BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 JACK MARTIN PERMIT NO. 06-0640

CONSTRUCTION PERMIT APPLICATION

C060957

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

I. IDENTIFICATION

1. Proposed Work Site at: 4TH FL. - EAST WING - MED/SURG UNIT
2. Name of Owner in Fee: OCEAN MEDICAL CTR. Tel. (732) 840-3320
   Address 425 JACK MARTIN BLVD (street) BRICK - NJ (municipality) 08724 (zip code)
3. Ownership in fee: Public _____ Private X
4. Principal Contractor: WM. BLANCHARD CO. Tel. 973 376-9100 X 235
   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 WATKINS HAMILTON ROSS Tel. (713) 665-5665
   Address 1111 LOUISIANA 36TH FL. HOUSTON, TX Contact JAM WILLIAMSON
6. Responsible Person in Charge once Work has Begun BOB WILKE
   Tel. (973) 376-9100 X 235 FAX: (973) 376-9154

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	4415.00		
2. Electrical			905 ✓	
3. Plumbing		1730 ✓		40 ✓
4. Fire Protection		130	225	
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$	6275	4304	
9. State Permit Fee Surcharge				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other ZA + EP		60		
13. TOTAL	$	30496.00	1994.00	40

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		

State Approval #5240-05

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					3-30-06		10/6/06		
3. ☐ Addition									
4. ☐ a. Repair									
☑ b. Alteration	2,800,000								
☐ c. Renovation									
☐ d. Reconstruction									
5. ☑ Fire Protection	55,000				3-30-06				
6. ☑ Plumbing	400,000				3-7-06				
7. ☑ Electrical	600,000				8/16/06		10/5/06		
8. ☑ Elevator Devices	20,000								
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☑ Demolition	5,000	ENG	2/27/06		2/27/06				
TOTAL COSTS	3,880,000								

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:
   Before Construction _____
   After Construction _____
   Net Gain or Loss _____

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

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. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR-B 10525174

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name WM. BLANCHARD CO.

Address 199 MOUNTAIN AVE

SPRINGFIELD, NJ 07081

Telephone (973) 376-9100

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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. _____	_____	_____	_____	_____

IMPORTANT W. Salem 2/27/06 Lot
A.H.B.T. - MANDATORY FEE - COMMERCIAL

ANY BUILDING QUESTIONS
CALL 732-262-1027

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	10/27/2006
Tracking Number	C-06-0957
Permit Number	06-0640
Permit Issue Date	03/13/2006

Certificate

Construction Code Division

(Certificate of Occupancy)

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 WILLIAM BLANCHARD CO

Address 199 MOUNTAIN AVE SPRINGFIELD NJ 07081-

Telephone: 973/376-9100 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-1688982

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

ALTERATION 40 BED MED/SURG FIT-OUT ON 4TH FLOOR EAST WING

Certificate 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: 1021899

Collected By: Mary Jane Rinaldi

Date Printed: 10/27/2006

CONSTRUCTION PERMIT

Date Issued 03/13/2006
Control # C-06-0957
Permit # 06-0640

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: WILLIAM BLANCHARD CO
Address: 199 MOUNTAIN AVE SPRINGFIELD NJ 07081-
Telephone: 973/376-9100
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-1688982

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION 40 BED MED/SURG FIT-OUT ON 4TH FLOOR EAST WING

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 $3,315,000

Construction Official

03/13/2006
Date

PAYMENTS (Office Use Only)

Building	$44,100
Electrical	$0
Plumbing	$1,730
Fire Protection	$130
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4,475
CO Fee	
Other	$60
Total	$50,495
Check No.	1021899
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

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.

PERMIT UPDATE

Date Update Issued 10/25/2006
Control # C-06-105244
Permit # 06-0640+D

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 MILLSTONE ELECTRICAL CONTRACTO
Address 43 BROOKSIDE RD P O BOX 546 CLARKSBURG NJ 08510-
Telephone: 732/303-0636
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3060574

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:
ALTERATION, SUBPANEL 40 BED MED/SURG FIT-OUT ON 4TH FLOOR EAST WING

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 $10,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$155
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$14
CO Fee	
Other	$0
Total	$169
Check No.	7071
Cash	$0
Credit	$0
Collected By	Inspection Account

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.

PERMIT UPDATE

Date Update Issued 8/16/2006
Control # C-06-103825
Permit # 06-0640+C

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 WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE SPRINGFIELD NJ 07081-
Telephone: 973/376-9100
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-1688982

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:
COMMUNICATION POINTS 40 BED MED/SURG FIT-OUT ON 4TH FLOOR EAST WING

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 $5,760

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$48
Check No.	10184
Cash	$0
Credit	$0
Collected By	Inspection Account

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.

PERMIT UPDATE

Date Update Issued 07/25/2006
Control # C-06-102404
Permit # 06-0640+B

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: WILLIAM BLANCHARD CO
Address: 199 MOUNTAIN AVE SPRINGFIELD NJ 07081-
Telephone: 973/376-9100
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-1688982

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:

PLAN REVIEW 40 BED MED/SURG FIT-OUT ON 4TH FLOOR EAST WING

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 $100

Construction Official

Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$40
Check No.	1023509
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

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.

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Examiners of Electrical Contractors

TELECOMMUNICATIONS

Limited Wiring Exemption*

Issued to: Uni-Tel Technologies, Inc.
10 Phyllis Street
Hazlet, NJ 07730

196

Signature of holder

Exemption No.

PERMIT UPDATE

Date Update Issued 03/16/2006
Control # C-06-0957+A
Permit # 06-0640+A

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 WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE SPRINGFIELD NJ 07081-
Telephone: 973/376-9100
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-1688982

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:

ELECTRICAL ALTERATIONS, FIRE ALTERATIONS 40 BED MED/SURG FIT-OUT ON 4TH FLOOR EAST WING

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 $640,000

Construction Official

03/16/2006
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$905
Plumbing	$0
Fire Protection	$225
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$864
CO Fee	
Other	$0
Total	$1,994
Check No.	1021900
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.

COPY COPY COPY

PERMIT UPDATE

Date Update Issued 03/16/2006
Control # C-06-0957+A
Permit # 06-0640+A

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 WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE SPRINGFIELD NJ 07081-
Telephone: 973/376-9100
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-1688982

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:

ELECTRICAL ALTERATIONS, FIRE ALTERATIONS 40 BED MED/SURG FIT-OUT ON 4TH FLOOR EAST WING

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 $640,000

Construction Official

03/17/2006
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$905
Plumbing	$0
Fire Protection	$225
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$864
CO Fee	
Other	$0
Total	$1,994
Check No.	1021900
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.

COPY COPY

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 06-0640
Date Issued 3-12-06
Permit # C06-0957

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 Qualification Code
Work Site Location 4TH FL EASTWING MED/SURG UNIT

Owner in Fee OCEAN MEDICAL CENTER
Address 425 JACK MARTIN BLVD
BRICK NJ 08724
Tel. (732) 840-3320
Contractor WM. BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD NJ 07081
Tel. (973) 376-9100 FAX (973) 376-9154
Contractor License No. or Builder Registration No.
Federal Emp. No 22-1688982

C. CERTIFICATION IN LIEU OF OATH

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

Signature 1/27/06

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

4o BED MED/SURG FIT-OUT ON 4TH FLOOR OF EAST WING ADDITION PER ATTACHED PLANS & SPECS DATED 12/9/05 PREPARED BY WHR, ARCHITECTS
STATE Release # 5240-05 see specs

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All State		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-6-06
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			6-7-06 Joe	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical			Abbie Ceith 9/13/06	
TCO				
Other Medical Gas			9/22/06	
Final				
Barrier-Free			10/5/06	

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
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
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 $ 2,900,000
3. Total (1+ 2) $

NR

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

6-16- South side patient & Bath rooms-JK

6-27- NORTH SIDE patient & Bath Rooms-JK

7-20- MIDDLE AREA patient Rooms-JK

8-2- Above ceiling (4) Isolation Rooms
Frame. Corridor Rooms-

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3/16/06
Date Issued
Control #
Permit # 06-0640 ~~06-0957~~

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

Block 1170 Lot 18
Work Site Location Ocean Medical Center - East Wing
4th Floor Fit-Out, Brick, NJ
Owner in Fee Meridian Health Systems
Address Jack Martin Blvd.
Brick, NJ
Tele. (732) 921-8571
Contractor Little Silver Electric Inc.
Address 68 Birch Avenue
Little Silver, New Jersey 07739
Tele. ( ) (732) 741-1222 • Fax (732) 530-5925
Lic. No. 7760
Federal Emp. No. 22-1778092 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as Hospital Utility Co. JCP&L
Est. Cost of Elec. Work $ 600,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 3 15 06
Approved by: [signature]

State approval any changes must be approved by State

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10 5 06
Approved By: [signature]

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			6 27 06 / 6 14 06 / 5 18 06	Rough / See Book
Temporary				
Constr. Serv.				
TCO				
~~Other~~ Operl Cert 4 Rooms			8 30 6	
Service				
Final			10 5 06	

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.

