BLOCK 18 LOT 1170 QUALIFICATION CODE C11-70 C11-70-1 ADDRESS (SITE) 425 JACK MARTIN BLVD PERMIT NO. 01-4597

CONSTRUCTION PERMIT APPLICATION

VASCULAR LAB.

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

I. IDENTIFICATION

1. Proposed Work Site at: VASCULAR ALTERATION - BRICK HOSPITAL
2. Name of Owner in Fee: MEDICAL CENTER OF OCEAN CTY Tel. ( )
   Address 425 JACK MARTIN BLVD (street) BRICK (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: WM. BLANCHARD CO. Tel. (973) 376-9100
   Address 199 MOUNTAIN AVE SPRINGFIELD, NJ 07081
   License No. OR, if new home, Builder Reg. No. — Exp. Date ____
   Federal Employee No. 22-1688982 FAX: (973) 376-9154
5. Architect or Engineer VITETTA Tel. ( )
   Address 4747 S. BROAD ST. PHILADELPHIA PA 19112
6. Responsible Person in Charge of Work ROBERT WILKE
   Tel. (973) 376-9100 X 235 FAX (973) 376-9154

Alteration

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	2635	
2.	Electrical		75	
3.	Plumbing		70	
4.	Fire Protection		35	120
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		19	5
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	2834	125

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	

COMMERCIAL

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			12/11/01		12-19-01	FS			
3.	☐ Addition									
4.	☒ Alteration	100,000								
5.	☒ Fire Protection	7000				12-26-01	RLB			
6.	☒ Plumbing	14,000				12-27-01				
7.	☒ Electrical	30,000				12-19-01		2/22/02		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☒ Demolition	5,000								
	TOTAL COSTS	156,000								

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

A.H.B. - MANDATORY FIRE SUPPRESSION

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 (DR'S OFFICES)
2. Use Group: I-2
3. Change in Use Group, Indicate Former:

LDS BR 10504784

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name ROBERT WILKE - WM BLANCHARD CO.

Address 199 MOUNTAIN AVE
SPRING FIELD, 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 02/25/2002
Control #
Permit # 01-4597

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
ALTERATION-VASCULAR LAB
Owner in Fee/Occupant MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Telephone ( ) -
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 B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR ALTERATION - MINER DEMO & PARTITIONS & F
& DOORS; NEW FINISHES & MILLWORK; ALL FOR VASCULAR
LAB

[ ] **CERTIFICATE OF OCCUPANCY**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] **CERTIFICATE OF 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

[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.

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

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

[ ] **CERTIFICATE OF COMPLIANCE**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

Fee $ 0
Paid [X] Check No. 1008557
Collected by: MJR

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/25/2002
Control #
Permit # 01-4597

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
ALTERATION-VASCULAR LAB
Owner in Fee/Occupant MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Telephone ( ) -
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 B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR ALTERATION - MINER DEMO & PARTITIONS & F
& DOORS; NEW FINISHES & MILLWORK; ALL FOR VASCULAR
LAB

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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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[ ] 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. 1008557
Collected by: MJR

CONSTRUCTION OFFICIAL
U.C.C. P260 (rev. 1/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/25/2002
Control #
Permit # 01-4597

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
ALTERATION-VASCULAR LAB
Owner in Fee/Occupant MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Telephone ( ) -
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 B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR ALTERATION - MINER DEMO & PARTITIONS & F & DOORS; NEW FINISHES & MILLWORK; ALL FOR VASCULAR LAB

[ ] 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

[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.

