BLOCK 1170 LOT 18 QUALIFICATION CODE C98-56 ADDRESS (SITE) 425 JACK MARTIN BLVD, BRICK, NJ PERMIT NO. 03-5090

Project PLAN Review # 980131-15-01

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION Shore Memorial EAST Wing Addition

1. Propsed Work Site at: 425 JACK MARTIN BLVD, BRICK, NJ 08724
2. Name of Owner in Fee: Shore Medical Center Tel. ( )
   Address 425 JACK MARTIN BLVD, BRICK, NJ 08724 (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Schindler Elevator Corp Tel. (856) 234-2220
   Address 840 N. Lenola Rd, Suite 4, Moorestown NJ 08057
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 34-127-0056 FAX: (856) 234-8003
5. Architect or Engineer Schindler Elevator Corp Tel. (856) 234-2220
   Address 840 N. Lenola Rd, Su4, Moorestown NJ 08057
6. Responsible Person in Charge of Work George Hohenstein
   Tel. (856) 234-2220 FAX (856) 234-8003

Project PLAN Review # 980131-15-01 ✓

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices		1266	
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	1266	

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

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☑ Elevator Devices	287,100								
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction
After Construction
Net Gain or Loss

B. NON-RESIDENTIAL

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

2145997

Page 1
Date 11/10/2003
Document 15085431
Vendor 56882

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
BRICK NJ 08723

Please accept this check as settlement for the items listed below, subject to the goods and services supplied and the invoice therefore being correct.

Date	Invoice#	Document#	Gross	Discount	Net
11/07/2003 3610 JUDY	A03HY5T3QKR	18057450	422.00	0.00	422.00
11/07/2003 3610 JUDY	A03HY5T3QM9	18057451	422.00	0.00	422.00
11/07/2003 3610 JUDY	A03HY5T3QN4	18057452	422.00	0.00	422.00
Sum total:			**1,266.00**	**0.00**	**1,266.00**

Payment document **Currency** **Payment amount**
15085431 **USD** ***********1,266.00***

Share Memorial East Wing
A4717-8

CERTIFICATE

Date Issued 03/12/96
Control # 111479-01
Permit #

IDENTIFICATION

Block 1170 Lot 18
Work Site Location BRICK HOSPITAL
425 JACK MARTIN BLVD., BRICK, NJ 08724
Owner in Fee MEDICAL CENTER OF OCEAN COUNTY
Address BRICK HOSPITAL c/o MAINTENANCE
425 JACK MARTIN BLVD.
BRICK, NJ 08724
Tele. (____)
Contractor
Address

Tele. (____)
Lic. No. or Bldrs. Reg. No. 1506-00110-001
Federal Emp. No.
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

SEE ATTACHED ELEVATOR INSPECTION REPORT
DATED 03/05/96 FOR DEVICE 1

☐ **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.

☐ **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 _____.

X☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than 06/27/96, 19____ or the owner will be subject to fine or order to vacate:

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260B

C3E

0004 0.00
0410** 0.00
BLOCK 1170 # 2367.00
LOT 18 # 85.00
MISCLNS 2452.00
N.J.C.A. 2452.00
TOTAL 0.00
CHECK 0018A005 13:50
CHANGE
02/22/00 NO. 5

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/22/2000
Control #
Permit # 00-0410

UCC NEW JERSEY

CONSTRUCTION PERMITS

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
ELEVATOR
Owner in Fee MERIDIAN HEALTH SYS
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724-
Telephone (732)840-2200

Contractor SECURITY ELEVATOR CO
Address 201 SO GULPH ROAD
KING OF PRUSSIA, PA 19406-
Telephone (610)992-8180
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-1067130

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RAISING ELEVATORS 1 FLOOR NEW ENTRANCES @ 6TH FLOOR

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

Estimated Cost of Work $ 106,000

Construction Official 02/22/2000 Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	2,367
Other	
DCA Training Fee	$5
Cert. of Occupancy	0
Other	
Total	2,452
Check No.	28328
Cash	
Collected By	PL

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELEVATOR
SUBCODE
TECHNICAL SECTION

Date Received 02/01/2000
Date Issued 2 R2/ 00
Control # C1170-18-5
Permit # 00-0410

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

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
ELEVATOR
Owner in Fee MERIDIAN HEALTH SYS
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724-
Tele.(610)992-8180 Fax ( )
Contractor SECURITY ELEVATOR CO
Address 201 SO GULPH ROAD
KING OF PRUSSIA, PA 19406-
Tele.(610)992-8180
Federal Emp. No. 23-1067130

B. ELEVATOR CHARACTERISTICS

Building Use Group U Building Registration No.
Manufacturer DOVER Device I.D.
Machine Room Location ABOVE SHAFTS
Number of Stops 7 Number of Openings 8
Travel (ft.) 76 Speed (f.p.m.) 350
Type of Control VVSCR Type of Operation TRIPLEX
Passenger X Freight
Capacity (lbs.) 4000 lbs.
Year of Installation 1999 Year of Alteration 1999
Estimated Cost of Elevator Work: $ 106,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Plumbing [ ] Fire
[ ] Elevator Plans Approved
Date:
Approved By:

INSPECTIONS
Type: Dates (Month/Day) Failure Failure Approval Initial
Temporary
Final

SUBCODE APPROVAL:
Date:
Approved By:

C. CERTIFICATION IN LIEU OF OATH

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

Signature Date

As per Elevator Co. Renovation made to 3 elevators by raising elevator one ~~xxx~~ floor for new entrances at 6th floor

D. TECHNICAL SITE DATA

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
0	1 to 10 Floors	0
0	Over 10 Floors	0
0	Hydraulic	0
0	Roped Hydraulic	0
0	Escalator / Moving Walk	0
0	Dumbwaiter	0
0	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	0
0	Oil Buffers	0
0	Counterweight Governor & Safeties	0
0	Auxiliary Power Generator	0
0	Alterations	0
	Other: PLANREVIEW	780
	Other: ELEV.3FL/9OILBU	1,587

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 2,367
	DCA Training Fee	$ 85

U.C.C. F150 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name Schindler Elevator Corp.