[signature]
Signature — Contractor Seal

over

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
549		Fixtures (1)	
781		Receptacles (2)	
396		Switches (3)	
1726		Total 1 + 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
1		Intercoms Panels	
26		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
9	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
1	45 Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance Existing	
130		Other Tele/Data Outlets	

COMMERCIAL

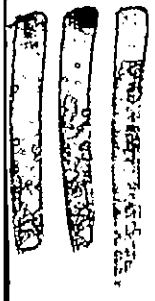
Administrative Surcharge $
Paid [ ] Check # ______ Minimum Fee $
DCA Training Fee $
Collected by: ______ TOTAL FEE $

U.C.C. Form F-120B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

line voltage COM only wells

William Blanch and Co.
Stanley Kozol Supper

6-14-06 CAST wire - PIT out 4th Floor
Rooms - R 413 - 424 + Bathroom



7198

403 Bath

Update 06-0640 +0

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 8-16-06
Permit # C06-103825

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

Block 1170 Lot ~~1502~~ 18 Qualification Code

Work Site Location Ocean Medical Center
4th Floor

Owner in Fee MERIDIAN HEALTH

Address 2020 Sixth Ave
Neptune NJ

Tel (732) 897-7263

Contractor UNI-TEL TECHNOLOGIES Cell 732 620 7712

Address 10 Phyllis St.
Hazlet, NJ 07730

Tel (732) 888-1440 FAX (732) 888-1450

Contractor License No. Exempt

Federal Emp. No. 22-3053612

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5760.00

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

D. TECHNICAL SITE DATA

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 8 16 06

Approved by: M

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 10 5 06

Approved by: M

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough ceiling			8 24 06	M
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other open ceiling			9 15 06	M
Service				
Final			10 5 06	M
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-In-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

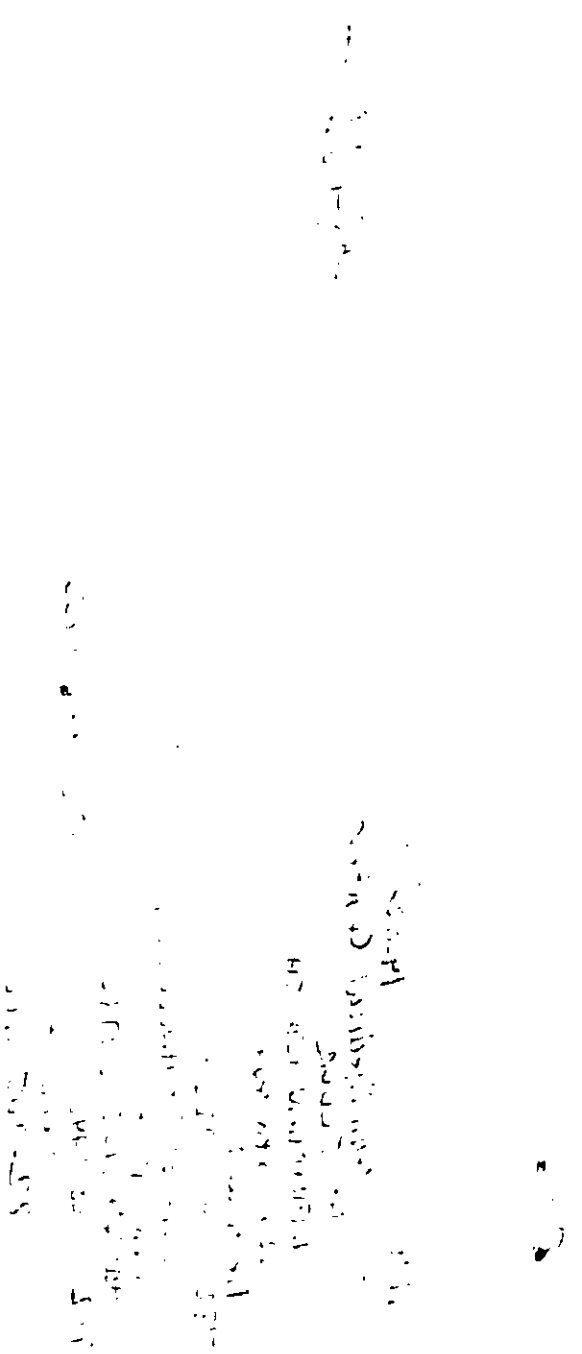
Administrative Surcharge $ 40
Minimum Fee $ 8
State Permit Surcharge Fee $
TOTAL FEE $ 48

11-1-94

94

over

8-24-06 common hardware CABLE WIRE COTTING



ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/20/06 Control # 10-25-06

Date Issued Permit # 06-0640 + D

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 Qualification Code

Work Site Location Ocean Medical Center
425 Jack Martin Blvd. Brick, NJ.

Owner in Fee Meridian
Address 425 Jack Martin Blvd. Brick NJ.

Tel ( )

Contractor Millstone Electrical Contractors Inc. (908) 470-5800
Address 43 Brookside Rd.
Clarksburg NJ 08510

Tel (732) 303-0636 FAX (732) 303-0291
Contractor License No. 6742
Federal Emp. No. 223060574

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 10,000.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Cert'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
120	HVAC	Communications Points	
		Alarm Devices/F.A.C. Panel	
8		120 Volt Smoke Damper	
128		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	
2	20A	Control Panel Feeds	

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 10-24-06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 10-27-06
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10-27-06	
Barrier-Free				

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

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 16.00
TOTAL FEE $

FIRE SUBCODE
TECHNICAL SECTION

Date Received 06-0640
Date Issued 3-12-06
Control #
Permit # 06-0957

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

Block 1170 Lot 18
Work Site Location Ocean Medical Center - East Wing
4th Floor Fit-Out, Brick, NJ (North)
Owner in Fee Meridian Health Systems
Address Jack Martin Blvd.
Brick, NJ
Tele. (732) 921-8571
Contractor Little Silver Electric Inc.
Address 68 Birch Avenue
Little Silver, New Jersey 07739
Tele.(732) 741-1222 (732) 530-5925
Lic. No. 7760
Federal Emp. No. 22-1778092 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 15,000.00

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 DCA PLANS
Date: 3-6-06
Approved by: Ferg
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] TCA
Date: 10-24-06
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System	9-22-06		10-24-06	
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			10-24-06	
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 Valve Supervision

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

Alarm Systems [ ] 110v Interconnected [X] System

	NUMBER
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	26
Supervisory Devices (i.e., tampers, low/high air)	
Signaling Devices (i.e., horn/strobes, bells)	59
Other Devices Door Holders, Damper Controls	8
TOTAL	93
Suppression Systems	
Fire Pump ____ GPM Type ____	
Dry Pipe/Alarm Valves	
Pre-action Valves	
Sprinkler Heads (Dry and Wet)	
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	

FEE (Office Use Only)

COMMERCIAL

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

1 Original = Applicant's Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Inspector's Copy

U.C.C. Form F-140A
(rev. 3/96)

6-16-06
C 9:15
5:30

PREMIER Fire Stop fire stoping
North/south side patient room - only
(Center to be done next)
Series LC150 Seeking

Med/surg
4th floor

Above ceiling isolation rooms and all bathrooms &
sprinkler heads ok. only.

9-22-06 ok 10/6 Door closures not operating
ok 10/6 Exit sign rear needs arrow
ok. 10/6 Exit sign not lit by const. office.
ok 10/6 Signage on mech. room.

10/6 4th Fl. North corridor
Corridor 405
corridor 409
corridor 414
Stair / Bull
corridor 418
corridor 422
Stair ~~Stair~~ Bull

COMMENT

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/16/06
Control # 06-0640 AA
Permit # ~~3-13-06~~ 06-0957 AA

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

Block 1170 Lot 18
Work Site Location 4TH FLOOR - EAST WING - MED/SURG UNIT
425 JACK MARTIN BLVD - BRICK, NJ
Owner in Fee OCEAN MEDICAL CENTER
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724
Tele. (732) 840-3320
Contractor HIGGINS FIRE PROTECTION INC
Address 120 CENTRAL AVENUE
HILLSIDE, NJ - 07205
Tele. (908) 352-3487 Fax (908) 352 4033
Lic. No. P00482
Federal Emp. No. 135-46-5980

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 $ 40,000

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: 3-6-06
Approved by: KLR

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3/16/06
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Alarm System				
Suppression Sys.			9/30	KLR
Standpipe				
Fire Pump			See attached approval	
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			10-3-06	
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 B-05006

DESCRIPTION OF WORK: ADD SPRINKLERS TO 4TH FLOOR EAST WING

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

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

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

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)	200
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 _____	

FEE (Office Use Only)

OK TO START EXISTING
NEED CALCS AND HYDRAULIC F-10 FOR CONVERSION WITH BOOSTER
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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 06-0640
3-12-06
Date Issued / Permit # C06-0957

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 Qualification Code
Work Site Location 4TH FL. EAST WING - MED/SURG UNIT

Owner in Fee OCEAN MEDICAL CENTER
Address 425 JACK MARTIN BLVD.
BRICK, NJ 08724
Tel (732) 840-3320
Contractor UNITED PLUMBING & HEATING, INC.
Address 36 PARKWAY
POINT PLEASANT BEACH, NJ 08742
Tel (732) 991-1704 FAX (609) 228-4124
Contractor License No. 11922
Federal Emp. No. 31-1818409

B. PLUMBING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 400,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved State of N.J.
Date: 3-7-06
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			7/21/06	
Rough			7/21/06	
Water				
Sewer				
Fixtures	10/3/06		10/20/06	
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
FINAL			10/20/06	

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.