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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:

[ ] 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. 1008567
Collected by: MJR

CONSTRUCTION OFFICIAL
U.C.C. P260 (rev. 1/96)

CSE

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 12/31/2001
Control 0
Permit 0 01-4597+A
Permit Issued 12/31/2001

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 423 JACK MARTIN BLVD
ALTERATION-VASCULAR LAB
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Telephone ( ) -

Contractor QUICK RESPONSE FIRE PROT
Address 77 PENSION RD SUITE 5
MANALAPAN, NJ 07726-
Telephone (732)786-9440
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. 22-3635518

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:
RELOCATE WET SPRINKLER HEADS

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	120
Elevator Devices	0
Other	
DCA Training Fee	5
Cert. of Occupancy	0
Other	
Total	125
Check No.	1008557
Cash	
Collected By	MJR

12/31/01 10:04AM 0000008860
XX02 SERV.002

#4597	
FIRE	$120.00
DCA	$5.00
CHECK	$125.00

Estimated Cost of Work $ 6,500

Construction Official 12/21/2001
Date

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/31/2001
Control #
Permit # 01-4597

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 625 JACK MARTIN BLVD
ALTERATION-VASCULAR LAB
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Telephone ( ) -

Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Telephone (973)376-9100
Lic. No. or Oldrs. Reg. No.
Federal Emp. No. 22-1689082

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:
INTERIOR ALTERATION - MINOR DEMO & PARTITIONS & FINISHES; NEW PARTITIONS & DOORS; NEW FINISHES & MILLWORK; ALL FOR VASCULAR LAB

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 $ 149,500

Construction Official 12/31/2001
Date

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

PAYMENTS (Office Use Only)

Building	2,635
Electrical	75
Plumbing	70
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	119
Cert. of Occupancy	0
Other	
Total	2,934
Check No.	1008357
Cash	
Collected By	MJR

12/31/01 10:02AM 0000008859
XX02 SERV.002

#4597	
BUILDING	$2635.00
ELECTRIC	$75.00
PLUMBING	$70.00
FIRE	$35.00
DCA	$119.00
CHECK	$2934.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/11/2001
Date Issued 12/31/01
Control # C11-70
Permit # 01-4597

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
ALTERATION-VASCULAR LAB
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.( ) -
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 an authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

INTERIOR ALTERATION - MINER DEMO & PARTITIONS & FINISHES; NEW PARTITIONS & DOORS; NEW FINISHES & MILLWORK; ALL FOR VASCULAR LAB

Under Rehab Code - Alteration

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[X] All 12-19-01 FM
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 2-22-02
Approved By: FM

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			1/17/2002	FM
BarrierFree			2/15/2002	FM
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	2-22-02			FM
BarrierFree				

Framing above ceiling

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
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 $ 105,000
3. Total (1+2) $ 105,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	2,635
[ ] 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	$ 2,635
	DCA Training Fee	$ 84

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 12/11/2001
Date Issued 12/31/01
Control # C11-70
Permit # 01-4597

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
ALTERATION-VASCULAR LAB
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.( ) -
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 an authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

INTERIOR ALTERATION - MINER DEMO & PARTITIONS & FINISHES; NEW PARTITIONS & DOORS; NEW FINISHES & MILLWORK; ALL FOR VASCULAR LAB

Under Rehab Code - Alteration

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12-19-01	FG
[ ] 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				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	2,635
[ ] 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

. BUILDING CHARACTERISTICS

se Group Present B Proposed B
Constr. Class Present Proposed
. of Stories 0
ight of Structure 0 Ft.
a Largest Floor 0 Sq. Ft.
Bldg. Area/All Floors 0 Sq. Ft.
lume of New Structure 0 Cu. Ft.
tal Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 105,000
3. Total (1+2)$ 105,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 2,635
DCA Training Fee	$ 84

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/11/2001
Date Issued 12/31/01
Control # C11-70
Permit # 01-4597

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
ALTERATION-VASCULAR LAB
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.( ) -
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 an authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

INTERIOR ALTERATION - MINOR DEMO & PARTITIONS & FINISHES; NEW PARTITIONS & DOORS; NEW FINISHES & MILLWORK; ALL FOR VASCULAR LAB

Under Rehab Code - Alteration

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12/19/01	FH
[ ] 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				

BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
Total 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 $ 105,000
3. Total (1+2) $ 105,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	2,635
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 2,635
DCA Training Fee	$ 24

Paid [ ] Check #
Collected by:

U.C.C. P110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 12/11/2001
Date Issued 12/13/01
Control # C11-70
Permit # 01-4597

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
ALTERATION-VASCULAR LAB
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 B Proposed B
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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 12-28-21
Approved By: KLR