Address 840 N. Lenola Rd, Suite 4
Moorestown NJ 08057

Telephone (856) 234-2220

Signature Judy Shelly

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

ELEVATOR SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9/22/00
Control #
Permit # 00-0410

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 BRICK HOSPITAL 425 JACK MARTIN BLVD. BRICK, NJ. 08724
Owner in Fee MERIDIAN HOSPITAL CORPORATION
Address BRICK HOSPITAL C 425 JACK MARTIN BLVD. BRICK, N.J. 08724
Tele. (____)
Contractor/Installer
Address 201 S. GULPH ROAD KING OF PRUSSIA, PA. 19406
Tele. (610) 992-8180
Federal Emp. No. 23-1067130 or Social Security No.
Maintenance/Service Contractor
Address
Tele. (____)

B. ELEVATOR CHARACTERISTICS:

Building Use Group
Manufacture DOVER
Machine Rm. Location ABOVE SHAFTS
No. of Stops (7) SEVEN No. of Openings (8) EIGHT
Travel (ft.) 76'-5 1/4" Speed (f.p.m.) 350
Type of Control VV SCR Type of Operation TRIPLEX
Passenger YES Freight
Capacity (lbs.) 4,000
Year of Installation/Major Alteration 1999
Estimated Cost of Elevator Work $ 106,000.00

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.

Edward J. Shaw
Signature
DATE 9/30/99

D. TECHNICAL SITE DATA (For Routine or Periodic Inspections List State Registration Number for All Devices)

RAISING ELEVATORS 1 FLOOR
NEW ENTRANCES @ 6TH FLOOR

NO.	ITEM	FEE (Office Use Only)
3	Traction or Winding Drum 1 to 10 Floors	$1101.00
	Over 10 Floors	
	Hydraulic	
	Roped Hydraulic	
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined & Vertical Wheelchair Lifts & Man Lifts	
9	Oil Buffers	$486.00
	Counterweight Governor & Safeties	
	Aux. Power Generator	
	Alterations	
3	Other PLAN REVIEW	$780.00
	Other	

Administrative Surcharge $
Certificate of Compliance $
Paid [ ] Check # DCA Training Fee $
Collected by TOTAL FEE $

JOB SUMMARY (Office Use Only)

[ ] No Plan Review
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elec.
[X] Elevator Plans Approved
Date: 1-31-00
Approved by: Raymond M Ely

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Temp. Const. ID #				
Final				

SUBCODE APPROVAL: CC [ ] TCC [ ]

Date:
Approved By:

UCC Form F 150 — 1 White Inspector Copy — 2 Canary – Office Copy — 3 Pink Office Copy — 4 Gold – Applicant Copy

Project Plan Review # 980131-15-01

ELEVATOR SUBCODE TECHNICAL SECTION

Date Received 11-13-03
Date Issued
Control #
Permit # 03-5090

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 Shore Memorial East Wing Addition
425 Jack Martin BLVD, BRICK, NJ 08724
Owner in Fee Shore Medical Center
Address 425 Jack Martin BLVD
BRICK NJ 08724
Tele. ( )
Contractor/Installer Schindler Elevator Corp.
Address 840 N. Lenola Rd, Suite 4
Moorestown NJ 08057
Tele. (856) 234-2220 Fax (856) 234-8003
Federal Emp. No. 34-1270056
Maintenance/Service Contractor Schindler Elevator Corp.
Address 840 N. Lenola Rd, Suite 4, Moorestown NJ 08057
Tele. (856) 234-2220 Fax (856) 234-8003

B. ELEVATOR CHARACTERISTICS

Building Use Group ____ Building Registration No. ____
Manufacturer ____ Device I.D. ____
Machine Room Location ____
No. of Stops ____ No. of Openings ____
Travel (ft.) ____ Speed (f.p.m.) ____
Type of Control ____ Type of Operation ____
Passenger ____ Freight ____
Capacity (lbs.) ____
Year of Installation ____ Year of Alteration ____
Estimated Cost of Elevator Work $ 287,100

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 Judy Shelly Date 12-11-02

D. TECHNICAL SITE DATA

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
____	1 to 10 Floors	$ ____
____	Over 10 Floors	
3	Hydraulic	$ 486.00
____	Roped Hydraulic	
____	Escalator/Moving Walk	
____	Dumbwaiter	
____	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	
____	Oil Buffers	
____	Counterweight Governor and Safeties	
____	Auxiliary Power Generator	
	Alterations	
3	Other Plan Review	$ 780.00
____	Other ____	

Administrative Surcharge $ 1266
DCA Training Fee $ ____
TOTAL FEE $ ____

FINAL 9/13/04 RMC

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Electric
[X] Elevator Plans Approved
Date: 11-7-03
Approved by: RCly

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Temporary	60 DAY	TEMP	2/5/04	RMC
Final	60 DAY	TEMP	4/5/04	RMC
	60 DAY	TEMP	6/5/04	RMC
	60 DAY	TEMP	8/5/04	RMC

SUBCODE APPPROVAL:
Date: ____
Approved by: ____

U.C.C. F150 (rev. 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELEVATOR
SUBCODE
TECHNICAL SECTION

Date Received 10/05/99
Date Issued 10/12/99
Control #
Permit # 99-3881

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

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
ELEVATOR #7
Owner in Fee MERIDIAN HEALTH
Address SAME
BRICK, NJ 08724-
Tele.(610)992-8180 Fax ( )
Contractor SECURITY ELEVATOR CO
Address 201 SO GULPH ROAD
KING OF PRUSSIA, PA 19406-
Tele.(610)992-8180
Federal Emp. No. 23-1067130

B. ELEVATOR CHARACTERISTICS

Building Use Group I-2 Building Registration No. #2
Manufacturer DOVER Device I.D. #2
Machine Room Location 10 FEET REMOTE
Number of Stops 2 Number of Openings 2
Travel (ft.) 12 Speed (f.p.m.) 125
Type of Control DMC-1 Type of Operation COLL-SELL
Passenger X Freight
Capacity (lbs.) 45000 lbs.
Year of Installation 1999 Year of Alteration
Estimated Cost of Elevator Work: $ 203,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Plumbing [ ] Fire
[ ] Elevator Plans Approved
Date:
Approved By:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Temporary				
Final				

SUBCODE APPROVAL:
Date:
Approved By:

C. CERTIFICATION IN LIEU OF OATH

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

Signature Date

D. TECHNICAL SITE DATA

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
0	1 to 10 Floors	0
0	Over 10 Floors	0
0	Hydraulic	0
0	Roped Hydraulic	0
0	Escalator / Moving Walk	0
0	Dumbwaiter	0
0	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	0
0	Oil Buffers	0
0	Counterweight Governor & Safeties	0
0	Auxiliary Power Generator	0
0	Alterations	0
	Other: 1HYD,PLAN REV	422
	Other: 1 EMERG POWER	54

