BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 JackMartin Blvd PERMIT NO. 06-3707

C06-1014308

CONSTRUCTION PERMIT APPLICATION

Plans in Trailer #12

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII · 2nd Floor Conference

I. IDENTIFICATION

425 JACK Martin Blvd.

1. Propsed Work Site at: Ocean Medical Center 425 JackMartin Blvd.
2. Name of Owner in Fee: Same Tel. (732) 836 4077
   Address _____ (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Sandy Nook Interiors Tel. (732) 291 3435
   Address 404 A Rwt 34 Highland NJ 07732
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 222-41-8974 FAX: (609) 921 0238
5. Architect or Engineer Saphire Assoc. Tel. (609) 921 3935
   Address 20 Nassau St. Princeton NJ Contact ED Ribaccow
6. Responsible Person in Charge once Work has Begun Richard DiGold
   Tel. (732) 859 1420 FAX: (732) 291 3437

Interior Alterations

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	2064	
2.	Electrical		55	55
3.	Plumbing		15	
4.	Fire Protection		75	15
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$	218	1
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	2482	15

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

COMMERCIAL

Called 11/2/06

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☒ d. Reconstruction	88000								
5. ☒ Fire Protection	3600				11-11-06		2-14-07		
6. ☒ Plumbing	43550				10-24-06		2-14-07		
7. ☒ Electrical	17800				11-06				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☒ *Demolition*	10,000								
TOTAL COSTS	163280								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction _____
   After Construction _____
   Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☒ Partial Releases
2. ☐ Prototype Processing

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

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

LDS BR-B 10100243

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(X) Check if contractor.

Agent Name Sandy Hook Interiors

Address PO Box 436

Atlantic Highlands NJ 07716

Telephone (732) 291 3435 Cell 732 859 1420

Signature _____

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

OFFICE DATE RECEIVED: _____

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

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		**Name of Code & Edition**			
Building	_____	Energy	_____	Other	_____
Electrical	_____	*Barrier Free*	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	02/22/2007
Tracking Number	C-06-104308
Permit Number	06-3707
Permit Issue Date	11/08/2006
Certificate Number	06-3707

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Owner Address: 1350 CAMPUS PARKWAY NEPTUNE NJ 07753

Telephone:

Contractor SANDY HOOK INSTERIORS

Address 404 A HWY 35 HIGHLANDS NJ 07736

Telephone: (732) 291-3435 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

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 REMOVAL OF CEILINGS AND SHEETROCK; INSTALL FRP PANELS, NEW CEILING, FLOORING, SLIDING DOOR

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: 9539
Collected By: Mary Jane Rinaldi

Date Printed: 02/22/2007

CONSTRUCTION PERMIT

Date Issued 11/8/2006
Control # C-06-104308
Permit # 06-3707

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 SANDY HOOK INSTERIORS
Address 404 A HWY 35 HIGHLANDS NJ 07736
Telephone: (732) 291-3435
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-241-8974

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION REMOVAL OF CEILINGS AND SHEETROCK; INSTALL FRP PANELS, NEW CEILING, FLOORING, SLIDING DOOR

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 $162,218

Construction Official Date

PAYMENTS (Office Use Only)

Building	$2,064
Electrical	$55
Plumbing	$70
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$218
CO Fee	
Other	$0
Total	$2,482
Check No.	9539
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 02/22/2007
Control # C-07-000601
Permit # 06-3707+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 SANDY HOOK INSTERIORS
Address 404 A HWY 35 HIGHLANDS NJ 07736
Telephone: (732) 291-3435
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-241-8974

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 REMOVAL OF CEILINGS AND SHEETROCK; INSTALL FRP PANELS, NEW CEILING, FLOORING, SLIDING DOOR

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 $500

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$55
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$56
Check No.	6548
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.

PERMIT UPDATE

Date Update Issued 11/8/2006
Control # C-06-104308+A
Permit # 06-3707+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 SANDY HOOK INSTERIORS
Address 404 A HWY 35 HIGHLANDS NJ 07736
Telephone: (732) 291-3435
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-241-8974

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:

FIRE ALTERATIONS REMOVAL OF CEILINGS AND SHEETROCK; INSTALL FRP PANELS, NEW CEILING, FLOORING, SLIDING DOOR

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	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$75
Check No.	9539
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.

Building Dept.