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/28/21
Approved By: KLR

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys	N/S 02	2/22	2/22	KLR
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other ___				

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and an authorized to make this application.
Signature

D. ~~TECHNICAL SITE DATA~~

Description of Work: Start Page 3280 3280
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	6	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	6	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

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 12/11/2001
Date Issued 12/13/01
Control # C11-70
Permit # 01-4597

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
ALTERATION-VASCULAR LAB
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 B Proposed B
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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 12-28-01
Approved By: KLR
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)	6	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	6	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 12/11/2001
Date Issued 12/13/01
Control # C11-70
Permit # 01-4597

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
ALTERATION-VASCULAR LAB
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 B Proposed B
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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 12-28-01
Approved By: KLR

SUBCODE APPROVAL
[ ] CC [ ] 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	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	6	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	6	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

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 12/11/2001
Date Issued 12/31/01
Control # C11-70-1
Permit # 01-4597+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
RELOCATE FIRE SPRINKLERS VASCULAR LAB
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.(732)786-9440 Fax ( )
Contractor QUICK RESPONSE FIRE PROT
Address 77 PENSION RD SUITE 5
MANALAPAN, NJ 07726-
Tele.(732)786-9440
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3635518

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 6,500

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 12-28-01
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)	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
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 120
	DCA Training Fee	$ 5

U.C.C. P140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 12/11/2001
Date Issued 12/31/01
Control # C11-70-1
Permit # 01-4591+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
RELOCATE FIRE SPRINKLERS VASCULAR LAB
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.(732)786-9440 Fax ( )
Contractor QUICK RESPONSE FIRE PROT
Address 77 PENSION RD SUITE 5
MANALAPAN, NJ 07726-
Tele.(732)786-9440
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3635518

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 6,500

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 12-28-01
Approved By: KLB
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 Supervy

	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)	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	$	120
DCA Training Fee	$	5

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 12/11/2001
Date Issued 12/31/01
Control # C11-70
Permit # 01-4597

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
ALTERATION-VASCULAR LAB
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)296-0633 296-0633
Lic. No. of Mldrs. Reg. No. 3488
Federal Emp. No. 22-3281195

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 14,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12-27-01
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ]
Approved By:
Date: 2-19-02

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			1-15-02	DN
Water				
Sewer				
Fixtures			2-19-02	
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
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
7	Sink	70
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
Minimum Fee	$ 0
TOTAL FEE	$ 70
DCA Training Fee	$ 11

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. P130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 12/11/2001
Date Issued 12/31/01
Control # C11-70
Permit # 01-4597

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
ALTERATION-VASCULAR LAB
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 276-0633
Lic. No. of Mldrs. Reg. No. 3488
Federal Emp. No. 22-3281195

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 14,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12-27-01
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)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
7	Sink	70
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 $ 70
DCA Training Fee $ 11

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 12/11/2001
Date Issued 12/31/01
Control # C11-70
Permit # 01-4597

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
ALTERATION-VASCULAR LAB
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.(201)295-0633 Fax ( )
Contractor ZABRANSKY MECHANICAL CORP
Address 44 HERRHOF
LITTLE FERRY, NJ 07643-
Tele.(201)295-0633 276 0633
Lic. No. of Mldrs. Reg. No. 3488
Federal Emp. No. 22-3281195

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 14,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
Plumb. Plans Approved
Date: 12-27-01
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 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
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
7	Sink	70
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
Minimum Fee $ 0
TOTAL FEE $ 70
DCA Training Fee $ 11

Paid [ ] Check # Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
~~TECHNICAL SECTION~~

Date Received 12/11/2001
Date Issued 12/31/01
Control # C11-70
Permit # 01-4597

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
ALTERATION-VASCULAR LAB
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 B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 30,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 12/19/01
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/21/02
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			1/30/01	
Temp Serv				
~~Const Serv~~	open ceiling		2/15/02	
TCO				
Other				
Service				
Final	2/14/02		2/21/02	