	Administrative Surcharge	$ 0
Paid [X] Check # 27831	Minimum Fee	$ 0
Collected by: TL	TOTAL FEE	$ 476
	DCA Training Fee	$ 162

U.C.C. F150 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELEVATOR
SUBCODE
TECHNICAL SECTION

Date Received 10/05/2001
Date Issued 10/29/01
Control # C9-182
Permit # 01-4002

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

Block 1170 Lot 18.2 Qual
Work Site Location 415 JACK MARTIN BLVD
ELEVATOR ALTERATION
Owner in Fee MEDICAL CENTER OF O.C.
Address 415 JACK MARTIN BLVD
BRICK, NJ 08724-
Tele.(609)485-2323 Fax ( )
Contractor THYSSEN KRUPP ELEVATOR
Address 8 STEELMANS LANE
EGG HARBOR, NJ 08234-
Tele.(609)485-2323
Federal Emp. No. 62-1211267

B. ELEVATOR CHARACTERISTICS

Building Use Group U Building Registration No. HOSPITAL
Manufacturer DOVER Device I.D. HOSPITAL
Machine Room Location ADJACENT
Number of Stops 2 Number of Openings 0
Travel (ft.) 22 Speed (f.p.m.) 0
Type of Control HYDRAULIC Type of Operation SIMPLEX MICROPR
Passenger X Freight
Capacity (lbs.) 4500 lbs.
Year of Installation 1996 Year of Alteration 2001
Estimated Cost of Elevator Work: $ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Plumbing [ ] Fire
[ ] Elevator Plans Approved
Date:
Approved By:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Temporary				
Final				

SUBCODE APPROVAL:
Date:
Approved By:

C. CERTIFICATION IN LIEU OF OATH

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

Date
Signature

D. TECHNICAL SITE DATA

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
0	1 to 10 Floors	0
0	Over 10 Floors	0
0	Hydraulic	0
0	Roped Hydraulic	0
0	Escalator / Moving Walk	0
0	Dumbwaiter	0
0	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	0
0	Oil Buffers	0
0	Counterweight Governor & Safeties	0
0	Auxiliary Power Generator	0
0	Alterations	0
	Other: REPLACE DOCK	54
	Other:	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 54
	DCA Training Fee	$ 0

U.C.C. F150 (rev. 3/96)

ELEVATOR SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

162
260
422

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 BRICK HOSPITAL - 425 JACK MATIN BLVD. BRICK, N.J. 08724
Owner in Fee MERIDIAN HOSPITAL CORPORATION
Address BRICK HOSPITAL @ 425 J.M.B. BRICK, N.J. 08724
Tele. (____)
Contractor/Installer SECURITY ELEVATOR COMPANY
Address 201 SOUTH GULPH ROAD KING OF PRUSSIA, PA. 19406 Tele. (610) 992-8180
Federal Emp. No. 23-1067130 or Social Security No.
Maintenance/Service Contractor
Address
Tele. (____)

B. ELEVATOR CHARACTERISTICS: ELEVATOR #1

Building Use Group OFFICE
Manufacture DOVER
Machine Rm. Location ADJACENT AT LEVEL "1"
No. of Stops (2) No. of Openings (2)
Travel (ft.) 12'-8 ¼" Speed (f.p.m.) 125
Type of Control DMC-1 Type of Operation SELL. COLL.
Passenger YES Freight
Capacity (lbs.) 3500 LBS.
Year of Installation/Major Alteration 1999
Estimated Cost of Elevator Work $ 203,000

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.

David Burgess
Signature
DATE 12-10-99

D. TECHNICAL SITE DATA (For Routine or Periodic Inspections List State Registration Number for All Devices.)

INSTALL ONE HYDRAULIC

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
____	1 to 10 Floors	
____	Over 10 Floors	
1	Hydraulic	$ 162.00
____	Roped Hydraulic	
____	Escalator/Moving Walk	
____	Dumbwaiter	
____	Stairway Chairlift, Inclined & Vertical Wheelchair Lifts & Man Lifts	
____	Oil Buffers	
____	Counterweight Governor & Safeties	
____	Aux. Power Generator	
____	Alterations	
1	Other PLAN Review	$ 260.00
1	Other EMER power	$ 54.00

Administrative Surcharge $ ____
Certificate of Compliance $ ____
Paid [ ] Check # ____ DCA Training Fee $ ____
Collected by ____ TOTAL FEE $ 476

JOB SUMMARY (Office Use Only)

[ ] No Plan Review
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elec.
[ ] Elevator Plans Approved
Date: 12-13-99
Approved by: R Ely

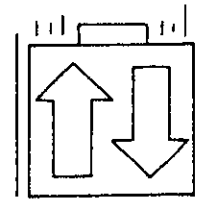
INSPECTIONS: 30 DAY TEMP
Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Temp. Const. ID # 3-17-00		3-17-00		RME
Final	____	____	4-10-00	RME

SUBCODE APPROVAL: CC [ ] TCC [ ]
Date: 4-10-00
Approved By: Raymond Ely

U.C.C. Form F-150 — 1 White Inspector Copy; 2 Canary - Office Copy; 3 Pink - Office Copy; 4 Gold - Applicant Copy

ELEVATOR 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 425 Jack Martin Blvd

Owner in Fee
Address

Tele. (732) 940-3323
Contractor/Installer East Coast Hoist
Address 146 Keystone Drive, Telford, PA 18969
Tele. (215) 257-0155
Federal Emp. No. 23-2351163 or Social Security No.
Maintenance/Service Contractor
Address
Tele. ( )

B. ELEVATOR CHARACTERISTICS:

Building Use Group
Manufacture American Pecco - Rack & Pinion
Machine Rm. Location
No. of Stops 2 No. of Openings 3
Travel (ft.) 150 Speed (f.p.m.) 150
Type of Control electrical Type of Operation manual
Passenger ✓ Freight ✓
Capacity (lbs.) 5000 lbs
Year of Installation/Major Alteration
Estimated Cost of Elevator Work $ $13,000

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.