UNITED PLUMBING & HEATING, Inc.
Applicant's Signature/Contractor's Seal and Signature
[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
27	Water Closet
	Urinal/Bidet
	Bath Tub
51	Lavatory
24	Shower
2	Floor Drain
16	Sink
	Dishwasher
1	Drinking Fountain
40	~~Washing Machine~~ DIALYSIS BOXES
	Hose Bibb
	Water Heater
	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
2	Other CLINICAL SINK
2	Other ICE MAKER

FEE (Office Use Only)

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

COMMERCIAL

Mail Out Permit

U.C.C. F130 (rev. 01/04)

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

3/31/06

(1) - NEW PLAN REVIEW REQUIRED (SEE APPROVED PLANS)

4/21/06 – R-413 - 416 — UNDER FLOOR ONLY - WASTE + VENT

5/3/06 – R - ~~413~~ - ~~416~~ 412 - 420 " " "

5/12/06 – R - 437 - 440 " " "

5/19/06 – R - 405 - 408 " " "

6-2-06 R - 401 - R 404 Under slab

Need gas R - ~~413~~ - R 424 Test zone box to Rear walls

6/12/06 – Room's - R-413 - 424 – COMPLETE ROOM

6/28/06 Room's R - 401 - 412

7/19/06 Room's 493; 496, 497, 491, 486, 487, 488, 484.

7/31/06 — 477, 476, 475, 470, 466, 467, 468

472 - 462 - 450 - 451 - WITH TRAP PRIMER FLOOR DRAIN

(CHECK ON FINAL)

8/14/06 - 421 - ~~424~~

called 6/13/06 left message

UCC NEW JERSEY

PLUMBING SUBCODE
TECHNICAL SECTION

UPDATE 06-0640+B Date Received
DATE 6/3/06 Control #
INITIALED BY ___ Date Issued 7/25/06
FOR ___ Permit # 06-0640+B

C06-102404

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 Qualification Code ___
Work Site Location 4TH FL MED/SURG - EAST WING

Owner in Fee OCEAN MEDICAL CENTER
Address 425 JACK MARTIN BLVD
BRICK NJ 08724

Tel ( )
Contractor ~~WM BLANCHARD CO~~ / United Plumbing
Address ~~199 MOUNTAIN AVE~~ / 36 Parkway
~~SPRINGFIELD NJ 07081~~ Pt. Pleasant, NJ
Tel ~~(973) 376-9100~~ FAX (973) 376-9154
Contractor License No. ___
Federal Emp. No. ___

B. PLUMBING CHARACTERISTICS

Use Group Present ___ Proposed ___
Building Sewer Size ___ Public Sewer ___ Private Septic ___
Water Service Size ___ Public Water ___ Private Well ___
Est. Cost of Plumbing Work $ no change in cost

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 6/13/06
Approved by: ___
SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 10-2006
Approved by: ___

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			10/20/06	

(Dates (Month/Day))

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA ~~(List of all fixtures)~~

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
✓	Other SEE REVISED PLANS FOR	
	Other UNDER FLOOR ROUGHING	

COMMERCIAL

NO CHANGE IN FIXTURE COUNTS

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

STATE APPROVED PLANS

U.C.C. F130 (rev. 01/04)

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

Township of Brick
Zoning Permit

Approved: Friday, February 24, 2006 **Number:** 170

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

Property Address: 425 Jack Martin Boulevard

Applicant: Robert Wilke; William Blanchard Company

Property Owner Northern Ocean Hospital System, Inc.

Existing Use: Ocean Medical Center, East Wing, Fourth Floor.

Proposed Use: Ocean Medical Center, East Wing, Fourth Floor.

Proposed Construction: Alterations for 40 -bed medical/surgical facility.

Conditions: An additional zoning permit is required for any additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

FEB 24 2006

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 1170 LOT 18 QUALIFIER _____

PROPERTY ADDRESS 425 JACK MARTIN BLVD - BRICK, NJ 4th Floor East Wing

PERSONAL NAME OF APPLICANT ROBERT WILKE

BUSINESS NAME OF APPLICANT NM - BLANCHARD CO.

MAILING ADDRESS OF APPLICANT PO BOX 290 - 199 MOUNTAIN AVE. SPRINGFLD, NJ 07081

PROPERTY OWNER'S FULL NAME OCEAN MEDICAL CENTER

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) HOSPITAL - 4th Floor East Wing. Med/Surg. unit.

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☒ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

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

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

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

SIGNATURE OF APPLICANT _____ Date 1/27/06

Reviewed by Zoning Office _____ Date 2/24/6 (X) Approved ( ) Denied

COMMERCIAL

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Anthony Matthews - President
Stephen C. Acropolis - Vice-President
Kathy M. Russell
Joseph Sangiovanni
Ruthanne Scaturro
Michael A. Thulen, Sr.
Dan Toth

Division of Land Use, Planning
& Affordable Housing

Michael P. Fowler, AICP/PP
Municipal Planner
(732) 262-1042

Tara B. Paxton, AICP/PP
Assistant Municipal Planner
(732) 262-4783

Fax: (732) 262-8954
http://www.twp.brick.nj.us

FAX CORRESPONDENCE

DATE: 10/27/06

TO FAX #: 973-376-9154

PAGES TO FOLLOW: 1

ATTENTION: Barrie / Wm. Blanchard Co

FROM: Brick Building Dept.

MESSAGE:

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

** Transmit Conf.Report **

P.1 Oct 27 2006 16:54

Telephone Number	Mode	Start	Time	Page	Result	Note
19733769154	NORMAL	27,16:53	0'46"	2	* O K	

TOWNSHIP OF BRICK

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

Division of Land Use, Planning & Affordable Housing

Michael P. Fowler, AICP/PP
Municipal Planner
(732) 262-1042

Tara B. Paxton, AICP/PP
Assistant Municipal Planner
(732) 262-4783

Fax: (732) 262-8954
http://www.twp.brick.nj.us

FAX CORRESPONDENCE

DATE: 10/27/06

TO FAX #: 973-376-9154

PAGES TO FOLLOW: 1

ATTENTION: Barrie / Wm. Blanchard Co

FROM: Brick Building Dept.

MESSAGE:

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK:	1170.00	LOT:	18		
SITE ADDRESS:	425 Jack Martin Blvd. 4th floor East Wing				
CONTROL #:	06-0957	WORK TYPE:	Hospital alteration		
APPLICANT:	Wm. Blanchard Co.		PHONE #	973-376-9100 X235	
APPLICANT ADDRESS	199 Mountain Ave.		CITY/STATE/ZIP:	Springfield, NJ 07081	

MANDATORY DEVELOPER FEES

___ Residential is 1%
_X__ Commercial is 2%
___ Waiver Signed for estimated Mandatory Development Fee

Business Name: Brick Hospital/ Med/Surg Unit

The estimated equalized assessed value:

Residential $ -
Commercial $ 2,365,600.00

Waiting on approved State plans for Bldg. 02/01/2006
Courtesy MDF review- no control # at this time! 02-01-06 Date

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

Residential
Commercial $ 1,892,500.00

09/12/2006
Date

Prel. Fee (Res)	$ -	Final Fee (Res)	$ -
Prel. Fee (Comm)	$ 23,656.00	Final Fee (Comm)	$ 14,194.00
Waiver Fee(Res. Only)			
Check #	1021805	Check #	1024180
Date Paid	02/27/2006	Date Paid	10/06/2006

Total Fee Paid (Res) $ -
Total Fee Paid (Com) $ 37,850.00

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.

Authorized Signature – Township of Brick

Kozal, Stan

From: Frank A. Albright [falbright@pwius.com]
Sent: Thursday, April 20, 2006 3:34 PM
To: Kozal, Stan
Subject: Ocean Medical Center - 4th Floor Fit-Out

1170
18.
06-0640

Stan,

An update on the plumbing changes. I've completed the changes on the floor plans and the riser diagrams. I have a call into DCA to find out what they require to review the changes. I've also placed a call to Paul Bentley at Northeast Medical Consulting in regards to changing the location of the oxygen riser connection. I've had to leave voice mail messages at both places. As soon as they get back to me I'll let you know.

Frank Albright
PWI Engineering
327 N. 17th Street
Phila. Pa. 19103
(215) 241-9100, ext. 256
falbright@pwius.com

HDS007.00.256

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
Bureau of Construction Project Review
PO Box 817
Trenton, NJ 08625 - 0817

Page____of____

Project Number 5240-05

Project Name Ocean Med. Ctr. Level 4th East Wing

Municipality__________

Submission Acknowledgement

The Bureau is in receipt of the following, regarding a

____New
X Existing project, on 5 / 3 / 06 :

____Project Review Application
____Fee Schedule
____Variation Application
X Transmittal Letter
/ Correspondence/Letter
____Other:__________

____Fee $______ Check No.______
____Volume Calculation Sheet
____Variation Fee $______
____Comments Response Letter
____Information Only
____Other:__________

____Specification - No. of Sets____ Signed and Sealed?____
____Manufacturer's Cuts - No. of Copies____
____Soil Reports - No. of Copies____ Signed and Sealed?____
____Calculations, Structural - No. of Sets____ Signed and Sealed?____
____Calculations, Energy - No. of Sets____ Signed and Sealed?____
____Calculations, Electrical - No. of Sets____ Signed and Sealed?____
____Calculations, Mechanical - No. of Sets____ Signed and Sealed?____
____Calculations, Plumbing/Hydraulic - No. of Sets____ Signed and Sealed?____

X	Plans - No. of Sets 3	Signed and Sealed? 3	Dwg. Nos. - From P1.01	to P5.01
	Plans - No. of Sets	Signed and Sealed?	Dwg. Nos. - From	to
	Plans - No. of Sets	Signed and Sealed?	Dwg. Nos. - From	to
	Plans - No. of Sets	Signed and Sealed?	Dwg. Nos. - From	to
	Plans - No. of Sets	Signed and Sealed?	Dwg. Nos. - From	to
	Plans - No. of Sets	Signed and Sealed?	Dwg. Nos. - From	to
	Plans - No. of Sets	Signed and Sealed?	Dwg. Nos. - From	to
	Plans - No. of Sets	Signed and Sealed?	Dwg. Nos. - From	to
	Plans - No. of Sets	Signed and Sealed?	Dwg. Nos. - From	to
	Plans - No. of Sets	Signed and Sealed?	Dwg. Nos. - From	to
	Plans - No. of Sets	Signed and Sealed?	Dwg. Nos. - From	to
	Plans - No. of Sets	Signed and Sealed?	Dwg. Nos. - From	to