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

after hours
2/14/02

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

458 6959

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
51		Lighting Fixtures	
83		Receptacles	
28		Switches	
6		Detectors	
0		Light Poles	
0		Motors-Fract HP	
20		Emergency & Exit Lights	
22		Communications Points	
0		Alarm Devices/F.A.C. Panel	
210		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
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

COMMERCIAL

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 75
DCA Training Fee $ 24

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 12/11/2001
Date Issued 12/31/01
Control # C11-70
Permit # 01-4597

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
ALTERATION-VASCULAR LAB
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 B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 30,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 12/6/01
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 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)
51		Lighting Fixtures	
83		Receptacles	
28		Switches	
6		Detectors	
0		Light Poles	
0		Motors-Fract HP	
20		Emergency & Exit Lights	
22		Communications Points	
0		Alarm Devices/F.A.C. Panel	
210		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
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 75
DCA Training Fee $ 24

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 12/11/2001
Date Issued 12/31/01
Control # C11-70
Permit # 01-4597

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 1970 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
ALTERATION-VASCULAR LAB
Owner in Fee MEDICAL CENTER OF OCEAN
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )
Contractor FINESSE ELECT CORP
Address P O BOX 6937
FREEHOLD, NJ 07728-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3396664

B. ELECTRICAL CHARACTERISTICS

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

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
[ ] GO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Dates (Month/Day) 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)
51		Lighting Fixtures	
83		Receptacles	
28		Switches	
6		Detectors	
0		Light Poles	
0		Motors-Fract HP	
20		Emergency & Exit Lights	
22		Communications Points	
0		Alarm Devices/F.A.C. Panel	
210		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
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 75
DCA Training Fee $ 24

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

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1170 LOT 18 SITE ADDRESS 425 Jackson Ave.
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS Vacant Site
APPLICANT [illegible] PHONE NUMBER 973-316-4100
APPLICANT ADDRESS 160 Mountain Ave CITY & STATE [illegible] NJ 07081

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%

X The estimated equalized assessed value of the proposed construction is

$ 75,901

[signature] 12/12/01
Frederick R. Millman, CTA, Tax Assessor — Date

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

$ _____

_____ _____
Frederick R. Millman, CTA, Tax Assessor — Date

Preliminary Fee Required [illegible] Date 12/12/01
Preliminary Paid [illegible] Check # [illegible]
Receipt # [illegible]

Final Total Fee Required [illegible]
Preliminary Paid _____ Date _____
Final Paid _____ Check# _____
Balance Due _____ Receipt # _____

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

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

12/12/01 [illegible]

_____
Office of Affordable Housing

01-459A4

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

December 26, 2001

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

Attn: Building Department

Ref: Job No. 4830
Vascular Department Alteration
Medical Center of Ocean County
425 Jack Martin Boulevard
Brick Township, New Jersey
Lot # 1170 Block # 18

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: Quick Response Fire Protection

