BLOCK 1170 LOT 18.01 QUALIFICATION CODE ___ ADDRESS (SITE) 425 JACK MARTIN BLVD PERMIT NO. 06-0034

XRAY Room #4 1ST FLOOR

CONSTRUCTION PERMIT APPLICATION

CO5-140208

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

I. IDENTIFICATION

1. Propsed Work Site at: 425 JACK MARTIN BLVD XRAY Room #4 1ST FLOOR
2. Name of Owner in Fee: OCEAN MEDICAL CENTER Tel. (732) 836-4077
   Address 425 JACK MARTIN BLVD BRICK NJ 08724
   (street / municipality / zip code)
3. Ownership in Fee: Public ___ Private ___
4. Principal Contractor: GJC ASSOCIATES INC Tel. (732) 933-9166
   Address PO BOX 548, 312 SHREWSBURY AVE RED BANK NJ
   License No. OR, if new home, Builder Reg. No. ___ Exp. Date ___
   Federal Employee No. 22-3138786 FAX: (732) 933-9161
5. Architect or Engineer SAPHIRE ASSOC PC Tel. (609) 921-3935
   Address 20 NASSAU ST PRINCETON, NJ 08542 Contact ED AIRARAN
6. Responsible Person in Charge once Work has Begun GARY COUCH
   Tel. (732) 933-9166 FAX: (732) 933-9161

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	864		
2. Electrical		10		
3. Plumbing		105		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$	58		
9. State Permit Surcharge Fee				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	1,024		

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	

OPTIONAL (for office use only)

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			12/15/05		12/9/05	FM	2/27/06		
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☑ c. Renovation	3500								
☐ d. Reconstruction									
5. ☑ Fire Protection	250				1-5-06	OS	3/1/06		
6. ☐ Plumbing									
7. ☑ Electrical	4500				12/21/05	MM	2/27/06		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☑ Demolition INT ONLY	1650								
TOTAL COSTS	43,000.-								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

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

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
10. ☐ Hot Tubs

COMMERCIAL

LDS BR-B 10676185

F100-1 (rev. 12/03)

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. 5:23-2.15(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 GJC ASSOCIATES, INC

Address PO BOX 548, 312 SHREWSBURY AVE

RED BANK, NJ 07701

Telephone ( ) 732-933-9166

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. _____	_____	_____	_____	_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	03/02/2006
Tracking Number	C-05-140208
Permit Number	06-0034
Permit Issue Date	01/05/2006

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ Block: 1170 Lot: 18 Qual:

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Owner Address: 1350 CAMPUS PARKWAY NEPTUNE NJ 07753

Telephone:

Contractor GJC ASSOCIATES

Address PO BOX 548 312 SHREWSBURY AVENUE RED BANK NJ 07701

Telephone: 732/933-9166 Fax: (732) 933-9161

License Number or Builders Registration Number: Federal Emp. Number: 22-3138786

Home Warranty Number: n/a

Type of Warranty Plan: ☑ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
INTERIOR ALTERATION(S) X-RAY ROOM #4 1ST FLOOR

Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number: 11104
Collected By: Ann Marie Hanlon

Date Printed: 03/02/2006

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 1170 Lot 18.01 Qualification Code

Work Site Location 425 JACK MARTIN BLVD X RAY RM #4 1ST FLOOR

Owner in Fee OCEAN MEDICAL CENTER

Address 425 JACK MARTIN BLVD BRICK, NJ 08724

Tel. (732 836-4077

Contractor GJC ASSOCIATES INC

Address PO BOX 548, 312 SHREWSBURY AVE RED BANK, NJ 07701

Tel. (732) 933-9166

Lic. No. or Bldrs. Reg. No. 22-3138786

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Interior Renovation

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 $ 13,000.—

Construction Official

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

Check No.

