, NEW PARTITIONS & FINISHES, NEW
HUNG CEILINGS

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J Cuzzi

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

Fee $ 0
Paid [X] Check No. 1005806
Collected by: ERP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/02/2001
Control #
Permit # 01-0474

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
2ND FLOOR RENOVATION
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:

2ND FLOOR RENOVATION - PAIN MANAGEMENT OFFICE
INCLUDES MINOR DEMO, NEW PARTITIONS & FINISHES, NEW
HUNG CEILINGS

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

[ ] CERTIFICATE OF 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 _____, ___.

Fee $ 0
Paid [X] Check No. 1005806
Collected by: ERP

CONSTRUCTION OFFICIAL
U.C.C. P269 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/02/2001
Control #
Permit # 01-0474

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
2ND FLOOR RENOVATION
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3296

Contractor WILLIAM BLANCHARD CO
Address 199 COUNTRAIN 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 [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
2ND FLOOR RENOVATION - PAIN MANAGEMENT OFFICE
INCLUDES MINOR DEMO, NEW PARTITIONS & FINISHES, NEW HUNG 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 $ 221,000

Construction Official

03/02/2001
Date

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

PAYMENTS (Office Use Only)

Building	2,955
Electrical	105
Plumbing	90
Fire Protection	120
Elevator Devices	0
Other	
DCA Training Fee	177
Cert. of Occupancy	0
Other	
Total	3,447
Check No.	1005806
Cash	
Collected By	BRP

03/02/01 12:33PM 0000008#2047
XX07 SERV.007

#010474	
BUILDING	$2955.00
ELECTRIC	$105.00
PLUMBING	$90.00
FIRE	$120.00
DCA	$177.00
CHECK	$3447.00

C2B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 03/02/2001
Control #
Permit # 01-00744A
Permit Issued 03/02/2001

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
2ND FLOOR RENOVATION
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3296

Contractor PINESSR ELECT CORP
Address P O BOX 6837
FREEHOLD, NJ 07728-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3396664

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALARMS

PAYMENTS (Office Use Only)

Building 0
Electrical 0
Plumbing 0
Fire Protection 35
Elevator Devices 0
Other
DCA Training Fee 0
Cert. of Occupancy 0
Other
Total 35
Check No. 1005806
Cash
Collected By ERP

03/02/01 12:35PM 000000H2048
XX07 SERV.007
H010474
FIRE $35.00
CHECK $35.00

Estimated Cost of Work $ 500

Construction Official

03/02/2001
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 02/20/2001
Date Issued 3/2/01
Control # ~~C21-70~~
Permit # 01-0474

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
2ND FLOOR RENOVATION
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

Plan Mgmt

COMMERCIAL

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 $ 3,200

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

DCA Asbuilt Plan

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 2-27-01
Approved By: CB

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8-1-01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Tes	F-7-31	N-7-31	8/1/01	
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)	28	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	$	120
DCA Training Fee	$	3

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 02/20/2001
Date Issued 3/2/01
Control # ~~C21-70~~
Permit # 01-0474

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
2ND FLOOR RENOVATION
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 $ 3,200

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 2-27-01
Approved By: CCB

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

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)	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)	28	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
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 120
	DCA Training Fee	$ 3

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 02/20/2001
Date Issued 3/5/01
Control # ~~C21-70~~
Permit # 01-0474

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
2ND FLOOR RENOVATION
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 $ 1,200

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 2-27-01
Approved By: CJB

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)	22	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
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 120
	DCA Training Fee	$ 3

U.C.C. Fi40 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 02/26/2001
Date Issued 3/2/01
Control # ~~C21 70-1~~
Permit # 01-0474+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
FIRE ALARMS
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. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed 1-2
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 500

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

DCA Approved Plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 2-27-01
Approved By: CR

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys	4-23-01		8-1-01	CR
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)	8	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	8	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check # Collected by:

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

7-23-01 @ 1130

- sprinkler heads relocated / placement
- have test sheet for first trip
- heads covered @ this time

7-31-01 @

- move heads by HVAC 3' from DUCTS
- need sprinkler head

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 02/26/2001
Date Issued 3/2/01
Control # ~~C21 70 1~~
Permit # 01-0474+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
FIRE ALARMS
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. FIRE PROTECTION CHARACTERISTICS