Note: If you have any questions regarding this acknowledgement, please contact this office at (609) 633-7448 anytime between 9:00 a.m. and 5:00 p.m. on business days. ***Please refer to the above project number on all future calls, correspondence, etc., in order to avoid any delay in processing.***

To:
WHR - Sam Williamson
1111 Louisiana 26th Fl.
Houston, TX 77002

Class__________

Location__________

Team 5 SR

Kozal, Stan

From: Sam Williamson [SWilliamson@whrarchitects.com]
Sent: Wednesday, May 17, 2006 12:46 PM
To: Kozal, Stan; Sam Williamson; Steve Usrey
Cc: pfellman@pwius.com; falbright@pwius.com; jgaspar@meridianhealth.com; Wilke, Bob; Jessica Polanco
Subject: RE: DCA status, OMC, H05007.00.45G

5.17.06

I just heard back from Saleem Khan regarding the review of the revised under floor plumbing revisions. He said by the end of this week we should have a response. I will follow up with him on Friday.

Thanks

SW

SAM WILLIAMSON, AIA
Principal

WHR Architects, Inc.
HOUSTON | DALLAS
1111 Louisiana, 26th Floor
Houston, Texas 77002
713.665,5665p 713.665.6213f
www.whrarchitects.com

"Architecture with people in mind"
e-mail: swilliamson@whrarchitects.com

From: Kozal, Stan [mailto:skozal@wmblanchard.com]
Sent: Wednesday, May 17, 2006 9:42 AM
To: Sam Williamson; Steve Usrey
Cc: pfellman@pwius.com; falbright@pwius.com; jgaspar@meridianhealth.com; Wilke, Bob; Jessica Polanco
Subject: RE: DCA status, OMC, H05007.00.45G

Thanks Sam

> -----Original Message-----
> **From:** Sam Williamson [mailto:SWilliamson@whrarchitects.com]
> **Sent:** Wednesday, May 17, 2006 10:27 AM
> **To:** Kozal, Stan; Steve Usrey
> **Cc:** pfellman@pwius.com; falbright@pwius.com; jgaspar@meridianhealth.com; Wilke, Bob; Jessica Polanco
> **Subject:** RE: DCA status, OMC, H05007.00.45G
>
> 5.17.06
>
> Stan,
>
> I have attached the Submission Acknowledgement letter form DCA.

H0500.00.25e
ZECO 5.31.06

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

JON S. CORZINE
Governor

SUSAN BASS LEVIN
Commissioner

May 19, 2006

Mr. Sam Williamson
WHR Architects
1111 Louisiana 26th Floor
Houston, Texas 77002

Re: Ocean Medical Center
DCA Ref. # 5240-05
Revisions to Release

Dear Mr. Williamson:

The documents, which display the Department of Community Affairs approval of May 9, 2006, are approved as revisions to the above referenced project.

These revisions shall be a matter of record and shall be affixed to those documents previously released.

Sincerely,

Farivar Kiani
Supervisor
Construction Plans Approval
Health Care Plan Review

FK: cs
File

United Association

Brian E. O'neill

ID #: 001058896 LU #: 0009

Certificate of Medical Gas Qualification

Certification	Expires
ASME IX Brazer	07/01/2006
ASSE 6010 Installer	10/17/2008
N.F.P.A 99-2005	

NORTHEAST MEDICAL CONSULTING, INC.
57 West Liberty Street
Hubbard, OH 44425
(888) 534-4295 fax (240) 282-1086

Service Report

NMC Consultant: Paul Bartley

Service Order # 200 6206

Sold To: Ocean Med. Ctr.
425 Jack Martin Blvd
Brick, NJ 08724

Bill To: Meridian Hosp's Corp.
Monmouth Shores Corp. Park
1350 Campus Pkwy
Wall, NJ 07753

Purchase Order #

Phone Number:

Call Type: (Circle One)
In-Service Installation ~~Scheduled Call~~
Parts Sale QA Visit (Unscheduled Call)

Arrival Date: 9-15-06
Arrival Time: 10:15

Close Date: 9-15-06
Close Time: 16:00

Model: Pipeline Cert.

Serial Number:

Model Description:

Sub Assembly Serial Number:

Location: 4th Fl. East Wing

Symptom / Problem: Cust. requested pipeline certification of 4th Fl. E. Wing.

Cross Connection Test:
Type of Leak (gas, liquid):
Location of Leak:
Reading Variance:
Variance Measured by/at:

Meter Hours:
Error Code:
Type of Alarm:
Checked Operation to Mfg. Specs
Unit on Maintenance Agreement

Comments (test results, factual observations, problem resolution): Performed pipeline certification of 4th Fl. E. Wing, exceeds NFPA 99.

Rep	Line Code	Part Number	Description / Serial #/Replaced Serial #	Quantity	Unit Price	Total
PB			Certification	1		$850.00
			Sub-Total			
			Taxes			
			TOTAL - less Shipping & Handling (Pre-Paid and Added to Invoice)			

Paul S. Bartley — NMC Rep Signature

Customer Signature

MIKE JAHODA — Printed Customer Name

Customer, by the acceptance and use of the goods specified herein, accepts and agrees to be bound by the conditions printed on the reverse side of hereof

Terms: Net 30 days

White Copy - NMC Office Yellow Copy - Customer

NMC NORTHEAST MEDICAL CONSULTING, INC.

57 West Liberty Street, Hubbard, OH 44425 (888) 534-4295 Fax (240) 282-1086

Facility: **Ocean Medical Center**
Address: **425 Jack Martin Boulevard**
City, State: **Bricktown, NJ 08724**

Installer: United Plumbing & Heating
Address: 36 Parkway
City, State: Ft. Monmouth, NJ

Medical Gas / Vacuum Systems Verification Inspection Report

The attached report has been completed in accordance with the terms and conditions on the contract documents between Northeast Medical Consulting, Inc., NMC, and Ocean Med. Center.
I, Paul S. Bentley, an authorized representative of Northeast Medical Consulting, Inc., NMC, have conducted the following testing of the medical gas system(s) on this 15th (day) of September (month) in 2006 (year) for the equipment, testing, and performance criteria stated below.

NFPA 99, 2002 Performance and Criteria Testing Level 1

Pre Verification Affidavit - By signing below, you agree that the following criteria have been met.

5.1.10.1 (all)	Piping Materials for field-installed Positive Pressure Medical Gas Systems				
5.1.10.2 (all)	Piping Materials for field-installed Medical-Surgical Vacuum Systems				
5.1.10.3 (all)	Fittings	5.1.10.5 (all)	Brazed Joints	5.1.11 (all)	Labeling & Identifcation
5.1.10.4 (all)	Threaed Joints	5.1.10 6 (all)	Installation of Piping and Equipment		

5.1.12.2 Installer Performed Tests - By signing below, you agree that the following criteria have been met.

5.1.12.2.2	Initial Blow Down	☑	5.1.12.2.5	Piping Purge Test	☑
5.1.12.2.3	Initial Pressure Test	☑	5.1.12.2.6	Standing Pressure Test for Positive Pressure	☑
5.1.12.2.4	Cross Connection Test	☑	5.1.12.2.7	Standing Pressure Test for Vacuum	☑
NA		☐	Verification of Installer's Qualifications		☑

Name/ID #: John D'Aversa/00107017

5.1.12.3 System Verification

		TEST			RESULTS		INSPECTOR
5.1.12.3.2	Standing Pressure Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	PSB
5.1.12.3.3	Cross-Connection Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	PSB
5.1.12.3.4	Valve Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	PSB
5.1.12.3.5.2	Master Alarm Test	Yes ☐	No ☐	NA ☑	Pass ☐	Fail ☐	
5.1.12.3.5.3	Area Alarm Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	PSB
5.1.12.3.6	Piping Purge Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	PSB
5.1.12.3.7	Piping Particulate Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	PSB
5.1.12.3.8	Piping Purity Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	PSB
5.1.12.3.9	Final Tie-In Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	PSB
5.1.12.3.10	Operation Pressure Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	PSB
5.1.12.3.11	Medical Gas Concentration Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	PSB
5.1.12.3.12	Medical Air Purity Test (Compressor System)	Yes ☐	No ☐	NA ☑	Pass ☐	Fail ☐	
5.1.12.3.13	Labeling	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	PSB
5.1.12.3.14	Source Equipment Verification	Yes ☐	No ☐	NA ☑	Pass ☐	Fail ☐	
5.1.12.3.14.2	Gas Supply Sources	Yes ☐	No ☐	NA ☑	Pass ☐	Fail ☐	
5.1.12.3.14.3	Medical Air Compressor Systems	Yes ☐	No ☐	NA ☑	Pass ☐	Fail ☐	
5.1.12.3.14.4	Medical-Surgical Vacuum Systems	Yes ☐	No ☐	NA ☑	Pass ☐	Fail ☐	

NMC verifies that the above equipment ☑ MEET OR EXCEED ☐ DO NOT MEET OR EXCEED the requirements of the NFPA 99, 2002 code.