X _____ DATE _____
Signature

D. TECHNICAL SITE DATA (For Routine or Periodic Inspections List State Registration Number for All Devices.)

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
____	1 to 10 Floors	
____	Over 10 Floors	
____	Hydraulic	
____	Roped Hydraulic	
____	Escalator/Moving Walk	
____	Dumbwaiter	
____	Stairway Chairlift, Inclined & Vertical Wheelchair Lifts & Man Lifts	
____	Oil Buffers	
____	Counterweight Governor & Safeties	
____	Aux. Power Generator	
____	Alterations	
____	Other	
✓	Other	

Administrative Surcharge $
Certificate of Compliance $
Paid [ ] Check # DCA Training Fee $
Collected by TOTAL FEE $

JOB SUMMARY (Office Use Only)

[ ] No Plan Review
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elec.
[ ] Elevator Plans Approved
Date:
Approved by:

INSPECTIONS:

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Temp. Const. ID #				
Final				

SUBCODE APPROVAL: CC [ ] TCC [ ]

Date:
Approved By:

U.C.C. Form F-150 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/13/2
Control #
Permit # 03-5090

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD-EAST WIN ELEVATOR
Owner in Fee MEDICAL CENTER OF OCEAN COUNTY
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3296

Contractor SCHINDLER ELEVATOR CO.
Address 2511 FIRE RD.HOVPARK SUITE A11
EGG HARBER TOWNSHIP, NJ
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 34-1270056

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
THREE NEW HYDRAULIC ELEVATORS

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	1,266
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	1,266
Check No.	5997
Cash	
Collected By	TL

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

Estimated Cost of Work $ 287,100

D Newman Jr

Construction Official

11/13/2003
Date

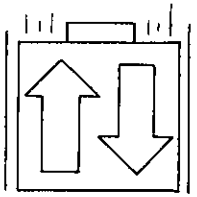
11/13/03 12:39PM 000000#5239
XX04 SERV.004
#5090
ELEVATOR $1266
XXTOTAL $1266.00
CHECK $1266.0
CHANGE $0.0

U.C.C. P170 (rev. 3/96) NJ UCCABS 5.24E

Project PLAN Review # 980131-15-01

SUPPLEMENT FOR MULTIPLE EQUIPMENT

ELEVATOR SUBCODE
TECHNICAL SECTION



Date Issued 11-13-03
Control #
Permit # 03-5090

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

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

Block _____ Lot _____

Work Site Location 425 JACK Martin BLVD, BRICK NJ 08724

Signature Jody Shelly

DEVICES CHARACTERISTICS	ID	ID	ID	ID	ID	ID	ID	ID
	HGA4717	HGA4717	HGA4718					
Traction/Winding Drum								
Hydraulic	✓	✓	✓					
Roped Hydraulic								
Escalator/Moving Walk								
Dumbwaiter								
Stair/Chair/Man Lift								
Oil Buffers	Spring	Spring	Spring					
Counterweight Governor								
Aux. Power Generator								
Manufacturer	See	See	See					
Machine Room Location	Adjacent	Adjacent	Adjacent					
Number of Stops	4	4	5					
Number of Openings	4	4	5					
Travel (ft.)	53'6"	53'6"	53'6"					
Speed (f.p.m.)	150 fpm	150fpm	150fpm					
Type of Control	Miconic HX	Miconic HX	Miconic HX					
Type of Operation	Simplex	Simplex	Simplex					
Passenger/Freight	PASS	PASS	PASS					
Capacity	6000	6000	6000					
Year of Install/Major Alteration	2003	2003	2003					
Temp. Cert. of Comp. Issue / Expire								
Cert. of Compliance Number / Date								

U.C.C. Form F-155

Schindler Elevator Corporation

840 North Lenola Road, Suite 4
Moorestown, NJ 08057-8034

Telephone: (856) 234-2220
Fax: (856) 234-8003

Internet: http://www.us.schindler.com

September 9, 2003

Brick Township
401 Chamberbridge Road
Brick, NJ 08723

Attn: Construction Official

Re: Permit Application
Shore Memorial East Wing Addition
425 Jack Martin Boulevard
Brick, NJ 08724
Project Plan Review Number –980131-15-01

Enclosed for your review please find one (1) permit application, three (3) sets of sealed drawings and one (1) release letter from the Health Care Plan Review approving our permit application. We understand that the State Health Care Plan Review has jurisdiction over the above project. However, at this time I would greatly appreciate your fee requirement for inspection, as it is noted that you are the inspecting facility.

Please contact me at your earliest convenience so we may discuss this matter.

If you should have any questions with regard to this permit, do not hesitate to cal me at 856-437-2336.

Thank you for your assistance in this matter.

Respectfully,

Judy Shelly
Field Staff Assistant

Schindler

ISO 9001 CERTIFIED

M00010

Schindler Elevator Corporation

840 North Lenola Road, Suite 4
Moorestown, NJ 08057-8034

Telephone: (856) 234-2220
Fax: (856) 234-8003

Internet: http://www.us.schindler.com

December 11, 2002

State of New Jersey
Department of Health
101 S. Broad Street
4th Floor
Trenton, NJ 08609

Attn: Health Care Plan Review

Re: Application for Elevator Permit
Shore Memorial East Wing Addition
425 Jack Martin Boulevard
Brick, NJ 08724
Project Plan Review Number – #980131-15-01

Enclosed for your review please find one (1) permit application, four (4) sets of sealed elevator drawings, one (1) request for variance and one (1) release letter.

Please forward the release to the town.

Please return approved permit and one (1) set of sealed drawings in the enclosed self address envelope.

If you have any questions, please do not hesitate to call.

Thank you for your assistance.

Respectfully,

Judy Shelly
Field Staff Assistant

Schindler

M00010

ISO 9001 CERTIFIED

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
MUNICIPALITY _____

APPLICATION FOR A VARIATION

Date Received _____ Control # _____
Date Issued _____ Permit # _____
Date Revised _____ Date Permit Issued _____

IDENTIFICATION Block _____ Lot _____

Work Site Location Shore Memorial EAST WING ADDITION
425 JACK MARTIN BLVD
BRICK NJ 08724

Owner in Fee Shore MEDICAL CENTER
Address 425 JACK MARTIN BLVD
BRICK NJ 08724
Tele. (_____) _____

Contractor Schindler Elevator Corp.
Address 840 N Lenola Rd, SU.4
MOORESTOWN NJ 08057
Tele. (856) 234-2220
Lic. No. ~~34-1290056~~
Federal Emp. No. 34-1290056
or Social Security No. _____

FEE $_____ (Determined by Enforcing Agency)

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request).:

NJAC 5:23-3.14(b) 26 i (i.e. A.17.1-1993-95)

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these difficulties.:

The elevator device is designated and manufactured according to new innovations in technology.