Use Group Present 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 $ 500

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

DCA ~~ASSEMBLY~~ PLAN

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 2-27-01
Approved By: CR

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)	8	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	8	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 02/26/2001
Date Issued 2/27/01
Control # ~~C21-70-1~~
Permit # 01-0474+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
FIRE ALARMS
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. FIRE PROTECTION CHARACTERISTICS

Use Group Present 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 $ 500

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 2-27-01
Approved By: CLR
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)	8	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	8	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

3296

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/20/2001
Date Issued 3/201
Control # ~~C21-70~~
Permit # 01-0474

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING TO TECHNICAL SITE DATA (List all fixtures.)
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
2ND FLOOR RENOVATION

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 Bidrs. 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 $ 40,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. / Elect.
[ ] Fire Protection
[ ] Plumb. Plans Approved
Date: 5-1-01
Approved By: DW

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By: DW
Date: 8-1-01

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initials
Slab			6-4-01	DW
Rough			6-19	DW
Water				
Sewer				
Fixtures	7-30-01		8-1-01	DW
Gas Equip.				
Gas Piping				
Solar				
TCO				

COMMERCIAL

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
0	Bath Tub	0
2	Lavatory	20
0	Shower	0
0	Floor Drain	0
5	Sink	50
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
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	0
	Other	0

Paid [ ] Check # Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	90
DCA Training Fee	$	32

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. P130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/20/2001
Date Issued 3/2/01
Control # C21-70
Permit # 01-0474

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
2ND FLOOR RENOVATION
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 $ 40,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 5-1-01
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
0	Bath Tub	0
2	Lavatory	20
0	Shower	0
0	Floor Drain	0
5	Sink	50
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
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	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 90
	DCA Training Fee	$ 32

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 02/20/2001
Date Issued 3/20/01
Control # C21-70
Permit # 01-0474

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
2ND FLOOR RENOVATION
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 $ 40,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. & Elect.
[ ] Fire Prev. & Plumbing
[ ] Plumb. Plans Approved
Date: 5-1-01
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
0	Bath Tub	0
2	Lavatory	20
0	Shower	0
0	Floor Drain	0
5	Sink	50
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
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	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 90
	DCA Training Fee	$ 12

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/20/2001
Date Issued 3/201
Control # ~~C21 70~~
Permit # 01-0474

COMMERCIAL

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
2ND FLOOR RENOVATION

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 1-2 Proposed 1-2

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 60,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 2270'
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7 30 01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			6/4/01	
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			7/30/01	

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
47		Lighting Fixtures	
39		Receptacles	
33		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
18		Emergency & Exit Lights	
20		Communications Points	
8		Alarm Devices/F.A.C. Panel	
165		TOTAL NUMBERS	65
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
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	100	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check # Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	105
DCA Training Fee	$	48

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 02/20/2001
Date Issued 3/20/01
Control # ~~C21-70~~
Permit # 01-0474

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
2ND FLOOR RENOVATION
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 1-2 Proposed 1-2
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 60,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 2-27-01
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)
47		Lighting Fixtures	
39		Receptacles	
33		Switches	
0		*Detectors*	
0		Light Poles	
0		Motors-Fract HP	
18		Emergency & Exit Lights	
20		Communications Points	
8		Alarm Devices/F.A.C. Panel	
165		TOTAL NUMBERS	65
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
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	100	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 105
	DCA Training Fee	$ 48

U.C.C. P120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/20/2001
Date Issued 3/20/01
Control # ~~C21-70~~
Permit # 01-04174

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
2ND FLOOR RENOVATION
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 $ 60,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[✓] Elect Plans Approved
Date: 3/20/01
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

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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
47		Lighting Fixtures	
39		Receptacles	
13		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
16		Emergency & Exit Lights	
20		Communications Points	
8		Alarm Devices/F.A.C. Panel	
165		TOTAL NUMBERS	65
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
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	100	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	105
DCA Training Fee	$	40

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 02/20/2001
Date Issued 3/20/1
Control # ~~C21-70~~
Permit # 01-0474

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
2ND FLOOR RENOVATION
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296 (STAN)
Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Tele.(973)376-9100 Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1688982