Liability Clause
NMC will be held harmless from any liability caused by any addition or modification of the medical gas piping system including, but not limited to, the supply gas, gas outlets, shut-off valves, alarms, manifold(s), compressors, pumps, cryogenic tanks, cylinders, associated equipment, and/or codes, laws, or procedures. This document covers the above referenced test(s) and associated equipment under system verification testing only.

Contact Name: Mike Jahoda
Contact Signature:
Purchase Order #
Date: 9/15/2006

Project Name: 4th Floor
Project # 4th Fl. E. Wing
NMC Representative: Paul S. Bentley
NMC Rep Signature:

NMC NORTHEAST MEDICAL CONSULTING, INC.
57 West Liberty Street, Hubbard, OH 44425 (888) 534-4295 Fax (240) 282-1086

Laboratories and Field Equipment

Laboratories:

NMC uses the following labs to perform additional services if needed.

Liberty Mutual

TRI Environmental Lab

Test Equipment:

Equipment	Application	Vendor	Calibration	Accuracy
Oxygen Analyzer	Gas Analysis	Mine Safety & Appliance	Annual	+ or - 0.3%
Carbon Monoxide / Carbon Dioxide Monitor	Gas Analysis	Bacharach	Annual	+ or - 1 ppm + or - 10 ppm
Nitrous Oxide Monitor	Gas Analysis	Bacharach	Annual	+ or - 0.1%
Dew Point Monitor	Dewpoint & Temperature	Ohmic	Annual	+ or - 2 degrees F + or - 1 degree F
Pressure Regulator	Purge Control	Harris	NA	NA
Flow Meters	Vacuum: 0-7 SCFM Gases: 0-200 SCFM	Dwyer Dwyer	Annual Annual	+ or - 2.0%
Gauges	Vacuum: 0-30 in Hg. Gases: 0-100 psi Gases: 0-300 psi	Wika Wika Wika	Annual Annual Annual	+ or - 1 in. Hg. + or - 1.0% + or - 3.0%
Mass Spectrometer	Gas Analysis Canisters	Liberty Mutual	Daily	CO2 0.10 ppm CO 2.00 ppm HC 1 mg/m3
Analytical Balance to weigh filters	Particulate Matter	Liberty Mutual	Daily	+ or - 0.003 mg

Additional Equimpement: Millipore Filters, screwdriver set, crescent wrenches, hex key set, wall outlet adapters for all medial gases and types, flow meters, fittings, and teflon tape.

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Medical Gas / Vacuum Systems Verification Inspection Summary

Equipment Tested

System	Outlets	Zone Valves	Alarms	Sources	Tie-in	_____
☑ Oxygen	41	2	2	—	—	—
☑ Medical Air	0	2	2	—	—	—
☑ Vacuum	41	2	2	—	—	—
☐ Nitrous Oxide	—	—	—	—	—	—
☐ Nitrogen	—	—	—	—	—	—
☐ WAGD	—	—	—	—	—	—
☐ Carbon Dioxide	—	—	—	—	—	—
☐ Other	—	—	—	—	—	—

Inspection Discrepancies

Medical Gas/Vacuum Source(s) of Supply
- ☐ Discrepancies (See Comments)
- ☐ No Discrepancies (See Comments)
- ☑ Not Applicable

Medical Gas/Vacuum Zones Shutoff Valves
- ☐ Discrepancies (See Comments)
- ☑ No Discrepancies (See Comments)
- ☐ Not Applicable

Medical Gas/Vacuum Alarms
- ☐ Discrepancies (See Comments)
- ☑ No Discrepancies (See Comments)
- ☐ Not Applicable

Medical Gas/Vacuum Outlets/Inlets
- ☐ Discrepancies (See Comments)
- ☑ No Discrepancies (See Comments)
- ☐ Not Applicable

Medical Gas Purity Analysis
- ☐ Discrepancies (See Comments)
- ☑ No Discrepancies (See Comments)
- ☐ Not Applicable

Comments and Recommendations see following pages

4th fl. East Wing meets or exceeds NFPA 99. Unable to test med Air alarms, no outlets on the east wing. Piping is capped off in the ceiling for future use.

Contact Name: MIKE JAKOVA
Contact Signature: _____
Purchase Order # _____
Date: 9/15/2006

Project Name: 4th Floor
Project # 4th fl. E. Wing
NMC Representative: Paul S. Bentley
NMC Rep Signature: Paul S. Bentley

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Medical Gas Systems Evaluation

Alarm Explanations

System: **O** - Oxygen **N** - Nitrous Oxide **V** - Vacuum **W** - WAGD
A - Medical Air **NG** - Nitrogen **E** - Evacuation

Location: **Opp** - Opposite **O/S** - Outside **I/S** - Inside

High / Low Pressure Point Of Activation:

Alarm should activate when pressure varies more than + or - 20% from normal line pressure. (40-60 psi or below 12 in Hg for vacuum)

Positive Pressure Gases: activation pressure recorded in psi as follows, High/Low.
Vacuum: low vacuum activation point recorded in inches of Mercury, (in Hg).
" - " = Point of activation not determined.

High / Low Pressure Alarm Comments:

P1 = Pressure switch should be adjusted to the proper activation pressure.
P2 = Point of activation not determined. Pressure sensor appears to be on the supply side of the zone shutoff valve. Sensor should be located on the patient side of the valve.
P3 = Point of activation not determined. There is no zone valve installed for this area.
P4 = Point of activation not determined. Signal does not appear to be in working order.
P5 = Point of activation not determined. Signals on main lines.
P6 = Sensor/Switch connected to the wrong gas.
P7 = A demand check should be installed at base of pressure switch.

Alarm Signal's Pressure Gauge:

Positive Pressure Gases: gauge reading recorded in Pounds per Square Inch, (psi).
Vacuum: gauge reading recorded in inches of Mercury (in Hg).
" - " = No gauge installed at alarm signal location.

Alarm Signal's Pressure Gauge Comments:

G1 = No gauge currently in place. Gauge should be installed.
G2 = Gauge appears to be inaccurate/broken and should be repaired or replaced.
G3 = Gauge is not suited for the current application
G4 = Label on gauge is ambiguous as to which gas it measures.

Alarm Signal Test Switch:

T1 = Normal Operation (green) Lamp is not functioning and should be repaired.
T2 = Visual alarm signal (red lamp) is not functioning and should be repaired.
T3 = Audible alarm signal does not function or is not loud enough to be heard.
T4 = Silence switch fails to silence audible signal and should be repaired.
T5 = Audible alarm signal has been rendered inactive by tampering.
T6 = Alarm signal appears to be disconnected from power source. Alarm should be powered by essential hospital power system (emergency circuit).
X = Alarm signal test switch is functioning properly.

Alarm Signal Labeling:

Each visual indicator should be clearly labeled to identify the condition of the alarm. Emergency instructions should be posted at the alarm signal location to identify the responsible party to call during an alarm.
L1 = Visual indicator is not labeled or is incorrectly labeled.
L2 = Emergency Instructions should be posted at the alarm panel.
L3 = Panel should be labeled to identify which rooms it controls.
X = Alarm signal is properly labeled.

General Comments:

A1 = Area is required to have an alarm signal, but has none.
A2 = Alarm signal is obstructed. Signal must be unobstructed and in clear view.
A3 = Alarm signal does not appear to be at a location of responsible surveillance.
A4 = The piping to the alarm panel is exposed and is required to be covered with a protective shield.

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Facility: **Ocean Medical Center**
NMC Representative: Paul S. Bentley

Date: 9/15/2006
Signature: Paul S. Bentley

Alarm Evaluation Results

Area Controlled	Exact Panel Location	Manufacturer	Model	System Type[1]	Low Alarm Point	High Alarm Point	psi / in. Hg Gauge	Test Switch	Alarm Signal Label	Comments[2]
Pat. Rms 401-412	Nurse Sta.	Beacon	Digital	O	39	61	55	X	X	
				A	—	—	53	X	X	Unable to test
				V	11	—	23	X	X	
Pat. Rms 413-424	Nurse Sta.	Beacon	Digital	O	39	61	56	X	X	
and Exam 489				A	—	—	53	X	X	Unable to test
				V	11	—	23	X	X	

[1] System Type: O - Oxygen A - Medical Air N - Nitrous Oxide NG - Nitrogen V - Vacuum E - Evacuation CO2 - Carbon Dioxide W - WAGD
[2] See "Alarm Explanations" page

NMC Northeast Medical Consulting, Inc.
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Medical Gas Systems Evaluation

Shutoff Valve Explanations

System:
O - Oxygen
A - Medical Air
N - Nitrous Oxide
NG - Nitrogen
V - Vacuum
E - Evacuation
CO2 - Carbon Dioxide
W - WAGD

Location:
Opp - Opposite
O/S - Outside
I/S - Inside

Valve Type:
B = Ball Valve
G = Gate Valve
GL = Globe Valve
O = Other _____

Zone Valve's Pressure Gauge:
Positive Pressure Gases: gauge reading recorded in Pounds per Square Inch, (psi).
Vacuum: gauge reading recorded in inches of Mercury (in Hg).
" - " = No gauge installed at valve enclosure.

Zone Valve Leakage:
S1 = External leakage is noted with valve open.
S2 = External leakage is noted with valve closed.
S3 = Internal leakage occurs with valve closed.
S4 = Pressure gauge or fitting is leaking.
" X " = Valve leakage was not noted.

Zone Valve Labeling:
Each zone valve enclosure must be labeled with "Do Not Close Except For Emergency", each gas or vacuum, and List of rooms controlled. Labels should be permanent and clearly visible from a standing position.
L1 = Gas label is missing from valve.
L2 = "Do Not Close" warning is missing from enclosure.
L3 = Valve enclosure does not have list of rooms controlled in zone.
L4 = List of rooms controlled by zone appears to be incorrect or outdated. List should be revised.
" X " = Valve enclosure is correctly labeled in all respects.