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants.:

The elevator device (i.e. design, manufactured and installation) will comply to A17.1-1996.

DATE 12-11-02 SIGNED _____ APPLICANT

DETERMINATION

This application is to be reviewed within 20 business days.
After reviewing the facts, we [X] DENY [ ] GRANT the above variation request, in accordance with *N.J.A.C.* 5:23-2.9 through 2.13, for the following reasons:

Date 11-7-07

	Building Subcode Official	Plumbing Subcode Official
Raymond Ely		
Elevator Subcode Official	Electrical Subcode Official	Fire Subcode Official
	Construction Official	

U.C.C. Form F-1608

Brick Hosp.
425 Jack Martin Blvd.
Brick NJ 08724

TOWNSHIP OF [redacted]

PLAN REVIEW REQUIRED DATE

SPECIFICATIONS & DATA SUPPLIED BY ELEVATOR CONTRACTOR

MANUFACTURER Schindler	INSTALLER Schindler
CAR(S) NO. #1	PLATFORM THICKNESS 2.38"
TYPE (PASS.) (FRT.) PASSENGER	CAR BUFFER TYPE SPRING
CAPACITY ~~6000 lbs~~ 5000 lbs	CAR BUFFER STROKE 2.63"
RATED SPEED 150 FPM	CAR BUFFER REACTIONS
TRAVEL 53' 6"	LOAD CAR BUFFERS
STOPS 4	TYPE HOISTWAY ENTRANCES
OPENINGS 4	TYPE CAR DOOR(S) OR GATE(S)
OPERATION Simplex	FIREMAN'S SERVICE AT 1 FLOOR
POWER SUPPLY 208 3 60	ALT. FIREMEN'S SERVICE AT 3 FLOOR
MACH. ROOM HEAT EMISSION IN BTU'S 16,500 BTU	TRANSFORMER
CAR GUIDE RAILS 16 LBS/FT	HOIST BEAM CAPACITY
SPACING OF GUIDE RAIL SUPPORTS 16'	SIZE & HEIGHT OF STILES 11.87 x 2.62 x .188
NET RAIL FORCES	CLASS LOADING (RULE 207 2b) 118" 10-7

448# T 353#

HYDRAULIC ELEVATORS

PLUNGER OD 7.00	PLUNGER WALK THK 0.62
NUMBER OF PLUNGER SECTIONS 3	CYLINDER OD 10.75
CYLINDER WALL THK 0.31	REFUGE SPACE PIT 30 TOP OF H/W 44 5/8
WORKING PRESSURE 324	RELIEF PRESSURE
TYPE OF POWER UNIT	PUMP MOTOR HP 60 HP
OIL PIPE OD 3.50"	OIL PIPE WALL THK 0.32"
PLUNGER OVERTRAVEL UP 9 DOWN 10.63	

TRACTION ELEVATORS

MACHINE ROOM REACTIONS	SIZE & WEIGHT OF MACHINE BEAMS
SIZE OF CROSSHEAD	HOIST ROPES
SIZE OF SAFETY PLANK	GOVERNOR ROPE(S)
TYPE OF SAFETY (CAR)	COMPENSATION TYPE No. SIZE
CAR GOVERNOR	CWT. BUFFER TYPE
MACHINE TYPE	CWT. BUFFER STROKE
MOTOR HP & TYPE	CWT. STILE SIZE
DRIVE SHEAVE DIA.	TYPE OF CWT. GUIDES
TYPE OF GROOVE	TYPE OF CWT. SAFETY
DEFLECTOR/SECONDARY SHEAVE DIA.	CWT. GOVERNOR
CONTROL (VVVF) (VVSCR) (VVMG)	CWT. GUIDE RAILS LBS./FT.
ISOLATION	CWT. BUFFER REACTIONS

ALL WORK TO COMPLY WITH ANSI A17.1 ELEVATOR SAFETY CODE AND/OR STATE OF NEW JERSEY HANDICAP CODE NJAC 5:23.7

Hoist Beam CAP 1 & 2 53' 6" 4 STop working
MR BTU's 3 53' 6 5 STops Pressure
Platform Thickness
Size & Ht of Stiles
Plunger overtravel ↑ ↓
Refuge Pit Top HW

TOWNSHIP OF SOUTH BRUNSWICK

PLAN REVIEW REQUIRED DATA

ESTIMATED WEIGHTS

TRACTION ELEVATORS		HYDRAULIC ELEVATORS	
ENCL. DOORS PROT. DEVICE		ENCL. DOORS PROT. DEVICE	
PLATFORM TOTAL		PLATFORM TOTAL	2006
MISCELLANEOUS		MISCELLANEOUS	431
CAR FRAME & SAFETY		CAR FRAME	3662
TOTAL CAR		TOTAL CAR	12131
OVERBALANCE		LOAD ON JACK ASSEMBLY	
1/2 TIC WEIGHT		WEIGHT of MACHINE	
TOTAL CWT			
LOAD ON CAR SAFETY			
LOAD ON SHEAVE SHAFT			
WEIGHT of MACHINE			

ESCALATORS

RATED LOADS IN LB. (Rule 8029)	HORIZONTAL SPAN
HORIZONTAL PROTECTION OF TRUSS	STRUCTURAL RATED LOAD
LOCATION OF EMERGENCY STOP BUTTONS	MACHINERY RATED LOAD
ACCESS TO MACHINE ROOM PIT. INTERIOR	BRAKE RATED LOAD (Stopped)
INDICATE NUMBER OF FLAT STEPS	BRAKE RATED LOAD (Running)
TRUSS EXTENSION OR REDUCTION	LOAD OF ONE STEP CHAIN
STEP TREAD WIDTH IN INCHES	BREAKING LOAD OF STEP CHAIN
DIAMETER OF DRIVE WHEEL	DIAMETER OF STEP CHAIN WHEEL
LOAD OF ONE DRIVE CHAIN	BREAKING LOAD OF DRIVE CHAIN

GENERAL INFORMATION REQUIRED

* Locate escalator from structural or architectural drawings
* Furnish scaled structural drawing indicating escalator reactions
* Three sets of sealed escalator layout drawings

640 North Lenola Road
Moorestown, NJ

856-234-2220 - Phone
856-234-8003

Schindler Elevator Corp.