COMMERCIAL

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

2ND FLOOR RENOVATION - PAIN MANAGEMENT OFFICE
INCLUDES MINOR DEMO, NEW PARTITIONS & FINISHES, NEW HUNG CEILINGS

DCA Approved Drugs Per Dave Chaz

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	2-26-01	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 7-31-01
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			6/21/01	
BarrierFree				
Insulation			* A/S - Floor penetrations	
Finishes				
Energy				
Mechanical				
TCO				
Other Acoustical Ceiling			7-23-01	FM
Final			7/31/01	JC
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	2,955
[ ] 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 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 117,800
3. Total (1+2)$ 117,800

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 2,955
DCA Training Fee	$ 94

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 02/20/2001
Date Issued 3/2/01
Control # ~~C21-70~~
Permit # 01-0474

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
2ND FLOOR RENOVATION
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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	2-26-01	PM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

B. BUILDING CHARACTERISTICS

Use Group Present 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 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 117,800
3. Total (1+2)$ 117,800

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

2ND FLOOR RENOVATION - PAIN MANAGEMENT OFFICE
INCLUDES MINOR DEMO, NEW PARTITIONS & FINISHES, NEW HUNG CEILINGS
DCA Approved Drugs Per Dave Chaz

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	2,955
[ ] 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	$ 2,955
	DCA Training Fee	$ 94

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/20/2001
Date Issued 3/15/01
Control # ~~C21-70~~
Permit # C1-0474

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
2ND FLOOR RENOVATION
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3290
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

2ND FLOOR RENOVATION - PAIN MANAGEMENT OFFICE
INCLUDES MINOR DEMO, NEW PARTITIONS & FINISHES, NEW HUNG CEILINGS

DCA Approved Drwgs Per Dave Uhaz

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — initial

[ ] No Plans Req.
[X] All 2260 FM
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
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 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 117,800
3. Total (1+2)$ 117,800

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	2,955
[ ] 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	$ 2,955
DCA Training Fee	$ 94

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

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: 9/21/11

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1176 LOT 18 SITE ADDRESS [illegible]

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

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]

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

9-21-11
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 1176 LOT 18 SITE ADDRESS [illegible]
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS 194 [illegible] CITY & STATE [illegible]
PERMIT # [illegible] 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 $ 153,416.- Date [illegible]

Estimated Required Fee $ 1534.-

Required Deposit on Estimate $ [illegible] Date [illegible]

Check # [illegible] Receipt # [illegible]

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.

[illegible]

______

Carol A. Wolfe
Affordable Housing Administrator

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

d21-20

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: 2/21/01

TO: Frederick R. Millman, CTA
Tax Assessor

Hospital "Pain Management" alterations

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1170 LOT 18 SITE ADDRESS 425 Jack Martin Blvd.

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

APPLICANT Wm. Blanchard Co. CITY & STATE Springfield, NJ. 07081

☐ 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:

6,136 ft

$ 153,400

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

2/22/01

Date

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

$ 153,400

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

7/24/01

Date

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

121-70

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1170 LOT 18 SITE ADDRESS 435
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Hospital

APPLICANT Wm. Blanchard Co. PHONE NUMBER 908-306-9100
APPLICANT ADDRESS 199 [illegible] CITY & STATE [illegible]
PERMIT # 021-00 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 $ 153,400.- Date 2/23/01

Estimated Required Fee $ 1534.-

Required Deposit on Estimate $ 767.- Date 2/26/01

Check # 1605999 Receipt # 4513

Actual Assessment $ 153,400.00 Date 9/26/01

Actual Required Fee $ 1534.00

Minus Deposit of Estimate $ 767.00

Balance Due $ 767.00 Date 9/26/01

Check # [illegible] Receipt # ______

Amount Paid In Full $ 1534.00

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.

2/26/01 - TC pd.
9/26/01 TC final

[signature]

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: A.L. DeAnt & Sons Fire Protection Inc
Address: 60 W Prospect ST
WALDWICK, NJ 07463
Phone #: 201 445 1155
Lis #: _____
Federal Emp # or SSN 22 2682232

Technical Data

Description of Work: PAIN Management - Relocate Heads, add 2 new sprinklers

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler: _____

Water Supply Source By others
Method of Valve Supervision 4
Local Alarm Supervision 4
Central Supervision: 4
Proprietary Supervision: 4

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

Item	Quantity
Wet Sprinkler Heads	26 Relocate 2 NEW
Dry Sprinkler Heads	
Total	28
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 $3200.00