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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
425 Jack Martin Blvd Brick NJ
Owner in Fee Ocean Medical Center
Address 425 Jack Martin Blvd.
Brick NJ
Tele. (732) 835 4077
Contractor Landry Nook Interiors
Address PO Box 436
Atlantic Highlands NJ 07716
Tele. (732) 291 03435
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-41-8974 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 98,000.-
3. Total (1+2) $ 98,000.-

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal of ceilings and sheetrock walls Patch existing outer walls Install FRP Panels, New Ceiling, Floor, Sliding Doors

COMMERCIAL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Other
[X] Demolition
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only) FEE

$

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

UCC Form F 110A 1 White Applicant Copy 2 Canary - Office Copy 3 Pink Office Copy 4 Manila - Inspector Copy MTBD 6

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 09/11/2006
Control # C-06-104308
Date Issued 06-3107
Permit # 11-8-06

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: 425 JACK MARTIN BLVD. Brick Township, NJ

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Address 1350 CAMPUS PARKWAY NEPTUNE NJ

Tel.

Contractor: SANDY HOOK INSTERIORS

Address 404 A HWY 35 HIGHLANDS NJ

Tel. (732) 291-3435 Fax.

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No. 22-241-8974

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ALTERATION, REMOVAL OF CEILINGS AND SHEETROCK; INSTALL FRP PANELS, NEW CEILING, FLOORING, SLIDING DOOR

State Approved Plans
Any changes must Be Approved By state OF NJ
FIR.
DISH-Room

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☒ All	9-11-06	FM
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date: 2-7-07
Approved by: FM

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			12/15/06	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other Above Ceiling			1/17/07	
Final				
Barrier-Free			2/6/07	

B. BUILDING CHARACTERISTICS

Use Group Present Proposed I-2
Constr. Class Present Proposed
Number 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. $0
2. Rehabilitation $98,000
3. Total (1+2) $98,000

TYPE OF WORK

		FEE (Office Use Only)
☐ New Building		$0
☐ Addition		$0
☑ Rehabilitation		$2,064
☐ Roofing		$0
☐ Siding		$0
☐ Fence	Height (exceeds 6')	$0
☐ Sign	Sq. Ft.	$0
☐ Pool		$0
☐ Asbestos Abatement Subchapter 8		$0
☐ Lead Haz Abatement NJAC 5:17		$0
☐ Other		$0
☐ Demolition		$0

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$132
TOTAL FEE	$2,196

Applicant: When submitting this form to your Local Construction Code

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 06-5114.1

Date Issued / Permit # 11-8-06

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 - new dishwashing room
425 Jack Martin Boulevard, Brick

Owner in Fee Ocean Medical Center

Address 425 Jack Martin Boulevard
Brick, NJ

Tel (732) 836-4077

Contractor R&A Electric, Inc., t/a MIDDLETOWN ELECTRIC

Address 7 Debele Lane
Lincroft, NJ 07738

Tel (732) 495-5050 FAX (732) 495-7700

Contractor License No. 7246

Federal Emp. No. 22-3282269

B. ELECTRICAL CHARACTERISTICS

Use Group Present ✓ Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 17,800.-

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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
18		Lighting Fixtures
5		Receptacles
1		Switches
2		Detectors
		Light Poles
		Motors—Fract. HP
2		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
28		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
1	3	KW Dishwasher
1	1	HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
1	.5	HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

COMMERCIAL

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved DCA approval

Date: 11 06

Approved by: MM

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] DCA

Date: 2-2-07

Approved by: MM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough (2nd floor)			1-11-07	CO
Barrier-Free				
Trench				
~~Temp. Serv.~~ ROUGH			1-11-07	
Constr. Serv.				
CO				
Other				
Service				
Final			2-2-07	MM
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 2/22/06 3707 HB
Permit # 06-3707-HB

AMENDED 07-110601

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 - new dishwashing room
425 Jack Martin Boulevard, Brick

Owner in Fee Ocean Medical Center

Address 425 Jack Martin Boulevard
Brick, NJ

Tel ( )

Contractor R&A Electric, Inc., t/a MIDDLETOWN ELECTRIC

Address 7 Debele Lane
Lincroft, NJ 07738

Tel (732) 495-5050 FAX (732) 495-7700

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.00

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.