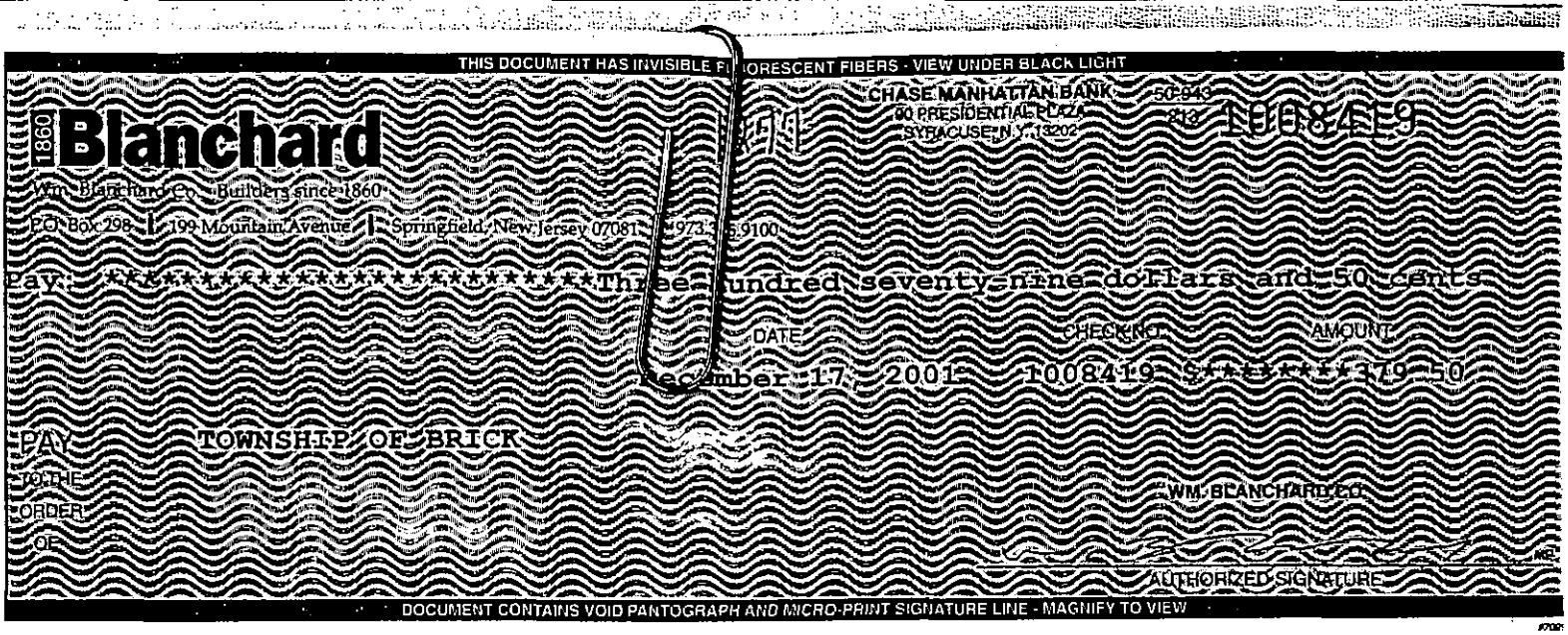
No. Copies	Drawing Number	Title	Date
2	Drawing FP-1 Signed and Sealed		12/17/01

COMMENTS: For issuance of (Fire Sub Code) Permit.

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

Robert Wilke
Project Manger

RW/ag
Cc:
Stan Kozal w/ 1 copy
Bert Barham, THB w/ 1 copy
Kurt Wagner, Finesse w/ 1 copy
Drawing Set w/ 1 copy
File



⑈01008419⑈ ⑆021309434⑆ 755⑈550277⑈

Re: Affordable Housing Fees

Business/Development: Vascular Lab

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: 12/18/01

Check Number 379.50

Preliminary Fee Paid _____

Final Fee Paid _____

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

12-18-01

Date

OFFICE OF AFFORDABLE HOUSING

AHBT PRELIMINARY APPROVAL

Date:	2/15/02
To:	Finesse Electric Stanley Kozel Kurt Wagner Phone: Fax: 732-846-1559 577 5504
From:	Systems Sales Corporation John Martinez Phone: 732-751-0600 Fax: 732-751-0489
Pages:	7 (Including This Cover Page)
Subject:	Brick Hospital Vascular Lab Fire Alarm Addition

Attached is a copy of Inspection Report NFPA 72 form, Service Report No. 36177 and testing history.

If you need any further assistance, please contact me.

- * System on test
-

NFPA 72 FORM
INSPECTION AND TESTING FORM

DATE: 02 15 02
TIME: 1800

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

PROPERTY NAME (USER)
NAME: Brick Hospital
ADDRESS: Jack Martin Blvd
Brick, NJ
OWNER CONTACT:
TELEPHONE:

MONITORING ENTITY
CONTACT: Monitel
TELEPHONE:
MONITORING ACCOUNT REF. NO.:

APPROVING AGENCY
CONTACT:
TELEPHONE:

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

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

PANEL MANUFACTURER: EST-Edwards Systems Technologies MODEL NO.: EST3
CIRCUIT STYLES: Y
NO. OF CIRCUITS: 2 (1-dc & 1-asc)
SOFTWARE REV.: 02.02.14
LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 2-14-02
LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: 2-14-02