General Comments:
V1 = No valve currently installed, valve required in this area.
V2 = Valve should be unobstructed and accessible from a standing position.
V3 = Valve handle is restricted in movement by valve enclosure.
V4 = Valve handle is broken and should be repaired/replaced as necessary.
V5 = Valve is broken or missing so that emergency shutoff is impossible.
V6 = Frangible or removable cover requires repair or replacement to restrict unauthorized tampering but allow for emergency access.
V7 = Valve box needs to be cleaned of dust and debris.
V8 = Valve box needs to be outside of area with outlets
V9 = The piping to the valve box is exposed and is required to be covered with a protective shield.
V10 = The valve is inside the zone of another valve and one valve should be removed.
" X " = The zone valve is properly located for its intended use.

Zone Valve's Pressure Gauge Comments:
G1 = No gauge currently in place. Gauge should be installed.
G2 = Gauge appears to be inaccurate/broken and should be repaired or replaced.
G3 = Gauge is monitoring pressure upstream of valve. Downstream pressure monitoring required.
G4 = Gauge is not suited for the current application. Gauge should be replaced.
G5 = Gauge is not labeled and/or it is not apparent which gas is being monitored
" X " = Gauge appears to be functioning properly and is correctly labeled.

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Facility: **Ocean Medical Center**
NMC Representative: Paul S. Bentley

Date: 9/15/2006
Signature: Paul S Bentley

Shutoff Valve Evaluation Results

Area Controlled	Exact Valve Location	Manufacturer	System Type[1]	Valve Type[2]	Gauge	Leakage	Labeling	Comments[3]
Pat. Rms 401-412	Across from	Beacon	O	B	54	X	X	
	402 in Hall		A	B	53	X	X	
			V	B	20	X	X	
Pat. Rms 413-424	Hall across	Beacon	O	B	55	X	X	
and exam 489	from 423		A	B	52	X	X	
			V	B	21	X	X	

[1] System Type: O - Oxygen A - Medical Air N - Nitrous Oxide NG - Nitrogen V - Vacuum E - Evacuation CO2 - Carbon Dioxide W - WAGD

[2] Valve Type Key: B=Ball Valve, G=Gate Valve, GL= Globe Valve, O=Other specified

[3] See "Zone Valve Explanations" page

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Medical Gas Systems Evaluation

Patient Terminal Outlet Explanations

Outlet Location: All terminals are listed Left to Right starting at primary entrance to room. Head walls are listed left to right, top to bottom. Columns or ceiling outlets are listed from furthest to closest to the door.

Bed: Number or letter of bed

SYSTEM:

O - OXYGEN	**NG** - NITROGEN	**V** - VACUUM
A - MEDICAL AIR	**CO2** - CARBON DIOXIDE	**E** - EVACUATION
N - NITROUS OXIDE		

OUTLET:

"P" = PASS:	Indicates outlet is in satisfactory and meets NFPA 99, 1999 code.
"F" = FAIL:	Indicates outlet has a discrepancy listed.
"U" = UNAVAILABLE:	Outlet was unvailable for inspection

FLOW/PRESSURE:

Vacuum measurements are recorded in **CFM** (cubic feet per minute).
Minimum flow for vacuum is 3.0 CFM or 85 lpm. Any flow below 3.0 scfm or 85 lpm is listed as a discrepancy.
NFPA has not established a minimum or maximum for evacuation.

Medical Gas measurements are recorded in **LPM** (liters per minute)
NFPA has established a flow requirement of 100 Nl/min or 3.5 scfm (Nitrogen - 140 Nl/min or 5.0 scfm)
with less than 5 psi pressure drop. Any flow below 100 lpm or 3.5 scfm (N2 - 140 lpm or 5.0 scfm) is listed as a deficiency.

LABELING:

A - Terminal has no "gas label" in place.
B - Terminal has no "use no oil" label in place.
C - Terminal has incorrect "gas label" in place.
D - Terminal has temporary label in place; permanent label should be installed.
E -

GENERAL CONDITION:

F - Terminal fails to lock secondary equipment tightly in place.
G - Terminal fit is loose & as a result, flow is reduced or leakage occurs.
H - Terminal fails to release equipment with ease or release latch is broken.
I - Face-plate/terminal is loose and should be fixed.
J - Face-plate is cracked or m ssing screws.
K - Face-plate is missing and should be replaced.
L - Plastic color coded label/tag should be replaced.
M - Inadequate space to mount secondary equipment.
N - Poppet Jammed
O = The piping to the valve box is exposed and is required to be covered with a protective shield.
Z -

LEAKAGE DESCRIPTION/VOLUME:

P - Leakage appears to be due to worn O-ring or valve not re-seating.
Q - Leakage appears to be behind face-plate.
R - Leakage appears to be from excessive weight on terminal.
S - Terminal fit is loose and leakage occurs as a result.
T -

CROSS CONNECTION TEST:

CC - Terminal has been cross-connected with wrong gas. **Extremely Dangerous! Correct Immediately!!**

Flow Conversion:

1 Cubic Foot = 28.32 Liters 1 Liter = 0.0353 Cubic Feet

NMC Northeast Medical Consulting, Inc.
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Facility: **Ocean Medical Center** Date: 8/15/2006
NMC Representative: Paul S. Bentley Signature: Paul S. Bentley

Patient Terminal Outlet Results

Floor 4th
Area East Wing

Outlet Location	Bed	System[1]	Outlet Pass	Outlet Fail	Outlet Unavail	Flow[2]	psi/in Hg Pressure	Label	General Condition	Leakage	Cross Connect	Comments[3]
Patient Room 401		V	P									
		O	P									
402	A	O	P									
		V	P									
	B	V	P									
		O	P									
403	A	O	P									
		V	P									
	B	V	P									
		O	P									
404	A	O	P									
		V	P									
	B	V	P									
		O	P									
405	A	O	P									
		V	P									
	B	V	P									
		O	P									
406		O	P									
		V	P									
407		V	P									
		O	P									
408	A	O	P									
		V	P									
	B	V	P									
		O	P									
409	A	O	P									
		V	P									
	B	V	P									
		O	P									
410	A	O	P									
		V	P									
	B	V	P									
		O	P									
411	A	O	P									
		V	P									
	B	V	P									
		O	P									

[1] System Type: O - Oxygen A - Medical Air N - Nitrous Oxide NG - Nitrogen V - Vacuum E - Evacuation CO2 - Carbon Dioxide W - WAGD

[2] Gas outlets tested for minimum of 100 liters per minute or 3.5 scfm (140 l/min or 5.0 scfm for NG) with a 5 psi max pressure drop from nominal. Vacuum outlets tested for a minimum of 3.0 scfm or 85 lpm flow with 12" in Hg maintained at adjacent outlet

[3] See "Patient Terminal Outlet Explanation" sheet.

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Facility: **Ocean Medical Center** Date: 9/15/2006
NMC Representative: Paul S. Bentley Signature: Paul S. Bentley

Patient Terminal Outlet Results

Floor 4th
Area East Wing

Outlet Location	Bed	System[1]	Outlet Pass	Outlet Fail	Outlet Unavail	Flow[2]	psi/in Hg Pressure	Label	General Condition	Leakage	Cross Connect	Comments[3]
Patient Room 412	~~O~~	O	P									
	~~V~~	V	P									
413	~~V~~	V	P									
	~~O~~	O	P									
414	A	O	P									
		V	P									
	B	V	P									
		O	P									
415	A	O	P									
		V	P									
	B	V	P									
		O	P									
416	A	O	P									
		V	P									
	B	V	P									
		O	P									
417	A	O	P									
		V	P									
	B	V	P									
		O	P									
418		O	P									
		V	P									
419		V	P									
		O	P									
420	A	O	P									
		V	P									
	B	V	P									
		O	P									
421	A	O	P									
		V	P									
	B	V	P									
		O	P									
422	A	O	P									
		V	P									
	B	~~O~~	P									
		~~V~~	P									
423	A	O	P									
		V	P									

[1] System Type: O - Oxygen A - Medical Air N - Nitrous Oxide NG - Nitrogen V - Vacuum E - Evacuation CO2 - Carbon Dioxide W - WAGD

[2] Gas outlets tested for minimum of 100 liters per minute or 3.5 scfm (140 l/min or 5.0 scfm for NG) with a 5 psi max pressure drop from nominal. Vacuum outlets tested for a minimum of 3.0 scfm or 85 lpm flow with 12" in Hg maintained at adjacent outlet.

[3] See "Patient Terminal Outlet Explanation" sheet.

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Facility: Ocean Medical Center
NMC Representative: Paul S. Bentley

Date: 9/15/2006
Signature: Paul S. Bentley

Patient Terminal Outlet Results

Floor 4th
Area East Wing

Outlet Location	Bed	System[1]	Outlet Pass	Outlet Fail	Outlet Unavail	Flow[2]	psi/in Hg Pressure	Label	General Condition	Leakage	Cross Connect	Comments[3]
Patient Room 423	B	V	P									
		O	P									
424		O	P									
		V	P									
Exam Rm 489		V	P									
		O	P									

[1] System Type: O - Oxygen A - Medical Air N - Nitrous Oxide NG - Nitrogen V - Vacuum E - Evacuation CO2 - Carbon Dioxide W - WAGD

[2] Gas outlets tested for minimum of 100 liters per minute or 3.5 scfm (140 l/min or 5.0 scfm for NG) with a 5 psi max pressure drop from nominal. Vacuum outlets tested for a minimum of 3.0 scfm or 85 lpm flow with 12" in Hg maintained at adjacent outlet.