Robert A Wilgen
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
2		Alarm Devices/F.A.C. Panel
2		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	30-amp	Motor Starters (3-phase)

FEE (Office Use Only)

$

COMMERCIAL

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

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:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 2-22-07

Approved by: WR

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-22-07 WR	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Called 2/22/06

ELECTRICAL SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 02/02/2007
Date Issued 2/8/07
Control # C-07-000415
Permit # 07-0240

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: 425 JACK MARTIN BLVD. Brick Township, NJ

2nd Floor Rooms

Owner in Fee: MERIDIAN HEALTH TECHNOLOGIES

Address 1350 CAMPUS PARKWAY WALL NJ

Tel.

Contractor: UNI-TEL TECHNOLOGIES

Address 10 PHYLLIS STREET HAZLET NJ

Tel. (732) 888-1440 Fax. (732) 888-1450

Lic No.

Federal Employee No. 22-3053612

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed I-2

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $6,000

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the 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 Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
0		Recepticles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
8		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
8		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
0	0	KW Central A/C Unit	$0
0	0	HP/KW Space Heater/Air	$0
0	0	KW Baseboard Heat	$0
0	0	HP Motors 1/+ HP	$0
0	0	KW Transformer/Generator	$0
0	0	AMP Service	$0
0	0	AMP Subpanels	$0
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$8
TOTAL FEE	$48

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☒ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date: 2 7 07
Approved by: VM

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Applicant: When submitting this form to your Local Construction Code ... one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 10/27/06
Permit # 06-3582

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

Block 1170 Lot 18.01 Qualification Code

Work Site Location Ocean Medical Center, Laporoscopic #8
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee Ocean Medical Center

Address 425 Jack Martin Boulevard
Brick, NJ

Tel ( )

Contractor R&A Electric, Inc., t/a MIDDLETOWN ELECTRIC

Address 7 Debele Lane
Lincroft, NJ 07738

Tel (732) 495-5050 FAX (732) 495-7700

Contractor License No. 7246

Federal Emp. No. 22-3282269

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 30,000.00

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.

Robert A Weltzer

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
10		Lighting Fixtures
7		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
17		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

FEE (Office Use Only)

$

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

Date 10/25/06
Approved by: VM

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

CHANGE OF CONTRACTOR ATTN MARCEL ORIGINAL PERMIT # ~~NB06000749~~

2 POLE LITES IN PARKING LOT

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 7/6/06
Permit # 06-2232

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 ~~1802~~ 1803 Qualification Code

Work Site Location 415 JACK MARTIN BLVD BRICK TOWN NJ

Owner in Fee MERIDIAN BRICK NURSING FACILITY

Address 415 JACK MARTIN BLVD BRICKTOWN NJ

Tel (732) 206 8000

Contractor ALBRIGHT ELECTRIC LLC (TOM 7415632)

Address PO BOX 1915 POINT PLEASANT BCH NJ 08742

Tel (732) 899 0356 FAX (732) 892 5385

Contractor License No. 6885

Federal Emp. No. 45-0500730

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed PARKING LOT

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

Building Occupied as NURSING HOME Utility Co.

Est. Cost of Elec. Work $ 1200—

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.

Clyde Ryder

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)
2		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
2		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		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	

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 6/30/06

Approved by: VM

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
~~Service~~ Final			7/7/06 VM	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-In-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 06-0578

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

Block 1170 Lot 18.02 & 18.03 Qualification Code ____

Work Site Location 418 Jack Martin BLVD
Brick TWP, NJ.

Owner in Fee Meridian

Address Same

Tel (____)

Contractor Crawn Electric

Address P.O Box 295
Manalapan, N.J. 07726

Tel (732) 536-5311 FAX (732) 531-9320

Contractor License No. 11826

Federal Emp. No. 22-2881745

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____

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

Building Occupied as ____ Utility Co. ____

Est. Cost of Elec. Work $ ~~8,000~~ 8,000.

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.

Joseph Crawn
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
____		Lighting Fixtures	
3		Receptacles	
____		Switches	
____		Detectors	
____		Light Poles	
____		Motors—Fract. HP	
____		Emergency & Exit Lights	doors opens
____		Communications Points	
3		Alarm Devices/F.A.C. Panel	
6		Magnetic door Locks Automatically 110 volt 24 volts	
____		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	
____	____	____	
____	____	____	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved
Date: 2/18/06
Approved by: ____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: ____

Approved by: ____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final 61506				
Barrier-Free				

Temp. Cut-in-Card Date Issued ____

Final Cut-in-Card Date Issued ____

Annual Pool Inspection ____ ____ ____ ____

Date of Grounding and Bonding Certification ____

Ocean Medical Center
Wash Room.