Cash

Collected by

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

CONSTRUCTION PERMIT

Date Issued 01/05/2006
Control # C-05-140208
Permit # 06-0034

IDENTIFICATION Block: 1170 Lot: 18 Qualifier

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC
Address: 1350 CAMPUS PARKWAY NEPTUNE NJ 07753
Telephone:

Contractor: GJC ASSOCIATES
Address: PO BOX 548 312 SHREWSBURY AVENUE RED BANK NJ 07701
Telephone: 732/933-9166
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3138786

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INTERIOR ALTERATION(S) X-RAY ROOM #4 1ST FLOOR

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $40,600

Construction Official

01/05/2006
Date

PAYMENTS (Office Use Only)

Building	$864
Electrical	$40
Plumbing	$0
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$55
CO Fee	
Other	$0
Total	$1,024
Check No.	11104
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the Inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 1/5/06
Permit # 06-0034

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

Block 1170 Lot 18.01 Qualification Code

Work Site Location 425 JACK MARTIN BLVD - XRAY RM#4
BRICK, NJ 08724 1ST FLOOR

Owner in Fee OCEAN MEDICAL CENTER

Address 425 JACK MARTIN BLVD
BRICK, NJ 08724

Tel. (732) 836-4077

Contractor GJC ASSOCIATES, INC

Address PO BOX 548, 312 SHREWSBURY AVE
RED BANK, NJ 07701

Tel. (732) 933-9166 FAX (732) 933-9161

Contractor License No. or Builder Registration No.

Federal Emp. No 22-3138786

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

Interior Renovation

See Note in Yellow

FM

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12-19-05	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-27-06
Approved by: FM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			2/27/06	MK
Barrier-Free				

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 96000
3. Total (1+ 2) $ 96000

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 1/5/06
Permit # 06-0034

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

Block 1170 Lot 18.01 Qualification Code
Work Site Location 425 JACK MARTIN BLVD - X-RAY RM#4
BRICK, NJ 08724 1ST FLOOR
Owner in Fee OCEAN MEDICAL CENTER
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724
Tel (732) 836-4077
Contractor MONMOUTH ELECTRIC SERVICE INC.
Address PO BOX 184
SHREWSBURY, NJ. 07702
Tel (732) 741-5496 FAX (732) 530-5771
Contractor License No. 12425
Federal Emp. No. 210682967

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as 00 Utility Co.
Est. Cost of Elec. Work $ 4500

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.

Mark A.
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

COMMERCIAL

$

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 12/21/05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 2/27/06
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			1/30	06
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/27/06	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1/5/06
Control #
Permit # 06-0034

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

Block 1170 Lot 18.01 X-Ray
Work Site Location 425 JACK MARTIN BLVD - Room #4 1ST FLOOR
Owner in Fee OCEAN MEDICAL CENTER
Address 425 JACK MARTIN BLVD BRICK, NJ 08724
Tele. (732) 836-4077
Contractor ATLANTIC SPRINKLER CORP
Address PO Box 5D LAKEWOOD, NJ 08701
Tele. (732) 905-6918 Fax (732) 892-3689
Lic. No. P00209
Federal Emp. No. 22-1911981

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 2500.-

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 1-5-06
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3-1-06
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			3-10	
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.

Robert Vinsko
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source CITY
Method of Alarm/Suppression System Supervision CENTRAL STATION

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

Alarm Systems [ ] 110v Interconnected [ ] System — **NUMBER**

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet) Relocate 10		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other Relocate Duct Detector		

COMMERCIAL

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

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

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

GJC ASSOCIATES, INC.

BUILDERS • DEVELOPERS • CONSTRUCTION MANAGEMENT

December 15, 2005

Township of Brick
Building Department
401 Chambersbridge Road
Brick, New Jersey 08723

Re: Ocean Medical Center – X-Ray Rm #4, 1st Floor
425 Jack Martin Blvd., Brick, NJ
Request for Permits

To whom it may concern:

Enclosed please find all information that is being submitted for permits in regards to the above referenced project. The request for permits is for interior renovation at the above mentioned facility.

Also enclosed are two (2) signed and sealed copies of the plans.

If you have any questions please contact our office at 732-933-9166 or Glenn Meisse, Project Superintendent for GJC Associates, Inc. at cell # 732-977-4995.

Thank you in advance for your cooperation.