Fax

To:	Tina Lines	**From:**	Judy Shelly
Fax:	732-262-8950 732-262-8954	**Pages:**	2
Phone:		**Date:**	11/6/2003
Re:	Shore Memorial East Wing	**CC:**	George Hohenstein

☐ **Urgent** X **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments**

I spoke with Ray Ely this morning and he requested the following additional information for East Wing. Please forward this on to him for me.

He stated that if I provide him with this information that he would be able to approve our request and you could supply me with a permit fee. As soon as you let me know how much the fee is, I will request a draft.

1. Hoist beam capacity. Hoist Beam Cap. - 5000 lb. (That's what we spec for 330A"s, we don't spec for 300A's)

2. Machine Room's BTU's. 16,500 BTU's

3. Platform thickness. Plat thk. - 7.38"

4. Size & height of Stiles. Stiles- 11.87 " x 2.62" x .188" (formed hat section) x 118" long

5. Plunger over travel - up and down. Plunger over travel : 9" up, / 10.63 "down

6. Refuge at pit and top of hoistway. Pit and top refuge space height : 30 " / 44 5/8"

7. Working pressure. 324 PSI.

Thanks, Judy Shelly

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

JAMES E. MCGREEVEY
Governor

SUSAN BASS LEVIN
Commissioner

September 9, 2003

Ms. Judy Shelly
Schindler Elevator Corporation
840 North Lenola Road, Suite 4
Moorestown, NJ 08057-8034

Re: Medical Center of Ocean County
aka Shore Memorial East Wing Addition
DCA Project No. 980131-15-01

REVISIONS TO APPROVED

Dear Ms. Shelly:

The documents which display the Department of Community Affairs approval of September 9, 2003 are approved as revisions to the above referenced project.

These revisions shall be a matter of record and shall be affixed to those documents previously approved on February January 16, 2003.

Sincerely,

Farivar Kiani
Supervisor
Construction Plans Approval
Health Care Plan Review

FK/ks
C: Administrator

2/4/04 3e del Temp

Routine, Periodic, Acceptance Test/Inspection for

Hydraulic Elevators

As Per ASME A17.2.2-1997, A17.1-1993 A17.1A-1994 A17.1B-1995

PAT + TONY

CHECK LIST FOR ACCEPTANCE / TEST OF HYDRAULIC ELEVATORS

NAME BRICK Hospital

ADDRESS 425 Jack Martin Blvd BRICK NJ

CODE YEAR A17.1 1993 **IS ELEVATOR ON ACCESSIBLE ROUTE** YES / NO

INSTALLER Schindler Bill **PERMIT NO.**

IDENTIFICATION NUMBER **DATE** 2-5-04

NUMBER STOPS 1+2 4 3 5 **RATED LOAD** 123 6000 **LB**

PASSENGER ✓ **FREIGHT** **WORKING PRESSURE** 1 380 2 380 3 380 **PSI**

SPEED UP WITH LOAD **FPM** **SPEED DOWN WITH LOAD** **FPM**

SPEED UP NO LOAD **FPM** **SPEED DOWN NO LOAD** **FPM**

RELIEF PRESSURE 1 580 2 540 3 540 **PSI** **BYPASS PRESSURE** **PSI**

BOTTOM CAR RUNBY 1 7 3/4 2 8 1/2 3 8 3/4 " **TOP CAR RUNBY** 1 15" 3 -13" **ON STOP RING** YES / NO

SAFETY BULKHEAD CHECK (302.3c) N/A **STATIC LOAD TEST** 1 2 3 Passed

FIREFIGHTER SERVICE PASSED / FAILED

EMERGENCY POWER OPERATION PASSED / FAILED

ALL SMOKE DETECTORS TESTED **ALL HEAT DETECTORS TESTED**

NAME of INSPECTOR Ray Ely

BOCA sig

Speed ↑ 1 120 ↓ 1 122 Bud Earle
2 -120 2 -125
3 122 3 125

REGISTRATION - OK
GUARDS : SAW NAIL 3/4 Clearance

Routine, Periodic, Acceptance Test/Inspection for

Hydraulic Elevators

As Per ASME A17.2.2-1997, A17.1-1993 A17.1A-1994 A17.1B-1995

ITEM	CHECK	ROUTINE	PERIODIC	ACCEPTANCE	Checked S	Checked U
		1	2	3		
1	**Inside of Car (Continue)**					
1.7	**Car Door /Gates to hoistway Door,** shall be so located that the distance from the face of hoistway door to car door or gate shall be not more than, swing-type hoistway door to car gate 4 in.. **1955** swing-type hoistway door to car door 51/2 in.. **1955** sliding-type hoistway door to car door/gate 51/2 in.. **1955** [300.12/13]+[306.4]+[301.7]+[204.4,5,6]+[1004.2(a)(7)] **1995**			**1 1 3**	✓	
1.7	**Sight Guards,** if provided shall meet, 110.11j A17.1 for new acceptance for retrofits 5:23-12.12 to comply to 3.4.3 (d) A17.3 **1993** and 204.4e A17.1 **1990** [300.11]+[110.11j]+[1004.2(a)(7)] **1995** [5:23-12.12] completed date **7/21/98**			**1 1 3**	✓	
1.7	**Space Guard,** shall be installed where the space between hoistway door and car door exceeds the requirements of (204.4e).as per 3.4.3(a)(b)(c) **A17.3 1993** fig A3. [5:23-12.12]+[204.4e] A17.1 **1990** [3.4.3] A17.3 **1993** completed date **7/21/98**			**1 1 3**	N/A	
1.8	**Door Closing Force,** force shall not exceed 30 lbf from rest. **1955** [301.7]+[112.4(b)]+[1004.2(a)(8)]+[1005.2c(7)] **1995**			**0 2 2 Yearly Test**	✓	
1.9	**Power Closing of Car Doors,** the kinetic energy of 7 1/2 ft. lbs. to be checked by door speed, rule of thumb 1 foot per sec. of travel. **1955** [300.13]+[112.4 (a)]+[1004.2(a)(9)] **1995**			**1 1 1**	X	
1.9	**Car Doors,** shall remain open a minimum of 5 seconds in response to a hall buttons. [4.10.1.7] ***1986/1992 A117.1***			**1 1 1**	X	
1.10	**Power Opening of Doors or Gates,** power opening of car door shall occur when the car is at rest at landing or in leveling. **1978** static controls initiation of power opening of car doors is within 12 in. of landing. * [300.12]+[112.2a]+[1004.2(a)(10)]+[1005.2c(7)] **1995** *** 1988**			**0 2 2 5 Year Test**	X	
1.11	**Car Vision Panels and Glass Car Door,** vision panels shall reject a 6 in, ball. **1955** glass door, the glass in the door panel shall not be less than 60% of the door. **1994** glass doors, and vision panels shall meet **Z97.1** and have manufacture's mark . **1994** [301.7]+[204.2e]+[204.5i(2)(b))]+[1004.2(a)(11)] **1995**			**1 1 3**	N/A	
1.12	**Signs in Freight Elevators,** shall be provided, this not a passenger elevator. **1955** type of loading - class A, B, C-1, C-2, C-3. **1982** [301.10]+[207.2b]+[207.4]+[207.5]+[1004.2(a)(12)] **1995**			**1 1 3**	N/A	
1.12	**Car numbers 1/2 in. high ,** shall be provided on car stations when there is multiple machines/elevators in the machine room or hoistway. **1990** [306.11]+[211.9]+[1004.2(a)(12)] **1995**			**1 1 3**	OK	✓
1.12	**Maintenance (cleaning) of Glass on Observation Elevators,** a written cleaning procedure shall be made and kept on the premises where the elevator is located **1992** [301.7]+[1206.9]+[1004.2(a)(11)(12)] **1995**			**1 1 3**	N/A	
1.12	**Finished Floor in Car,** shall have a fire rating. **1955** [301.7]+[204.2a(4)]+[1004.2(a)(12)] **1995**			**1 1 1**	✓	