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
-	-	MANUAL STATIONS
-	-	ION DETECTORS
2	Y	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
2	Y	OTHER (SPECIFY) Horn/Strobe/Strobe Combo

NO. OF ALARM NOTIFICATION APPLICANCE CIRCUITS: 1
ARE CIRCUITS SUPERVISED? ☒ Yes ☐ NO

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8307

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 _____ Style(s) _____

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 120, Amps 20

Overcurrent Protection: Type Breaker, Amps 20

Location (Panel Number): Boiler Room

Disconnecting Means Location: Breaker

b. Secondary (Standby):

X Storage Battery: Amp-Hr. Rating 18

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

____ Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

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

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

____ Emergency system described in NFPA 70, Article 700

____ Legally required standby described in NFPA 70, Article 701

____ Optional standby system described in NFPA 70, Article 702, which also meets the performance of Article 700 or 701

NOTIFICATIONS ARE MADE: PRIOR TO ANY TESTING

	YES	NO	WHO	TIME
MONITORING ENTITY	☒	☐	Monital	0800
BUILDING OCCUPANTS	☒	☐	Via security	0900
BUILDING MANAGEMENT	☒	☐	Via security	0900
OTHER (SPECIFY)	☐	☐	N/A	
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	☐	☐	N/A	

SYSTEM TESTS AND INSPECTIONS

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

SECONDARY POWER

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

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

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

COMMENTS: This a test of the new devices added in the Vascular Lab Area only per the E.C.

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

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

SPECIAL PROCEDURES: N/A

COMMENTS:

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

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

THE FOLLOWING DID NOT OPERATE CORRECTLY:

SYSTEM RESTORED TO NORMAL OPERATION: DATE 02-14-02 TIME 1830

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: John Martinez SSC

DATE: 02-14-02 TIME: 1830

SIGNATURE:

NAME OF OWNER OR REPRESENTATIVE:

DATE: TIME:

SIGNATURE:

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020214BRICK9805hist

ALARM ACTIVE :: 17:23:28 02/14/2002 P:01 C:07 D:0006
2 WEST SMK VASCULAR LAB BY RECEPTION

ALARM ACTIVE :: 17:24:38 02/14/2002 P:01 C:07 D:0007
2 WEST SMK VASCULAR LAB BY DOCTOR OFFICES

-OPERATOR COMMAND- 17:27:41 02/14/2002 P:01 C:00 D:00 LCD Level:
0
ACTIVATE RESET
P:FFFFFFFFFFFFFFFF C:00 D:0000

ALARM RESTORED :: 17:27:48 02/14/2002 P:01 C:07 D:0006
2 WEST SMK VASCULAR LAB BY RECEPTION

ALARM RESTORED :: 17:27:48 02/14/2002 P:01 C:07 D:0007
2 WEST SMK VASCULAR LAB BY DOCTOR OFFICES

2/22/02 tested all ok
C107 0006 2 west smk vascular
by reception

systems sales corporation

Monmouth Shores Corporate Park
1345 Campus Parkway - Neptune, NJ 07753-6815
Phone (732) 751-8600
Fax (732) 751-0400

SERVICE REPORT

SERVICE ORDER NO. 36177

DATE 2-14-02

TECH 1	TIME IN	TIME OUT
VM	0830	1230
	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] FIRE [ ] AUDIO [ ] SECURITY [ ] CLOCK [ ] CCTV [ ] NURSE CALL

SERVICE LOCATION	BILL TO
NAME Beach Hospital	NAME Finesse Electric
ADDRESS Vascular Lab 2nd Floor	ADDRESS
CITY STATE ZIP	CITY STATE 15175
CUSTOMER CONTACT Mark Strzt 732-570-9714	P.O. No. SEC ORDER NO. 9508
SERVICE AUTHORIZED BY	[ ] JOB COMPLETE [X] JOB INCOMPLETE

SERVICE REQUESTED
(A) Add devices to FA system per E.C.
#6 [redacted] - [redacted] #7

SERVICE PERFORMED
(A)
- Added 01 07 006, 01 07 007, Smokes.
- Changed messages on 01 07 071-076 per E.C. request.