[3] See "Patient Terminal Outlet Explanation" sheet.

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Facility: **Ocean Medical Center**

Date: 9/15/2006

NMC Representative: Paul S. Bentley

Signature: Paul S. Bentley

Medical Gas Systems Evaluation

Particulate Pre-Analysis Results

Sample #	Location	System	Time	Oil Present: No	Oil Present: Yes	Oil Present: Analysis Needed	Amount: Light	Amount: Moderate	Amount: Heavy	Amount: N/D	Color: Blue	Color: Black	Color: Brown	Color: Green	Color: Orange	Color: Red	Color: White	Color: Other	General Description: Fine	General Description: Flaky	General Description: Powder	General Description: Crystalline	General Description: Shavings	General Description: Water	General Description: Other	Purge Recom. Lab Analysis Recommended
1	Pat. Rm 413	O	10min	X						X																
2	Pat. Rm 411	O	10min	X						X																
3			10min																							
4			10min																							
5			10min																							
6			10min																							
7			10min																							
8			10min																							
9			10min																							
10			10min																							
11			10min																							
12			10min																							
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15			10min																							
16			10min																							
17			10min																							
18			10min																							
19			10min																							
20			10min																							
21			10min																							
22			10min																							
23			10min																							
24			10min																							
25			10min																							

O = OXYGEN A = MEDICAL AIR N = NITROUS OXIDE NG = NITROGEN ___ = _____

United Association

John D'averso

ID #: 001070170 LU #: 0009

Certificate of Medical Gas Qualification

Certification	Expires
ASME IX Brazer	02/16/2007
ASSE 6010 Installer	11/02/2008
N.F.P.A 99-2005	

NITC - National Inspecting Testing Corporation

Any questions regarding limits of qualifications or the card holder, should be directed to the NITC Office.

1-877-457-6482

United Association

Brian E. O'neill

ID #: 001058896 LU #: 0009

Certificate of Medical Gas Qualification

Certification	Expires
ASME IX Brazer	07/01/2006
ASSE 6010 Installer	10/17/2008
N.F.P.A 99-2005	

United Association

John D'averso

ID #: 001070170 LU #: 0009

Certificate of Medical Gas Qualification

Certification	Expires
ASME IX Brazer	02/16/2007
ASSE 6010 Installer	11/02/2008
N.F.P.A 99-2005	

NITC - National Inspecting Testing Corporation

Any questions regarding limits of qualifications or the card holder, should be directed to the NITC Office.

1-877-457-6482

United Association

Brian E. O'neill

ID #: 001058896 LU #: 0009

Certificate of Medical Gas Qualification

Certification	Expires
ASME IX Brazer	07/01/2006
ASSE 6010 Installer	10/17/2008
N.F.P.A 99-2005	

10/2/06

1. 10.9.1 - FLUSHING
   109.2 - DISINFECTING

Automatic Sprinkler Systems CONTRACT# **B06006**

Contractor's Material and Test Certificate for Aboveground Piping

Date: **9/11/06** Property Name: **Ocean Medical Center**
Property Address: **425 Jack Martin Blvd., Brick, NJ**

Procedure:
Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and the system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, Owners, and contractors. It is understood that the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

Plans
Accepted by (approving authority's name(s)) Fire Subcode
Address

Installation conforms to accepted plans? ☒ Yes ☐ No
Equipment used is approved? ☒ Yes ☐ No
If no, explain deviations.

Instructions
Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? ☒ Yes ☐ No
If no, explain.

Have copies of appropriate instructions and care and maintenance charts and NFPA 13 Been left on premises? ☒ Yes ☐ No
If no, explain.

Location of System
Supplies building(s) 4th Floor, East Wing

Sprinklers

Make	Model	Year of Manufacture	Orifice Size	Quantity	Temperature Rating
Viking Concealer	Mirage	2006	1/2"	197	165

Pipe and Fitting
Pipe conforms to NFPA 13 standard. ☒ Yes ☐ No
Fittings conform to NFPA 13 standard. ☒ Yes ☐ No

If no, explain.

Automatic Sprinkler Systems

Contractor's Material and Test Certificate for Aboveground Piping *(cont.)*

Alarm Valve or Flow Indicator

Alarm Device			Maximum Time to Operate Through Test Pipe	
Type	**Make**	**Model**	**Min.**	**Sec.**
Existing	Flow Switch			

Dry Pipe Operating Test

Dry Valve			Q.O.D.			
Make	**Model**	**Serial No.**	**Make**	**Model**	**Serial No.**	

	Time to Trip Through Test Pipe		Water Pressure	Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet		Alarm Operated Properly	
	Min.	**Sec.**	**Psi (Bar)**	**Psi (Bar)**	**Psi (Bar)**	**Min.**	**Sec.**	**Yes**	**No**
Without Q.O.D.								☐	☐
With Q.O.D.								☐	☐

If no, explain.
n/a

Deluge and Preaction Valves

Operation ☐ Pneumatic ☐ Electric ☐ Hydraulic
Piping Supervised? ☐ Yes ☐ No Detecting media supervised? ☐ Yes ☐ No
Is there an accessible facility in each circuit for testing? ☐ Yes ☐ No
If no, explain.
n/a

Make	Model	Does each circuit operate supervision loss alarm?		Does each circuit operate valve release?		Maximum Time to Operate Release	
		Yes	**No**	**Yes**	**No**	**Min.**	**Sec.**
		☐	☐	☐	☐	☐	☐

Test Description

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for two hours or 50 psi (3.4 bar) Above static pressure in excess of 150 psi (10.2 bar) for two hours. Differential dry pipe valve clappers shall be left Open during test to prevent damage. All aboveground piping leakage shall be stopped.

FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap Bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 gpm (1514 L/min) for 4-in. (102-mm) Pipe, 600 gpm (2271 L/min) for 5-in. (127-mm) pipe, 750 gpm (2839 L/min) for 6-in. (152-mm) pipe, 1000 gpm (3785 L/min) for 8-in. (203-mm) pipe, 1500 gpm (5678 L/min) for 10-in. (254-mm) pipe and 2000 gpm (7570 L/min) for 12-in. (305-mm) pipe. When supply cannot produce stipulated flow rates, obtain maximum available.

*Measured from time inspector's test pipe is opened.

Automatic Sprinkler Systems

Contractor's Material and Test Certificate for Aboveground Piping *(cont.)*

Test Description *(cont.)*

PNEUMATIC: Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1½ psi (0.1 bar) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1½ psi (0.1 bar) in 24 hours.

Tests

All piping hydrostatically tested at 200 psi (bar) for 2 hrs.
Dry piping pneumatically tested? ☐ Yes ☐ No
Equipment operates properly? ☒ Yes ☐ No
If no, state reason.

Drain test—Reading of gauge located near water supply test pipe: Static pressure: psi (bar)
Drain test—Residual pressure with valve in test pipe open wide: psi (bar)
Underground mains and lead-in connections to system risers flushed before connections made to sprinkler piping
Verified by copy of the U Form No. 85B ☐ Yes ☐ No ☐ Other
Flushed by installer of underground sprinkler piping ☐ Yes ☐ No ☐ Other
If other, explain.

Blank Testing Gaskets

Number used 0 Locations Number removed

Welding

Welded piping? ☐ Yes ☐ No
If yes,
Do you certify as the sprinkler contractor that welding procedures comply with The requirements of at least AWS D10.9, Level AR-3? ☐ Yes ☐ No
Do you certify that the welding was performed by welders qualified in compliance With the requirements of at least AWS D10.9, Level AR-3? ☐ Yes ☐ No
Do you certify that welding was carried out in compliance with a documented Quality control procedure to insure that all discs are retrieved, that openings in Piping are smooth, that slag and other welding residue are removed, and that the internal diameters of piping are not penetrated? ☐ Yes ☐ No

Hydraulic Data Nameplate

Nameplate provided? ☒ Yes ☐ No
If no, explain.

9-15-06

Remarks Date left in service with all control valves open:

Sprinkler Contractor: HIGGINS FIRE PROTECTION, INC.

Signatures of Test Witnesses

For property owner (signed) _____ Title _____ Date 9-15-06

For sprinkler contractor (signed) _____ Title FOREMAN Date 9-15-06

9-15-06 10:15 pm

BLOCK 1170

N.J.A.C. (Uniform Code) 5:23-2;.5, Paragraph 5. The approved set of plans must be on the job site at all times. If the plans are not on the site no inspections will be made.

LOT 18

East wing

APPROVED

This Permit Must Be Displayed Immediately At Start of Construction

APPROVAL OF THESE PLANS BY THE BUILDING INSPECTOR DOES NOT IN ANY WAY ALLOW THE ENCROACHMENT OF ANY BUILDING OR PART THEREOF IN CONNECTION THEREWITH BEYOND THE PROPERTY LINE, NOR IN ANY WAY PERMIT ANY VIOLATION OF THE BUILDING CODE WHETHER SHOWN ON PLANS OR NOT.

Before starting to build read the Building Code.

NOHS
Owner

Wm. Blanchard
Contractor

PERMIT NO. 06-0640

DATE APPROVED 3-12-06

D. Allman
CONSTRUCTION OFFICIAL
BRICK TOWNSHIP

FEE PAID [redacted]

THIS PERMIT EXPIRES ONE YEAR FROM ABOVE APPROVED DATE,
OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS.