#17 OK

Smoke
B - pass
1 - pass
2 pass
4 pass

1 smoke Rule

Routine, Periodic, Acceptance Test/Inspection for

Hydraulic Elevators

As Per ASME A17.2.2-1997, A17.1-1993 A17.1A-1994 A17.1B-1995

ITEM	CHECK	ROUTINE	PERIODIC	ACCEPTANCE	Checked S	Checked U
		1	2	3		
2	**Machine Room and Machine space**					
2.1	**Access to Machine Room,** shall be permanent, safe, and convenient. **1955** [300.2]+[101.3a]+[1004.2(b)(1)] **1995**			1 1 3	OK	X door sign
2.1	**Machine Room Door,** shall be a minimum of 6 ft. high x 30 in. wide, be self closing and self locking. **1971** key shall be kept on premises, accessible to authorized personnel. **1991** [300.2]+[101.3d]+[1004.2(b)(1)] **1995**			1 1 3	X	
2.2	**Headroom in Machine Room,** shall not be less than 7 ft... **1955** [300.2]+[101.4]+[1004.2(b)(2)] **1995**			0 0 3	X	
2.3	**Lighting in Machine Room and Receptacles,** shall, have a proper lighting of not less than 10 ftc at floor level. **1955** light switch located on lock-jamb side of the access door when practicable. **1955** have a duplex receptacle rated not less than 15A, 120V. **1988,** GFI **1993.** [300.2,6]+[101.5a]+[101.5c]+[620-53,85]+[1004.2(b)(3)] **1995/1996 NEC**			1 1 1	X	
2.3	**110 Volt Lockable Disconnect Switch,** shall be located in the machine room.* [306.6]+[620-53]+[1004.2(b)(3)] **1995/1996 NEC** * **1990**			1 1 1	X	
2.4	**Enclosure of machine room,** shall conform to the building code **1955** [300.2]+[101.1]+[1004.2(b)(4)] **1995/1996 BOCA**			1 1 1	X	
2.4	**Floor over hoistway,** shall be medal or concrete, with a sign stating floor load. * [300.1b]+[100.3a,b,c,d,e, f]+[1004.2(b)(4)] **1995** *1955			1 1 1	N/A	
2.4	**Equipment in Machine Room ,** only equipment relating to the elevator operation allowed in machine room. **1955** [300.2]+[101.2]+[1004.2(b)(4)] **1995**			1 1 1	X	
2.5	**Housekeeping,** no storage in ,machine, such as flammable/combustible liquids or rags, etc.. **1955** [1206.2b]+[1206.5a]+[1004.2(b)(5)] **1995**			1 1 1	X	
2.6	**Ventilation in Machine Room,** shall be provided with natural or mechanical ventilation to avoid overheating of the equipment. **1955** [300.2]+[101.5b]+[102.4]+[1004.2(b)(6)] **1995**			1 1 3		X Pump OK
2.7	**Fire Extinguisher, 1960** (not under our responsibility to enforce in NJ)			N A	N/A	
2.8	**Pipes, Wiring, and Ducts,** only equipment used in conjunction with the function or use of the elevator shall be permitted in elevator machine room. **1955** [300.3]+[102.1]+[1004.2(b)(8)] **1995**			1 1 3	X	
2.8	**Shunt Breaker and Heat Detectors,** shall be provided when sprinklers are installed in machine room /hoistway. **1984** [300.3]+[102.2(c) (3)]+[1004.2b(8)] **1995** (also see Item 3.11) PASS			1 1 3	X	
2.9	***Guarding of Exposed Auxiliary Equipment,*** *shall be guarded to protect* against accidental contact. **1955** [300.5]+[104.1]+[1004.2(b)(9)] **1995**			1 1 1	N/A	