(B) - Incomplete items %
1) Print out FAX to 732-846-1559 Attn: Stan Kozal
2) Attn: JJ
3) Expense + print out of SDL.

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

CUSTOMER SIGNATURE
Not Avail when Discharge

CUSTOMER NAME PRINTED

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

1009040

Pay ********Three-hundred seventy-nine dollars and 50 cents

DATE: February 19 2002

CHECK NO. 1009040

AMOUNT $*******379.50

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

⑈1009040⑈ ⑆021309434⑆ 755⑈550277⑈

From: Lisa Rose Tavalaiccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Vascular Lab

Owner/Applicant: Wm. Blanchard

Property Address: 425 Jack Martin Blvd

Block: 1170 Lot: 19

DEPOSIT RECEIVED

Mandatory Development Fee

(Commercial) ~~Residential~~

Inclusionary Development Fee

DATE: 2/21/02

Check Number 1009040

Preliminary Fee Paid _____

Final Fee Paid 379.50

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

2-21-02

Date

OFFICE OF AFFORDABLE HOUSING

AMBT FINAL

Vascular Lab

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 426 Jack Martin Block 1170 Lot 18

01-4597

Final Inspections needed if applicable as follows:

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 2-22-02	OK
✓ PLUMBING	APPROVED 2-19-02	OK
✓ FIRE	APPROVED 2-22-02	OK
✓ ELECTRIC	APPROVED 2-21-02	
ENGINEERING	APPROVED N/A	
O.C.SOIL	APPROVED N/A	
COMMERCIAL OCCUPANCY CARD		
C.C. FROM B.T.M.U.A	N/A	

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

✓ AFFORDABLE HOUSING 2-21-02 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.

Blanchard 1860
Wm. Blanchard Co. | Builders since 1860

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

December 11, 2001

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

Attn: Building Department

Ref: Job No. 4830
Vascular Department Alteration
Medical Center of Ocean County
Brick Township, New Jersey

We Are:

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

For Your:

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

Drawings by: Vitetta

No. Copies	Drawing Number	Title	Date
1	Completed Construction Permit Application Jacket		12/11/01
1	Construction Permit Applications for Building, Demolition, Plumbing, Electric and Fire Protection for Vascular Alteration Project		12/11/01
2 3	Signed and Sealed Architectural, Plumbing, & HVAC Drawings for Vascular Project for Review and Approval		
1	Letter from Mr. Kiani of DCA - State of NJ (suggesting local review)		11/21/01
1	CompletedOrdinance 728-92 Form		12/11/01
	Electrical and Fire Sprinkler Design Drawings will follow under separate cover		

COMMENTS: **This is being submitted for demolition and construction permit issuance. Please advise on the Affordable Housing permit fee as soon as possible.**

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

Robert Wilke
Project Manger

RW/ag
Cc: Doug Murray, GA
Ray Fochesto, MCOC
R. A. Samenfeld
File w/ copy

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

DONALD T. DIFRANCESCO
Acting Governor

JANE M. KENNY
Commissioner

VITETTA
93/6.03 B55 ANS
ENC
NOV 3 0 2001 BY
DR SLm ERL

November 21, 2001

Mr. John Finely
Project Coordinator
VITETTA Group
4747 S. Broad St.
Philadelphia, PA 19112

Re. Medical Center of Ocean County
Cardiovascular Lab

Dear Mr. Finley;

This letter has been prepared in response to your letter dated November 7th, 2001, received in this office on November 13th, 2001 regarding the above referenced facility.

Please be advised that the responsibility for the review of the suite as described in your letter shall remain with the local building department as this service is a non-licensed and non hospital administered function which does not fall under this offices jurisdiction. We however have to review the separation of this suite from the rest of the health care facility in accordance with 1994 Life Safety Code, NFPA 101, 12.1.2, Mixed Occupancies. Another issue that we will have to review is that the alterations to the mechanical and electrical system which may be necessitated due to the functions within the suite shall not compromise and in no way lessen the capacity of the overall systems serving the health care facility.