INSPECTIONS
PLS CALL
732-262-4627

INSPECTIONS

1. FOOTING
2. FOUNDATION
3. SHEATHING
4. FRAMING
5. INSULATION
6. SHEET ROCK
7. PLUMBING
8. FIRE INSPECTION
9. FINAL

PLANS MUST BE ON JOB SITE

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

June 5, 2006

Building Department
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Attn: Mr. Dan Newman, Jr.
732-262-1030

Ref: Permit # 06-0640+B
Block 1170, Lot 18
425 Jack Martin Blvd.

NJDCA Ref # 5240-05

Ref: WBCO Job No. 5108
4TH Fl. East Wing Med/Surg Unit
Ocean Medical Center
Brick, New Jersey

We Are:

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

For Your:

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

No. Copies	Drawing Number / Title	Dated
2	DCA Approved Under Floor Plumbing Revisions	3/6/06
2	Letter from Frank Kiani	5/19/06

Comments: These are the drawings requested by your Plumbing Inspector due to below floor conflicts. Please review & issue permit update at your earliest convenience. Let us know if there are any additional fees.

Thanks,
Wm. Blanchard *Co.*

Robert Wilke
Project Manager

RW/beb
Encl.
Cc: Jorge Gaspar, MHS
Sam Williamson, WHR
R. A. Samenfeld / STAN KOZAL
File

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Anthony Matthews - President
Stephen C. Acropolis - Vice-President
Kathy M. Russell
Joseph Sangiovanni
Ruthanne Scaturro
Michael A. Thulen, Sr.
Dan Toth

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
(732) 262-1027
Fax: (732) 262-8954
http://www.twp.brick.nj.us

FACSIMILE TRANSMITTAL SHEET

TO: MR WILKE
FROM: Allison
COMPANY:
DATE: 03-17-06
FAX NUMBER: 973-376-9154
TOTAL NO. OF PAGES INCLUDING COVER: -2-
PHONE NUMBER:
SENDER'S REFERENCE NUMBER:
RE: 425 JACK MARTIN blvd
YOUR REFERENCE NUMBER:

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

permit update 06-06-10 + A
for the electrical and Fire
portion.

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER_____

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: _____

DATE REVIEWED: _____

REVIEWED BY: _____

CONTACT CALLED/FAXED: _____

(1) Sheet D3.01 Does Not show Proper Clearance From Bowl To Tissue. D

(2) Corridor # 458 Not 96" in it's Entire Length

(3) Do Equipment & Cabinets ON A9.01 9.02 Meet ADA For Reach ?

(4) Define Firestop & Sealant Noted on A-1300 (UL Design #)

Note: State Approval

5240-05

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 425 JACK MARTIN BLVD.

Block: 1170 Lot: 18

Contractor: WM. BLANCHARD Co.

Contractor's Address: 199 MOUNTAIN AVE - SPRINGFIELD, NJ

Type of Construction (minor, new home): HOSPITAL RENOVATION (INTERIOR)

Type of Debris (shingles, siding, wood, etc.): _____

Party responsible for removal: CENTRAL JERSEY WRECKING OR WM. BLANCHARD Co

Dumpster size: 30 CY

Destination of debris: AN APPROVED RECYCLING CENTER OR APPROVED DUMP.

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission 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 of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

JAN. 27, 2006
Date

ROBERT WILKE - WM. BLANCHARD Co.
Print Name

LITTLE SILVER ELECTRIC, INC.

Electrical Contractors

LICENSE NO. 7760

web site: www.littlesilverelectricinc.com

MAILING ADDRESS
PO BOX 308
LITTLE SILVER, NJ 07739

68 BIRCH AVENUE
LITTLE SILVER, NJ 07739
TELEPHONE 732-741-1222
FAX 732-530-5925

OCEAN MEDICAL CENTER
EAST WING - 4TH FLOOR FIT-OUT
EQUIPMENT LIST

PANEL BOARDS

1. ECPL-EW4-1 - 120/208VOLT 3PH 4W - 175A MCB
2. ECPL-EW4-2 - " " - 175A MCB
3. APL-EW4-2 - " " - 175A MCB
4. APL-EW4-4 - " " - 100A MLO
5. LPH-EW4-B - 277/480VOLT 3PH 4W - 60A MCB
6. APL-EW4-3 - 120/208VOLT 3PH 4W - 150A MCB
7. ELPH-EW4 - 277/480VOLT 3PH 4W - 70A MCB

(30) CLOCK OUTLETS

(1) EXHAUST FAN #9 - 5HP 480VOLT 3PHASE
(1) AHU-36-480VOLT 3PHASE (1-40HP SUPPLY FAN, 1-15HP RETURN FAN)
(2) DEVEATER - 480VOLT - 3PHASE

(440') CABLE TRAY 12" W X 6" D.

(1) PROJECTION SCREEN - FRAC HP-120VOLT 1PH

(43) CATV OUTLETS - LOW VOLTAGE
(26) SINKS - LOWVOLTAGE
(2) TOILETS - LOW VOLTAGE
(1) ELECTRIC WATER COOLER - 120VOLT

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Wm. Blanchard Co. | Builders since 1860

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

February 23, 2006

Building Department
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Attn: Mr. Dan Newman, Jr.
732-262-1030

Ref: Block 1170, Lot 18
425 Jack Martin Blvd.

NJDCA Ref # 5240-05

Ref: WBCO Job No. 5108
4TH Fl. East Wing Med/Surg Unit
Ocean Medical Center
Brick, New Jersey

We Are:

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- ☐ Returning Herewith
- ☒ **Handing You**

For Your:

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

No. Copies	Drawing Number	Title	Dated
2	Full Sets of Plans & Specs Approved by the State of NJ stamped 2/16/06		10/18/05, 1/30/06, & 2/2/06
1	Approval Letter from State of NJ DCA's Farivar Kiani		2/16/06

Dan,
I had already sent in the permit jacket and all forms in January. Lisa Rose has the file on her desk awaiting Zoning Approval of these plans. Please ask Lisa Rose to call with the confirmed Affordable Housing Permit fee amount as soon as possible.

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

Robert Wilke
Project Manager

RW/rw
Encl.
Cc: Jorge Gaspar, MHS
Sam Williamson, WHR w/ 1 copy of plans & Original Letter
R. A. Samenfeld
File w/ 1 copy of plans

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

JON S. CORZINE
Governor

SUSAN BASS LEVIN
Commissioner

February 16, 2006

Mr. Sam Williamson
WHR Architects, Inc.
1111 Louisiana Street
26th Floor
Houston, Texas 77002

Re: Ocean Medical Center
Level Four, East Wing
Medical-Surgical Unit
425 Jack Martin Boulevard
Brick, New Jersey 08724
DCA Ref. # **5240-05**
FINAL RELEASE

Dear Mr. Williamson :

The construction documents, which display the Department of Community Affairs, Health Care Plan Review Release label of February 16, 2006 are released for the referenced project. Therefore, you have the authorization of this office to apply for a construction permit.

The construction documents are released with the understanding that all comments relative to codes have been met and that the documents are in compliance with NJAC 5:23-2.15 (e) 4 vi.

Please be advised that this release is valid for a period of six month from the date of this letter. Failure to acquire a construction permit within that time period will void the release and will require the applicant to submit revised contract documents conforming to the current codes for our review and release.

At the completion of the project and prior to occupying the area or areas, a copy of the Certificate of Occupancy, Continued Occupancy or Release shall be sent to Farivar Kiani, Supervisor – DCA Health Care Plan Review and a request for an inspection shall be sent to the Department of Health and Senior Services.

Sincerely,

Farivar Kiani
Supervisor
Construction Plans Approval
Health Care Plan Review

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

January 27, 2006

Building Department
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Attn: Mr. Mike Fowler
732-262-1042

Ref: Block 1170, Lot 18
425 Jack Martin Blvd.

NJDCA Ref # 5240-05

Ref: WBCO Job No. 5108
4TH Fl. East Wing Med/Surg Unit
Ocean Medical Center
Brick, New Jersey

We Are:

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

For Your:

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

No. Copies	Drawing Number	Title	Date
1	Construction Permit "Jacket" for 4TH Fl. E. Wing Med/Surg Unit		1/27/06
1	Completed Building, Plumbing, Electrical and Fire Sub-Code Sections		
1	Completed Zoning Permit Application and Debris Form		
1	Signed/Sealed Architectural, Structural, Plumbing, HVAC, Sprinkler, and Electrical Drawings (By WHR Architects – PWI Engineers)		12/9/05
1	Electrical "Equipment List" by Little Silver Electric		
1	Fire Protection Business Permit from Higgins Fire Protection P00482		10/31/06

Mike,
As discussed a few weeks ago, we are filing these in advance of our receipt of the State Approved drawings on this project so you could have your Tax Assessor establish the Affordable Housing Permit fee. We'd like to pay that in advance so when the State approved plans arrive, they can go right into the Building Department for review and the issuance of the building permit. Please call with the Affordable Housing Permit fee amount as soon as possible.

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

Robert Wilke
Project Manager

RW/rw
Cc: Dan Newman, Jr.
Jorge Gaspar, MHS
R. A. Samenfeld
File w/ copy

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

HIGGINS FIRE PROTECTION INC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Sprinkler System
Special Hazard Fire Suppression System

P00482	08/08/2003 to 10/31/2006	
Permit ID	Date Issued	Lapse Date

Susan Bass Levin
Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY

This is to certify that a Fire Protection Equipment Contractor Business Permit has been issued to:

HIGGINS FIRE PROTECTION INC

And is authorized to provide services on the following systems: FSS, SHFSS

08/08/2003 to 10/31/2006	P00482
Date Issued Lapse Date	Permit ID