FIRE SUBCODE TECHNICAL SECTION

Date Received 06-3707
Date Issued
Control #
Permit # 11-8-06

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 425 Jack Martin Blvd.
Ocean Medical Center 2nd Floor Cafeteria
Owner in Fee Ocean Medical Center
Address
Tele. (732) 836-4077
Contractor Central Jersey Mechanical
Address 379 Broadway
Long Branch NJ 07740
Tele. (732) 571-4844
Lic. No. 9497
Federal Emp. No. 223-211-6062 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ✓ Proposed
Constr. Class. Present ✓ Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 2,568.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[✓] Fire Plans Approved
Date: 10-11-06
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Date: 2-14-07
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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 Sprinkler head relocations

Water Supply Source	existing
Method of Valve Supervision	/
Local Alarm Supervision	/
Central Supervision	/
Proprietary Supervision	/

Flammable Liquid Storage Tanks	( ) Capacity	Fuel
Combustible Liquid Storage Tanks	( ) Capacity	Fuel
L.P.G. Storage Tanks	( ) Capacity	Fuel
L.N.G. Storage Tanks	( ) Capacity	Fuel

	Number
Wet Sprinkler Heads	(3)
Dry Sprinkler Heads	
TOTAL	
Smoke Detectors	
Heat Detectors	
TOTAL	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
CO_2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
OTHER	

FEE (Office Use Only)

COMMERCIAL

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

UCC FORM F-140 B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy **PRO 205 B**

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

06-3707+A
11-8-06
06-11808+A
Update

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 - new dishwashing room
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee Ocean Medical Center

Address 425 Jack Martin Boulevard
Brick, NJ

Tel (732) 836 4017

Contractor R&A Electric, Inc., t/a MIDDLETOWN ELECTRIC

Address 7 Debele Lane
Lincroft, NJ 07738

Tel (732) 495-5050 FAX (732) 495-7700

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other

Location:

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[XX] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[XX] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	1	
Other Devices		
TOTAL	3	
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 10-11-06
Approved by: DB

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 2-14-07
Approved by: DB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			2/20	KD
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting	2/20			
Final			2-20-07	2/20 DB
Other				

U.C.C. F140
(rev. 1/04)

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

Alum reqmt - Troy.

2/5/07

2/14 Need alum system verification letter ... to be faxed by contractor

ocean medical new med machine.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 06-3707
Date Issued 11-8-06
Control #
Permit #

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 2nd Floor Captive
425 Jack Martin Blvd.
Owner in Fee Same
Address
Tele. (732) 836 4077
Contractor CENTRAL JERSEY MECHANICAL, INC.
Address 379 BROADWAY
LONG BRANCH, NEW JERSEY 07740
Tele. (732) 571-4844 Fax (732) 571-3242
Lic. No. 9497
Federal Emp. No. 223-211-662

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 $ 43,850.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 10-24-06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2.14.07
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			12/7/06	
Water				
Sewer				
Fixtures	1/11/07	2/5/07	2/13/07	
Gas Equipment				
Gas Piping			1/4/07	
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
4	Floor Drain
1	Sink
1	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
X	Gas Piping
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
	Other
	Other
	Other

FEE (Office Use Only)
$ 0

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

State approved Plans

UCC/PRO F-130 (REV3/96)
Professional Printing
(856)468-7933

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

1/11/07

DO NOT BROOK

2/5/07

① BACKFLOW protection FOR DISHWASHER WATER

PLANS ? -

MIDDLETOWN ELECTRIC
P.O. Box 298
LEONARDO, NEW JERSEY 07737
TEL: (732) 495-5050
FAX: (732) 495-7700
License #7246

LETTER OF TRANSMITTAL

DATE 01-31-07 JOB NO. _____

ATTENTION Rich Diebold

RE: Ocean Medical Center -- Dishwasher

TO: SANDY HOOK INTERIORS, INC.
P. O. Box 436
Atlantic Highlands, NJ 07716

WE ARE SENDING YOU:

☒ ATTACHED ☐ UNDER SEPARATE COVER VIA _____ THE FOLLOWING ITEMS:

☐ SHOP DRAWINGS ☐ PRINTS ☐ PLANS ☐ SAMPLES ☐ SPECIFICATIONS

☐ COPY OF LETTER ☐ CHANGE ORDER ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1 ea.			Service Reports (#60111 and #60112)

THESE ARE TRANSMITTED as checked below:

☐ FOR APPROVAL ☐ APPROVED AS SUBMITTED ☐ RESUBMIT _____ COPIES FOR APPROVAL

☒ FOR YOUR USE ☐ APPROVED AS NOTED ☐ SUBMIT _____ COPIES FOR DISTRIBUTION

☐ AS REQUESTED ☐ RETURNED FOR CORRECTIONS ☐ RETURN _____ CORRECTED PRINTS

☐ FOR REVIEW AND COMMENT ☐ _____

☐ FOR BIDS DUE _____ 20____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS:

Attached are service reports for work done at the Ocean Medical Center - Dishwasher Room. These reports verify that the moisture-proof heat detectors were tested and are on-line working.
Thank you.

COPY TO: _____ SIGNED: Bob

Robert A. Wetjen

If enclosures are not as noted, kindly notify us at once.

173

SERVICE REPORT

Systems Sales

Monmouth Shores Corporate Park
1345 Campus Parkway - Neptune, NJ 07753-6815
Phone (732) 751-0600
Fax (732) 751-0489

SERVICE ORDER NO. 60111

DATE 1-10-07

TECH 1	TIME IN	TIME OUT
Tony	0815	1500
	TIME IN	TIME OUT
TECH 2	TIME IN	TIME OUT
	TIME IN	TIME OUT

TYPE OF SERVICE
- ☐ SYSTEM TEST
- ☐ BILLED SERVICE
- ☐ FINAL CHECKOUT
- ☐ INSTALLATION
- ☐ WARRANTY

SERVICE CONTRACT
- ☐ SERVICE CALL
- ☐ INSPECTION
- ☐ EMERGENCY SERVICE
- ☐ SYSTEM TEST

TYPE OF SERVICE ☐ ES13
- ☑ FIRE
- ☐ AUDIO
- ☐ SECURITY
- ☐ CLOCK
- ☐ CCTV
- ☐ NURSE CALL

SERVICE LOCATION

NAME Ocean Medical
ADDRESS 425 Jack Martin Blvd.
CITY Brick STATE NJ ZIP
CUSTOMER CONTACT Scott Bank Interiors (Rich Dibel)
SERVICE AUTHORIZED BY Middletown Electric 732-859-1420

BILL TO

NAME Middletown Elec. (tax)
ADDRESS
CITY 732-495-5505 STATE 732-495-7700 FAX
P.O. No.
SSC ORDER NO. 1439-101
☐ JOB COMPLETE ☐ JOB INCOMPLETE

SERVICE REQUESTED

Install 2 HD, CT1 + Horn/Strobe

SERVICE PERFORMED

upon arrival panel showing (190) Trouble + (4) Supervisory, Due to Construction on 2nd Floor. Middletown Electric installed 2 Conventional Heat Detectors Connected to CT1 module. Picked up data for CT1 from Smoke Detector 01060063 in hallway near Elevator. Also added Genesis Horn in Same rooms as heats + Strobe & Lead + return to Circuit in hallway. Added CT1 to program + Can not download until after 1530 as per M. Lee Jabot. SSC will return to download after 1500. System disabled at duplex.

QTY	PART NO.	DESCRIPTION	UNIT PRICE	EXT.

MATERIAL TOTAL

TECH 1		HRS@	HR.	
	OVERTIME	HRS@	HR.	
	TRAVEL TIME	HRS@	HR.	
	MILEAGE	HRS@	MI.	
TECH 2	STR. TIME	HRS@	HR.	
	OVERTIME	HRS@	HR.	
	TRAVEL TIME	HRS@	HR.	
	MILEAGE	HRS@	MI.	