I hope this letter provides you with the necessary information. Should you have any questions, please call (609) 633-8151.

Sincerely;

Farivar Kiani
Supervisor
Construction Plans Approval
Health Care Plan Review

Counter Form
PLEASE PRINT

C11-70-1 update

MCOC VASCULAR
LOT 1170
BLOCK 18

PLUMBING

Contractor: ZABORANSKY MECHANICAL
Address: 44 MEHRHOFF ROAD
LITTLE FERRY NJ 07643
Phone #: 201-296-0633
Lis #: 3488
Federal Emp # or ~~SSN~~: 22-3281195

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	(7)
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 $14,000

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

Signature: [signature]
Please Print Name: ROBERT WILKE

CONTRACTOR'S SEAL

FIRE

Contractor: QUICK RESPONSE FIRE PROT.
Address: 77 PENSION ROAD SUITE 5
MANALAPAN, NJ 07726
Phone #: 732-786-9440
Lis #:
Federal Emp # or ~~SSN~~: 223-635-518

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	APPROX 38 HEADS (RELOC)
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 $6500.00

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: [signature]
Print Name: ROBERT WILKE

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location:_____

Block:_____ Lot:_____

Owner's Name:_____

Owner's Mailing Address:_____

_____

Phone: (_____)_____

BUILDING

Contractor:_____

Address:_____

_____

Phone#:_____

Lis #_____

Federal Emp # or SSN_____

Technical Data

Description of Work:

Type of Work

___New Building ___Siding

___Addition ___Fence

___Alteration ___Pool

___Roofing ___Demolition

___Asbestos Abatement ___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____

No of Stories:_____

Height of Structure:_____

Area of the largest floor:_____

Area of New 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

Applicable to Ordinance 728-92
This form must be Handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

425 JACK MARTIN BLVD - BRICK | 18 | 1170
Work Site Address | Block | Lot

MEDICAL CENTER OF OCEAN COUNTY 425 JACK MARTIN BLVD
Owner's Name, Address, Phone

WM BLANCHARD CO - 199 MOUNTAIN AVE - SPRINGFIELD NJ 07081
Contractor's Name, Address, Phone

Construction INTERIOR RENOVATION - COMMERCIAL/INSTITUTIONAL
Describe type (Single -family home, etc.)

Demolition INTERIOR SELECTIVE DEMO - COMMERCIAL/INSTITUTIONAL
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material STEEL STUDS, ACOUST CEILINGS
DRYWALL MAT'L

Name, address and phone of party responsible for removal of debris:
WM BLANCHARD CO - SAME AS ABOVE

Size of dumpster: 30 cy CONTAINER

Destination of discarded debris: LOCAL DUMP

Hauler's DEP Permit No.: WASTE MGMT # 17273

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations, or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

ROBERT WICKE | [signature] | 12/11/01
Printed/Typed Name | Signature | Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISS

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: VASCULAR DEPARTMENT ALTERATION - 1ST FLOOR
Block: 18 Lot: 1170
Owner's Name: MEDICAL CENTER OF OCEAN COUNTY
Owner's Mailing Address: 425 JACK MARTIN BLVD.
BRICK, NJ 08724
Phone: (732) 840-3296

BUILDING

Contractor: WM. 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 OF PARTITIONS & FINISHES, NEW PARTITIONS & DOORS, NEW FINISHES & MILLWORK. REWORK OF MECHANICAL & ELECTRICAL SYSTEMS TO SUIT NEW LAYOUT.

Type of Work

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

Building Characteristics

Use Group Present: I-2 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: $105,000
Cost of New Building: —
Total Cost of Building Work: $105,000

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

Signature: Robert Wilke
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	51
Receptacles	83
Switches	28
Detectors	6
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	20
Communication Points	22
Alarm Devices/FAC Panel	
Total	202
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: $30,000.00

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: Kurt Wagner
Please Print Name Kurt Wagner

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
(ELECTRICAL PORTION)

Contractor: FINESSE ELECTRIC
Address: (SEE OTHER SIDE)
_____
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 6
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 $500.00

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: SEE OTHER SIDE

Print Name:_____