Signature: F. Hogan

Print Name: F. Hogan

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 20, 2001

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

Attn: Building Department

Ref: Job No. 4765
Pain Management Alteration
Medical Center of Ocean County
Brick Township, New Jersey
DCA Ref # A784-199

We Are:

- ☐ Forwarding To You
- ☒ Enclosing Herewith
- ☐ Returning Herewith
- ☒ Handing You (on 2/20/01)

For Your:

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

Drawings by: Nadaskay/Kopelson

No. Copies	Drawing Number	Title	Date
1	Construction Permit Applications for Building, Demolition, Plumbing, Electric and Fire Protection for Pain Management Project		
2 sets	State Approved Plans for Pain Management Project By Dave Uhaze 11/2/00		
1	State of NJ letter to Suzanne Brown of N/K dated 11/2/00		

COMMENTS: Please give us a call @ 973-376-9100 with the permit fee amount as soon as possible.

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

Robert Wilke
Project Manger

RW/lak
Cc: Doug Murray, Granary w/copy
Ray Fochesto, MCOC w/copy
Bill Transue, MCOC w/copy
Judy Mumma, N/K w/copy
R. A. Samenfeld
File w/ copy

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

CHRISTINE TODD WHITMAN
Governor

JANE M. KENNY
Commissioner

November 2, 2000

Ms. Suzanne Brown, AIA
Nadaskay Kopelson Architects
95 Washington Street
Morristown, NJ 07960

PAIN MANAGEMENT

Re: Brick Hospital
Brick, NJ
Ref #A784-199
REVISIONS TO APPROVED

Dear Ms. Brown:

The documents which display the Department of Community Affairs approval of November 2, 2000 are approved as revisions to the above referenced project.

These revisions shall be a matter of record and shall be affixed to those documents previously approved on July 7, 1999.

Sincerely,

David B. Uhaze, R.A.
Supervisor
Construction Plans Approval
Health Care Plan Review

DU/BL/FK/dv
c: Administrator

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 21, 2001

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

Attn: Building Department

Ref: Job No. 4765
Pain Management Alteration
Medical Center of Ocean County
Brick Township, New Jersey
DCA Ref # A784-199

We Are:

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

For Your:

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

Drawings by:

No. Copies	Drawing Number	Title	Date
1	Construction Permit Applications for Building, Demolition, Plumbing, Electric and Fire Protection for Pain Management Project		

COMMENTS: Here are the originals for your files. This is to replace the "copies" handed to you yesterday, (2/20/01).

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

Robert Wilke
Project Manger

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

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Construction Plans Approval
Health Care Plan Review

DU/BL/FK/dv
c: Administrator

Counter Form
PLEASE PRINT

PLUMBING

Contractor:
Address:

Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavator/	
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: L.L. Dehnt Sons Fire 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: PAIN Management - Relocate 16 existing, add 2 new sprinklers

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:

Water Supply Source By others
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	26 Relocates 2 NEW
Dry Sprinkler Heads	
Total	28
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