SUB TOTAL
NJ STATE TAX
TOTAL SERVICE AMOUNT

CUSTOMER SIGNATURE X Tony Ujhazy
CUSTOMER NAME PRINTED Tony Ujhazy

SERVICE REPORT

Systems Sales
Monmouth Shores Corporate Park
1346 Campus Parkway - Neptune, NJ 07753-6815
Phone (732) 751-0600
Fax (732) 751-0489

SERVICE ORDER NO. 60112

DATE 1-11-07

TECH 1	TIME IN	TIME OUT
Cory	0545	0700
	TIME IN -	TIME OUT
TECH 2	TIME IN	TIME OUT
	TIME IN	TIME OUT

TYPE OF SERVICE
☐ SYSTEM TEST ☐ FINAL CHECKOUT
☐ BILLED SERVICE ☐ INSTALLATION ☐ WARRANTY

SERVICE CONTRACT
☐ SERVICE CALL ☐ INSPECTION
☐ EMERGENCY SERVICE ☐ SYSTEM TEST

TYPE OF SERVICE ☐ ESI3
☑ FIRE ☐ AUDIO ☐ SECURITY
☐ CLOCK ☐ CCTV ☐ NURSE CALL

SERVICE LOCATION	BILL TO
NAME Ocean Medical Center	NAME Middletown Elec.
ADDRESS 425 South Main	ADDRESS
CITY Brick STATE NJ ZIP	CITY STATE
CUSTOMER CONTACT Security (Middletown Electric)	P.O. No. SSC ORDER NO. 1439-101
SERVICE AUTHORIZED BY	☑ JOB COMPLETE ☐ JOB INCOMPLETE

SERVICE REQUESTED

Add CTI to program

SERVICE PERFORMED

upon arrival panel showing (2) Active points. Unconfigured Device + trouble on loop 2. Downloaded updated program. System now normal uploaded all loops + saved. Tested Heat Detectors Electronically, OK.

Panel owned upon departure.

CUSTOMER SIGNATURE

CUSTOMER NAME PRINTED J D CHARLES

QTY	PART NO.	DESCRIPTION	UNIT PRICE	EXT.

MATERIAL TOTAL

TECH 1	OVERTIME	HRS@ HR.	
	TRAVEL TIME	HRS@ HR.	
	MILEAGE	HRS@ MI.	
TECH 2	STR. TIME	HRS@ HR.	
	OVERTIME	HRS@ HR.	
	TRAVEL TIME	HRS@ HR.	
	MILEAGE	HRS@ MI.	

SUB TOTAL

NJ STATE TAX

TOTAL SERVICE AMOUNT

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/08/2006
Control Number C-06-104308
Permit Number 06-3707

Construction Inspection

Identification

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Block: 1170
Lot: 18
Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC
Owner Address: 1350 CAMPUS PARKWAY NEPTUNE NJ 07753
Telephone:

Inspection Details

Start Date: 02/05/2007
Start Time:
Subcode:
Inspector: Paul Grosko
Inspection Level: Progress inspection
Inspection Type: PARTIAL ROUGH
Result: Pass
Result Comments:
Inspection Comment: UPDATE ALARM AND MOTOR CONTROLLERS THEN SCHEDULE EACH TECH FOR INSPECTION.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/08/2006
Control Number C-06-104308
Permit Number 06-3707

Construction Inspection

Identification

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Inspection Type: PARTIAL ROUGH
Result: Pass
Result Comments:
Inspection Comment: UPDATE ALARM AND MOTOR CONTROLLERS THEN SCHEDULE EACH TECH FOR INSPECTION.

SANDY HOOK INTERIORS
P.O. Box 436
ATLANTIC HIGHLANDS, NJ 07716

(732) 291-3435 Fax (732) 291-3437

LETTER OF TRANSMITTAL

88

TO Brick Township
Building Dept/Plumbing
Brick N.J

JOB NUMBER/PHONE Permit# 06-3707

DATE 2/12/07

ATTENTION Plumbing Inspector

RE: Ocean Medical Dish Washing Room
Back-flow Perventors

WE ARE SENDING YOU ____ Attached ____ Under separate cover via the following items.

____ Shop drawings ____ Prints ____ Plans X ____ Specifications ____ Samples

X ____ Copy of letter ____ Change order ____ Other:

COPIES	DATE	NUMBER	DESCRIPTION
1	02/09/2007		Letter of Approval From C.Buckley P.E
1	02/05/2007		Cuts On The Watts Check Valve

THESE ARE TRANSMITTED as checked below:

____ For your approval ____ Approved as submitted ____ Resubmit _____ copies for approval

____ For your use ____ Approved as noted ____ Submit _____ copies for distribution

X ____ As requested ____ Returned for corrections ____ Return _____ corrected prints

____ For review and comment ____ Other

____ FOR BIDS DUE/DATE: 2/12/07 ____ PRINTS RETURNED AFTER LOAN TO US

REMARKS

COPY TO Ed Albarran

SIGNED

If enclosures are not as noted, please notify us at once.