Kind regards,

Glenn Meisse/slj

Glenn Meisse
Project Superitendent

GM/slj

Enclosures

P.O. Box 548, Red Bank, NJ 07701 • 732-933-9166 • 732-933-9161 FAX

State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS

RICHARD J. CODEY
Acting Governor

December 7, 2005

CHARLES A. RICHMAN
Acting Commissioner

Mr. Joseph E. Saphire
Twenty Nassau Street
Princeton, NJ 08542

Re: **Local Plan Review**
X-Ray Equipment Upgrade, Room # 4
Ocean Medical Center

Dear Mr. Saphire ;

I have reviewed your letter submitted December 5, 2005 regarding the above referenced subject.

Currently, we are allowing local construction department to perform the review of certain projects, as long as there are no State licensure or AIA Guidelines requirements to be met in those areas or if the work is very minor in nature. Having looked at the submitted information it has been determined that local review of this project is appropriate. This is with the understanding that this is strictly limited to the review of the **proposed X-Ray Equipment Upgrade for Room # 4** and all the necessary work for this project to accomplish this project at the above referenced facility.

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

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

Sincerely,

Farivar Kiani
Supervisor
Health Care Plan Review
Construction Plan Approval

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

RICHARD J. CODEY
Acting Governor

December 7, 2005

CHARLES A. RICHMAN
Acting Commissioner

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Twenty Nassau Street
Princeton, NJ 08542

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Sincerely,

Fariver Kidd
Supervisor
Health Care Plan Review
Construction Plan Approval

SAPHIRE ASSOCIATES, P.C.

ARCHITECTURE

Transmittal

DATE: 15 December 2005

TO: Dan Newman
Construction Official, Brick Township
401 Chambers Bridge Road
Brick, New Jersey 08723

FROM: Edwin Albarran

PROJECT: X-Ray Equipment Upgrade, Room No. 4
Ocean Medical Center
425 Jack Martin Boulevard
Brick, New Jersey

One (1) copy of remand of this project to Construction Official, Brick Township, as prepared by Farivar Kiani, Supervisor, Health Care Plan Review, Construction Plan Approval, Department of Community Affairs, State of New Jersey, dated 7 December 2005.

For your use.

X-Ray
C05-140208

TWENTY NASSAU STREET
PRINCETON, NEW JERSEY 08542
PH:609.921.3935 FAX:609.921.0288
www.saphireassociates.com
sa@saphireassociates.com

Bldg Elect (Fire) Plumbing (Please mark subcode)

CONTROL NUMBER 140208

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 425 Jack Martin Blvd. X-Ray Room #4 1st floor

DATE REVIEWED: 12-16-05

REVIEWED BY: Ron Risser

CONTACT CALLED/FAXED: 732-905-6918 left message on machine.

1) need printer drawing.

Plans in Lobby

Frank/plan review template

SAPHIRE ASSOCIATES, P.C.
ARCHITECTURE

Facsimile

DATE: 16 December 2005

TO: Dan Newman
Construction Official
Brick Township, New Jersey

FAX NO.: 732.262.8954

PAGES: 1 (including cover sheet)

FROM: Edwin Albarran

PROJECT: Renovation to the Existing Reception Area at the Radiology Department
Ocean Medical Center
425 Jack Martin Boulevard
Brick, New Jersey

140138
C05

Dear Sir,

As per our telephone conversation yesterday afternoon, there are no proposed changes the current sprinkler system within this project. As we discussed this project is basically a cosmetic upgrade to a non-clinical area. New ceilings will be suspended in lieu of the existing suspended ceilings with no change to the existing fire sprinkler locations or their type. A review of our documents will indicate that the current room configuration changes slightly to accommodate a new furniture layout and increased work surfaces. No additional occupancy or change of use is proposed. All new lighting utilizing the existing circuitry and power is proposed. No new electrical service has been requested. There is no change to the plumbing or the fire safety elements that currently exist. All existing supplies and returns will be relocated with no proposed additions to the HVAC system.

Should you have any questions or concerns regarding this cosmetic renovation please do not hesitate to contact this office.

Sincerely,

Edwin Albarran
Project Architect

TWENTY NASSAU STREET
PRINCETON, NEW JERSEY 08542
PH.609.921.2950 FAX.609.921.0288
www.saphireassociates.com