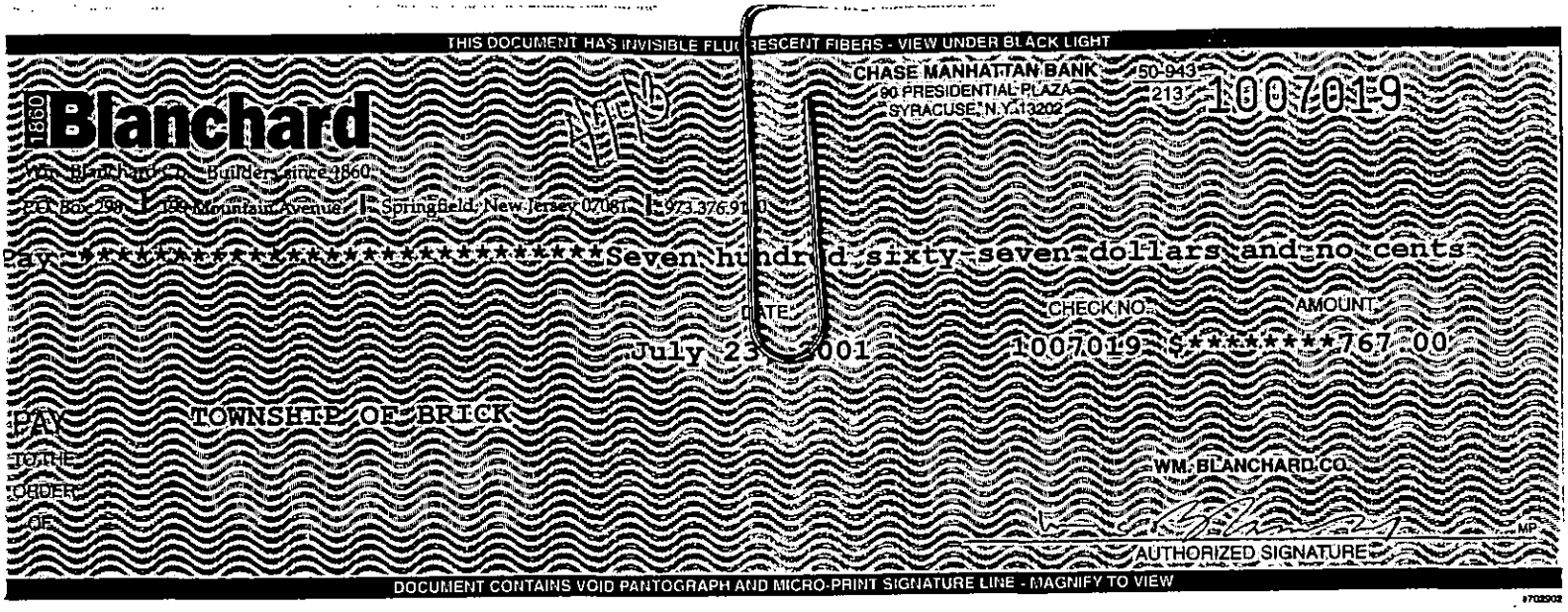
Furnace
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

CONTRACTOR'S SEAL

Estimated Cost of Fire Work 3200.00

Signature: F. Hogan

Print Name: F. Hogan


THIS DOCUMENT HAS INVISIBLE FLUORESCENT FIBERS - VIEW UNDER BLACK LIGHT

1860 Blanchard

Wm. Blanchard Co. Builders since 1860

P.O. Box 190 | 100 Mountain Avenue | Springfield, New Jersey 07081 | 973.376.9100

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

50-943
213

100719

Pay ********Seven hundred sixty-seven dollars and no cents

DATE: July 23, 2001

CHECK NO: 100719

AMOUNT: $*******767.00

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

#702902

⑈0100719⑈ ⑆021309434⑆ 755⑈550277⑈

Re: Affordable Housing Fees

Business/Development: Park Management

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: 7/26/01

Check Number 100719

Estimated Fee

Preliminary Fee Deposit

Final Fee 1534.00

Less Preliminary Fee 767.00

Final Fee Deposit 767.00

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

7-26-01

Date

OFFICE OF AFFORDABLE HOUSING

AHBT FINAL APPROVAL

Date:	7/31/01
To:	Finesse Electric Art Ackerman Phone: 732-577-9671 Fax: 732-577-5504 Fax on site: 732-836-4082
From:	Systems Sales Corporation Daniel Stimpson Phone: 732-751-0600 Fax: 732-751-0489 E-Mail: daniel.stimpson@sscnj.com
Pages:	9 (Including This Cover Page)
Subject:	Fire alarm test form for Brick Hospital, Pain Management

As requested.

Please call if you have any questions.

Thank you,

Daniel Stimpson
Service manager

SERVICE REPORT

systems sales corporation

Monmouth Shores Corporate Park
1345 Campus Parkway - Neptune, NJ 07753-6815
Phone (732) 751-0800
Fax (732) 751-0489