1170/18

CHARLES P. BUCKLEY, P.E.

HVAC, Plumbing, Electrical & Fire Protection Engineering
500 Depot St., Rumney, N.H. 03266

TEL. (603)786-9992
FAX (603)786-2365

February 9, 2007

Saphire-Albarran Associates
20 Nassau St.
Princeton, N.J. 08542

Attention: Mr. Ed Albarran

Reference: O.M.C. Dishwasher Installation

Dear Mr. Albarran:

I approve the use of the Watts Series 9D double check valve backflow preventor with atmospheric vent for use on the domestic water supply to the new commercial dishwasher at Ocean Medical Center.

Please call should you have any questions or comments.

Sincerely,

Charles P. Buckley

Charles P. Buckley, P.E.
N.J. P.E. Lic. No. GE 28546

ES-9DM3/M2

For Non-Health Applications

Job Name _____ Contractor _____

Job Location _____ Approval _____

Engineer _____ Contractor's P.O. No. _____

Approval _____ Representative _____

Series 9D

Dual Check Valve with Intermediate Atmospheric Vent

Sizes: ½"M3 (15mm), ¾"M2 (20mm)

Series 9D is specially made for smaller supply lines and ideally suited for laboratory equipment, processing tanks, sterilizers, dairy equipment and similar applications. It is particularly recommended for boiler feed lines to prevent backflow when supply pressure falls below system pressure.

Series 9D is suitable for use on hot or cold water and can be used under continuous pressure. It features a primary check valve utilizing a rubber disc seating against a mating rubber part to ensure tight closing. A secondary check valve utilizes a rubber disc-to-metal seating. In the event of fouling of the downstream check valve, leakage would be vented to atmosphere through the vent port thereby safeguarding the potable water system. Construction is brass body with stainless steel working parts, integral strainer and durable rubber discs. Female union inlet and outlet connections. Sizes ½" (15mm) and ¾" (20mm). Drain is ½" (13mm) thread connection.

Features

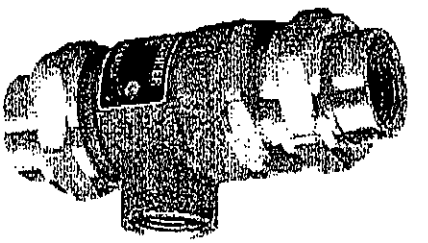
- True line-sized construction allows the check modules to open further allowing dirt and debris to pass more freely reducing check fouling
- Stainless steel internal parts
- Maximum flow at low pressure drop
- Furnished with union connections to facilitate removal and replacement for maintenance
- Compact for economy combined with performance
- Design simplicity for easy maintenance
- Can be installed vertically or horizontally

Specifications

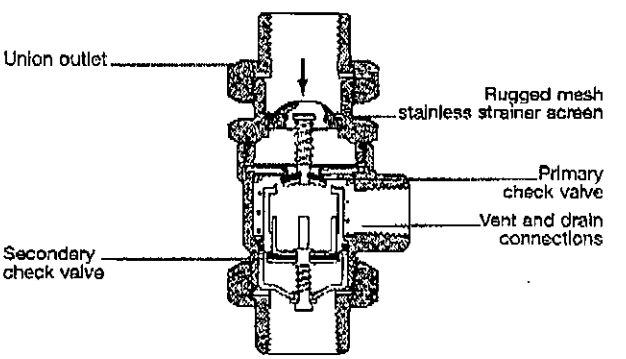
For Backflow Preventers with Atmospheric vents

A Dual Check Valve with Atmospheric Vent shall be installed at referenced cross-connections. Valve shall feature stainless steel and rubber internals protected by an integral strainer. Primary check shall be rubber to rubber seated, backed by the secondary check with rubber to metal seating. The device shall be ASSE approved under Std. 1012 and shall be a Watts Regulator Company Series 9D.

IMPORTANT: INQUIRE WITH GOVERNING AUTHORITIES FOR LOCAL INSTALLATION REQUIREMENTS



9D-M2
May also be installed vertically



Brass body construction and stainless working parts throughout

Available Models

Suffix:

S – for ½" (15mm) union end solder connections.