SERVICE ORDER NO: 31204

DATE: 7-24-01

	TIME IN	TIME OUT
TECH 1 JM	8:00	12:45
	TIME IN	TIME OUT
TECH 2	TIME IN	TIME OUT
	TIME IN	TIME OUT

TYPE OF SERVICE: [X] FINAL CHECKOUT [ ] SYSTEM TEST [ ] INSTALLATION [ ] BILLED SERVICE [ ] WARRANTY

SERVICE CONTRACT: [ ] SERVICE CALL [ ] INSPECTION [ ] EMERGENCY SERVICE [ ] SYSTEM TEST

TYPE OF SERVICE: [X] ESTS [X] FIRE [ ] AUDIO [ ] SECURITY [ ] CLOCK [ ] CCTV [ ] NURSE CALL

SERVICE LOCATION	BILL TO
NAME: BRICK HOSPITAL	NAME: FINESSE ELECTRIC
ADDRESS:	ADDRESS:
CITY: BRICK STATE: NJ ZIP:	CITY: STATE:
CUSTOMER CONTACT: ART 806-0055 PER MD	P.O. No.: SSC ORDER NO. 12940
SERVICE AUTHORIZED BY:	[X] JOB COMPLETE [X] ~~JOB INCOMPLETE~~

SERVICE REQUESTED:

A - ADDITION OF 6 SIGA-PS TO EST3 SYSTEM

SERVICE PERFORMED:

A - E.C. CONNECTED WIRES @ 10:15
- DELETED 3 SMOKES 040348, 49, 50 PER E.C.
- ADDED DEVICES 040348, 49, 50, 51, 52 AND 53 SHOWN ON K+L SKETCH SK-E1.2CP PROVIDED BY E.C. COPY RETAINED BY SSC IN SERV. FILE
- TESTED 6 SMOKE DETECTORS. PRINT-OUT AND FINAL ~~ACCEPTANCE~~ TESTING PAPERS TO BE SENT TO E.C BY SSC IN FUTURE.

QTY	PART NO.	DESCRIPTION	UNIT PRICE	EXT.
		MATERIAL TOTAL		

TECH 1	STR. TIME	HRS@	HR.
	OVERTIME	HRS@	HR.
	TRAVEL TIME	HRS@	HR.
	MILEAGE	HRS@	MI.
TECH 2	STR. TIME	HRS@	HR.
	OVERTIME	HRS@	HR.
	TRAVEL TIME	HRS@	HR.
	MILEAGE	HRS@	MI.
	SUB TOTAL		
	NJ STATE TAX		
	TOTAL SERVICE AMOUNT		

CUSTOMER SIGNATURE: Arthur J. Ackerman

CUSTOMER NAME PRINTED: Art Ackerman

System Certification

Facility:	Medical Center of Ocean County Brick Hospital Brick, NJ	***Type of System/Location:***	EST3 fire alarm system Pain Management Addtion of 6 Smoke Sensors
Installing Contractor:	Finesse Electric	***System Manufacturer:***	EST
		Warranty Start Date:	7/24/01
SSC Project Number:	12940	***Warranty Expiration Date:***	7/23/02

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

Authorized Factory Service Center

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

Authorized Signature

Michael Dail
SSC Project Manager

INSPECTION AND TESTING FORM

DATE: 7/24/01
TIME: 8:00 am

SERVICE ORGANIZATION
NAME: Systems Sales Corporation
ADDRESS: 1345 Campus Parkway
Neptune, NJ 07753
REPRESENTATIVE: John Martinez
LICENSE NO.: N/A
TELEPHONE: (732) 751 - 0600

PROPERTY NAME (USER)
NAME: Brick hospital Job # 12940
Pain Management
ADDRESS: 425 Jack Martin Blvd
Bricktown, NJ
OWNER CONTACT: Bill Transue-Hospital Director
TELEPHONE: 732-840-2200

MONITORING ENTITY
CONTACT: Monital
TELEPHONE: 800-631-2299
MONITORING ACCOUNT REF. NO.: SK30217

APPROVING AGENCY
CONTACT:
TELEPHONE:

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

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

PANEL MANUFACTURER: EST
MODEL NO.: EST3
CIRCUIT STYLES: 4
NO. OF CIRCUITS: 2
SOFTWARE REV.: 1.4
LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 7/11/2001
LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: 5/20/01

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
-	-	MANUAL STATIONS
-	-	ION DETECTORS
6	4	PHOTO DETECTORS
-	-	DUCT DETECTORS
-	-	HEAT DETECTORS
-	-	WATERFLOW SWITCHES
-	-	SUPERVISORY SWITCHES
-	-	OTHER (SPECIFY)

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
-	-	BELLS
-	-	HORNS
-	-	CHIMES
-	-	STROBES
-	-	SPEAKERS
-	-	OTHER (SPECIFY)

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 14
ARE CIRCUITS SUPERVISED? X YES ☐ NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

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

SIGNALING LINE CIRCUITS

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

Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

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

Overcurrent Protection: Type Breaker , Amps 15

Location (Panel Number): Temporary as of this date, on emergency power.