SC – for satin chrome finish

LU – less union

WATTS® REGULATOR

Materials

Forged brass body construction

Stainless steel internal parts

Durable, tight seating rubber check valve assemblies

Pressure — Temperature

Temperature Range 33°F – 250°F (5°C – 121°C).

Maximum Working Pressure:175psi (12 bars)

Minimum Required Pressure: 25psi (172 kPa).

Standards

ASSE 1012

CSA B64

Approvals

SR® 39769 ASSE

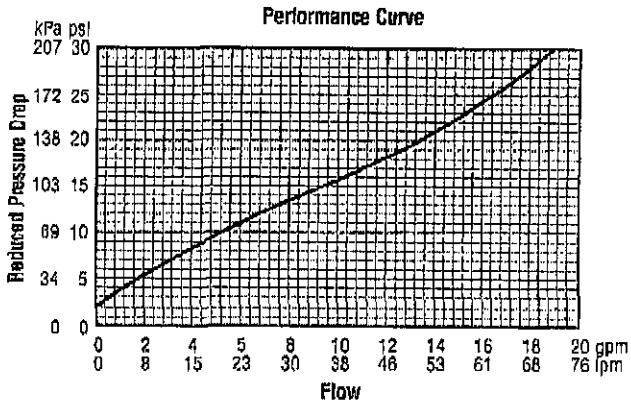
Certified by CSA

N.Y.C. BSA 104-75-SM

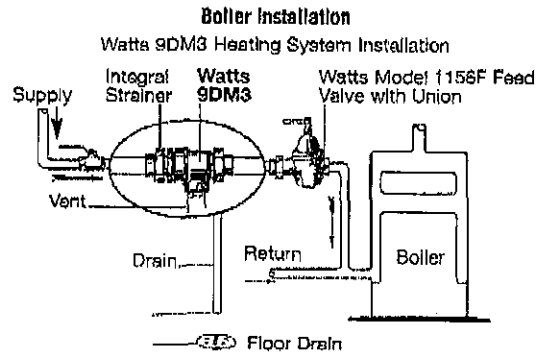
Tested and approved Conformance with Standard 1012 of the American Society of Sanitary Engineers and by all principal cities, states and areas having these requirements.

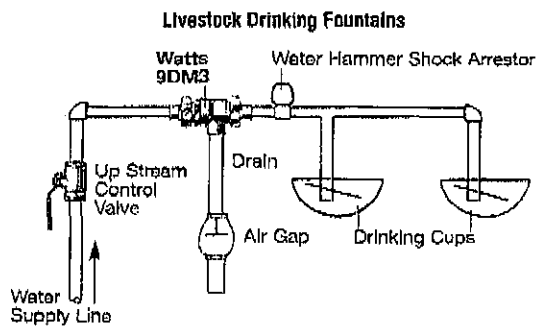
IMPORTANT: This valve should only be used and properly installed so that spillage of water could not cause damage. To avoid water damage due to valve operation, a drain pipe must be installed. It should terminate approximate 12" (305mm) above a floor drain or through an air gap piped to a floor drain, or other suitable place of disposal. Under no circumstances, should the vent opening or drain line be plugged.

Capacity

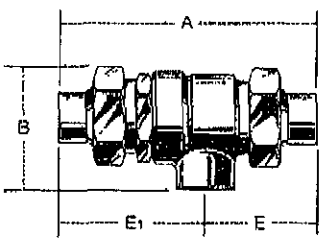


Installations





Dimensions — Weight



MODEL	SIZE		DIMENSIONS								WEIGHT	
			A		B		E		E1			
	in.	mm	in.	mm	in.	mm	in.	mm	in.	mm	lbs.	kg.
9DM3	½	15	4 15/16	125	2 9/16	65	1 15/16	49	2 9/16	65	1½	.68
9DM3-S	½	15	4⅜	111	2 9/16	65	1 15/16	49	2 9/16	65	1½	.68
9DM2	¾	20	4½	114	2 9/16	65	1 15/16	49	2 9/16	65	1¾	.79
9DM2-S	¾	20	4 13/16	122	2 9/16	65	2 1/16	52	2¾	70	1¾	.79

WATTS® REGULATOR

ISO 9001 CERTIFIED

USA: 815 Chestnut St., No. Andover, MA 01845-6098; www.wattsreg.com

Canada: 5435 North Service Rd., Burlington, ONT. L7L 5H7; www.wattscda.com

ES-9DM3/M2 0328

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