Disconnecting Means Location: Breaker

b. Secondary (Standby):

(2) 12VDC Storage Battery: Amp-Hr. Rating 10AH

Calculated capacity to operate system, in hours: 4 Hr stby 5 Minutes alarm

X Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: On site

TYPE BATTERY

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

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

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

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	☒	☐	operator	
BUILDING OCCUPANTS	☒	☐	Managemnt	
BUILDING MANAGEMENT	☒	☐	B.Transue	
OTHER (SPECIFY)	☐	☐	Na	
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	☐	☐	Na	

SYSTEM TESTS AND INSPECTIONS

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

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	☒		
LOAD VOLTAGE		☒	
DISCHARGE TEST		☐	Na
CHARGER TEST		☐	Na
SPECIFIC GRAVITY		☐	na
TRANSIENT SUPPRESSORS	☐		N/A
REMOTE ANNUNCIATORS			

NOTIFICATION APPLIANCES

AUDIBLE	X	X	
VISUAL	X	X	
SPEAKERS	☐	☐	Na
VOICE CLARITY		☐	Na

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

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

COMMENTS:

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

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) N/A	☒	☒	☐
(SPECIFY) N/A	☒	☒	☐
(SPECIFY) N/A	☒	☒	☐
(SPECIFY) N/A	☐	☐	☐
(SPECIFY) N/A	☐	☐	☐
(SPECIFY) N/A	☐	☐	☐

SPECIAL PROCEDURES:

COMMENTS:

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

NOTIFICATIONS THAT TESTING IS COMPLETE	YES	NO	WHO	COMMENTS
BUILDING MANAGEMENT	X	☐	B.Transue	
MONITORING AGENCY	☐	☐	Na	
BUILDING OCCUPANTS	X	☐	Managmnt	
OTHER (SPECIFY)	☐	☐	Na	

THE FOLLOWING DID NOT OPERATE CORRECTLY: N/A

SYSTEM RESTORED TO NORMAL OPERATION: DATE 7/24/01 TIME 12:45pm

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: John Martinez with Finesse electric representative

DATE: 7/24/01 TIME: 12:45pm

SIGNATURE: [signature]

NAME OF OWNER OR REPRESENTATIVE: Bill Transue

DATE: 7/31/01 TIME:

SIGNATURE: Bill Transue

ALARM ACTIVE :: 12:14:24 07/24/2001 P:04 C:03 D:0048
SMOKE 2WEST PAIN MGMTBY JANITORS CLOSET

ALARM ACTIVE :: 12:15:14 07/24/2001 P:04 C:03 D:0049
SMOKE 2WEST PAIN MGMTDOUBLE DOOR ENTRANCE

ALARM ACTIVE :: 12:15:30 07/24/2001 P:04 C:03 D:0050
SMOKE 2WEST PAIN MGMTSCRUB AREA

ALARM ACTIVE :: 12:15:50 07/24/2001 P:04 C:03 D:0051
SMOKE 2WEST PAIN MGMTWAITING ROOM AREA

ALARM ACTIVE :: 12:16:04 07/24/2001 P:04 C:03 D:0052
SMOKE 2WEST PAIN MGMTSTAFF CORRIDOR 1

ALARM ACTIVE :: 12:16:16 07/24/2001 P:04 C:03 D:0053
SMOKE 2WEST PAIN MGMTSTAFF CORRIDOR 2

-OPERATOR COMMAND- 12:23:14 07/24/2001 P:01 via MENU
ACTIVATE PNL SILENCE
P:FFFFFFFFFFFFFFFF C:00 D:0000

-OPERATOR COMMAND- 12:23:15 07/24/2001 P:01 via MENU
ACTIVATE RESET
P:FFFFFFFFFFFFFFFF C:00 D:0000

ALARM RESTORED :: 12:23:22 07/24/2001 P:04 C:03 D:0048
SMOKE 2WEST PAIN MGMTBY JANITORS CLOSET

ALARM RESTORED :: 12:23:22 07/24/2001 P:04 C:03 D:0049
SMOKE 2WEST PAIN MGMTDOUBLE DOOR ENTRANCE

ALARM RESTORED :: 12:23:22 07/24/2001 P:04 C:03 D:0050
SMOKE 2WEST PAIN MGMTSCRUB AREA

ALARM RESTORED :: 12:23:22 07/24/2001 P:04 C:03 D:0051
SMOKE 2WEST PAIN MGMTWAITING ROOM AREA

ALARM RESTORED :: 12:23:22 07/24/2001 P:04 C:03 D:0052
SMOKE 2WEST PAIN MGMTSTAFF CORRIDOR 1

ALARM RESTORED :: 12:23:22 07/24/2001 P:04 C:03 D:0053
SMOKE 2WEST PAIN MGMTSTAFF CORRIDOR 2

Township of Brick

Counter Form
(PLEASE PRINT)

2nd Floor

Site Location: PAIN MANAGEMENT RENOVATION
Block: ~~18~~ 1170 Lot: ~~1170~~ 18
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, NJ 07081
Phone#: 973-376-9100
Lis #
Federal Emp # or ~~SSN~~ 22-1688982

Technical Data

Description of Work:

INTERIOR ALTERATION:
INCLUDES MINOR DEMO
NEW PARTITIONS & FINISHES
NEW HUNG CEILINGS AND
MECH, ELEC, PLUMBING &
SPRINKLER WORK AS SHOWN.

Type of Work

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

Building Characteristics

Use Group Present: I-2 Proposed: I-2
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed: —

Cost of Alteration: $117,800
Cost of New Building: —
Total Cost of Building Work: $117,800

Signature:
Please Print Name ROBERT WILKE

ELECTRICAL

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

Technical Data

Item	Quantity (new & relocated)
Lighting Fixtures	47
Receptacles	39
Switches	33
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	18
Communication Points	20
Alarm Devices/FAC Panel	8
Total	164

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 (1) 100	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: $60,000

Signature: Kurt Wagner
Please Print Name Kurt Wagner

CONTRACTOR'S SEAL

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

2 new baths

Fixtures	Quantity
Water Closets	2
Urinals/Bidets	
Bath Tub	
Lavatory	2
Shower	
Floor Drain	
Sink	5
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: MOP REGISTOR	1
MEDICAL GAS outlets	24

Estimated Cost of Plumbing Work $40,000.00

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:

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: PAIN MANAGEMENT RENOVATION
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, NJ 07081
Phone#: 973-376-9100
Lis #
Federal Emp # or SSN 22-1688982

Technical Data

Description of Work:

INTERIOR ALTERATION:
INCLUDES MINOR DEMO
NEW PARTITIONS & FINISHES
NEW HUNG CEILINGS AND
MECH, ELEC, PLUMBING &
SPRINKLER WORK AS SHOWN.

Type of Work

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

Building Characteristics

Use Group Present: I-2 Proposed: I-2
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed: —

Cost of Alteration: $117,800
Cost of New Building: —
Total Cost of Building Work: $117,800

Signature: [signature]
Please Print Name ROBERT WILKE

ELECTRICAL

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

Technical Data

Item	Quantity
Lighting Fixtures	417
Receptacles	39
Switches	32
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	18
Communication Points	20
Alarm Devices/FAC Panel	8
Total	164

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 (1) 100	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: $60,000

Signature: Kurt Wagner
Please Print Name Kurt Wagner

CONTRACTOR'S SEAL

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	2
Urinals/Bidets	
Bath Tub	
Lavatory	2
Shower	
Floor Drain	
Sink	5
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: MOP REGISTOR	1
MEDICAL GAS OUTLETS	24

Estimated Cost of Plumbing Work $45,000.00

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/Boilor:

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:

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

4513

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

50-943
213

1005779

Pay: **********Seven hundred sixty-seven dollars and no cents

DATE	CHECK NO.	AMOUNT
February 23, 2001	1005779	$********767.00

PAY TO THE ORDER OF TOWNSHIP OF BRICK

Pair Management

WM. BLANCHARD CO.

AUTHORIZED SIGNATURE

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

#7029

⑈01005779⑈ ⑆021309434⑆ 755⑈550277⑈

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

Date: 2/26/01

Business/Development: Pain Management - 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 1005779

Estimated Fee $ 1534.00

Deposit Amount $ 767.00

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

2-26-01
Date

AHBT PRELIMINARY APPROVAL