ITEM	CHECK	ROUTINE	PERIODIC	ACCEPTANCE	Checked S	Checked U
		1	2	3		
2	**Machine Room and Machine Space (Continue)**				X	
2.16	**Covers and Venting,** tanks shall be covered and suitably vented to the atmosphere * [304.3a]+[1004.2(b)(16)] **1995** * **1955**			**1 1 1**	X	
2.16	**Pressure Tanks/Vessels,** shall comply with 304.4. [304]+[1004.2(b)(16)]+[1005.3b]+[1206.5b] **1995**			**1 2 3**	N/A	
2.17	**Flexible Hose,** shall, not be installed within the hoistway, nor project into or thru any wall. **1971** be permanently marked with the required replacement date, which shall not be more than 6 years beyond the installation date. **1971** the yearly test shall be preformed by engaging the stop ring and running the unit at the rated speed and providing full relief pressure for 30 sec.. **1985** [303.3c(1)(e)]+[1005.2d]+[1004.2(b)(17)]+[1206.5b(6)] **1995**			**1 2 3 Yearly Test**	N/A	
2.18	**Pipes Supports,** pipes shall be supported. **1955** #3 P.P.C support [303.2c]+[1004.2(b)(18)]+[1006.2f] **1995**			**1 1 3**		X OK
2.18	**Supply Line shutoff Valve,** shall be located in the machine room. **1978** [303.4a]+[1004.2(b)(18)] **1995**			**1 1 3**	X	
2.19	**Hydraulic Cylinders, (static Test)** mark the location of the car at any convenient position and open disconnect switch . for 15 min. to perform a static test, no load required. this test should be performed after performing Item 2.14 and Item 2.17 **test not required on holeless hydro's** [302.3]+[1005.2b]+[1004.2(b)(19)]+[1206.5b(5)] **1995**			**0 2 2 Yearly Test**	X	
2.20	**Pressure Switch ,** required when cylinder head is higher than the tank, shall prevent the operation of the lowering valve, unless there is positive pressure at the top of cylinder. **1981** [306.14]+[1004.2(b)(20)]+[1005.2e] **1995**			**1 2 2 Yearly Test**	N/A	
2.21	**Governor, Overspeed Switch and Seal,** if provided shall, calibrate the governor and overspeed switch. **1982** perform a 5 year test as per 1002.3 with rated load at rated speed. **1982** [301.8]+[206.4a]+[1005.4]+[1002.2(b)(21)]+[1005.2c(2)]+[1206.2d] **1995**			**1 2 3 5 Year Test**	N/A	
2.22	**Code Data Plate,** in M.R. not required until the 1996 code is adopted **1966** [309.1] **1996**			**1 1 1 N/A**		
2.23	**Speed,** the speed of the car shall be verified with and without load, in both directions to verify the layout drawings. **1992** [308.j]+[301.10]+[1006.2g] **1995** (also see Item 3.8)			**0 0 3**	X	
6.4	**Smoke Detector in Machine Room,** for firefighters service, if the machine room is at the designated level, the smoke detector shall cause the elevator to return to the alternate level, if machine room is not at designated level the smoke detector shall cause the elevator to return to the designated level. **1993** [211.3b(3)] **1995** pass			**0 2 2**	X	

ITEM	CHECK	ROUTINE	PERIODIC	ACCEPTANCE	Checked S	Checked U
		1	2	3		
3	**TOP of CAR(Continued)**					
3.8	**Crosshead Data Plate,** shall be provide and indicate, **1955** gross weight of car. rated load and speed. manufacturer's name and year installed **1955** manufacturer's name and year manufactured. **1993** [301.10]+[207.3]+[1004.2(c)(8)] **1995** (also see Item 1.16)			**0 0 3**	X	
3.8	**Speed Test,** the speed of the car shall be verified with and without load in both directions. **1992** [308.1j]+[1006.2g]+[1004.2(c)(8)] **1995** (also see Item 2.23)			**0 0 3**	X	
3.9	**Top Emergency Exits,** shall be provided on all elevators, **1955** *kepted locked, only to be opened from the top of car.* **1965** except on elevators installed in unenclosed hoistways. **1989** [301.7]+[204.1e]+[1004.2(c)(9)] **1995**			**1 1 1**	X	
3.10	**Floor Numbers,** hoistways shall have floor numbers, not less than 4 in. in height on the hoistway side of the enclosure or hoistway doors. **1984** [300.1]+[100.7]+[1004.2(c)(10)] **1995**			**1 1 1**	X	
3.10	**Emergency Identification Numbering,** when there is more than one elevator in the hoistway, shall have the car ID number on the crosshead/top of car. **1990** [306.11]+[211.9]+[1004.2(c)(10)] **1995**			**1 1 1**		X
3.11	**Construction at Top of Hoistway,** the top of the hoistway shall be enclosed as required by BOCA the building code, **1993** the building code states if the hoistway walls extends to the roof line, the top of of the hoistway need not be fire rated. if the hoistway walls stop below the roof line; the top of hoistway shall be fire rated. [300.1]+[100.2a]+[100.1b]+[3007.1]+[1004.2(c)(11)] **1995/1996 BOCA**			**1 1 3**		X Fire Proof Front
3.11	**Construction of Hoistways and Hoistway Enclosures,** shall comply to to the building code. **1977** [300.1]+[100.1a, 100.1b, 100.1c]+[3007.1]+[1004.2(c)(11)] **1995/1996 BOCA**			**1 1 3**	X	
3.11	**Smoke and Heat Detectors in top of hoistway,** if sprinklers installed there. heat detectors, [300.3]+[102.2]+[3006.2.3] **1984/1996 BOCA** (also see) smoke detectors, [306.11]+[211.3b] **1989** [1004.2(c)(11)] **1995** (Item 2.8)			**1 1 3**	X	
3.12	**Hoistway Smoke Control,** hoistways of elevators shall be provided, means to prevent the accumulation of smoke and hot gases in case of fire as **1955** required by BOCA the building code, over three stories. **1981** exceptions vents not required in fully sprinkled building, unless there is overnight sleeping quarters. [300.1]+[100.4]+[3007.3]+[1004.2(c)(12)] **1995/1996 BOCA**			**1 1 3**		

#1 Fascia Brakt H/W Heat Passed
#1 Valve adjustment

ITEM	CHECK	ROUTINE	PERIODIC	ACCEPTANCE	Checked S	Checked U
		1	2	3		
3	**TOP of CAR(Continued)**					
3.18	**Hoistway Door Retainers,** shall be provided top and bottom of horizontally sliding doors, to prevent displacement of the door panel top and bottom by more than 3/4 in. if the primary guiding means fails. **1992** [300.11]+[110.11h]+[1004.2(c)(18)] **1995** (also see Item 4.2.)			1 1 3	X	
3.18	**Door and Gate Equipment, Labeling of Tested Doors and Assemblies,** hoistways with 2 hr. fire rating hoistway doors shall have fire rating of 1 1/2 hrs. hoistways with 1 hr. fire rating hoistway doors shall have fire rating of 3/4 hrs. gasketing of hoistway entrances shall conform to 110.19. [300.11]+[110.15]+[110.19]+[1004.2(c)(18)]+[3008.2] **1995/1996 BOCA**			1 1 3	X	
3.18	**Hoistway-Door Interlocks,** shall be provided, and shall be labeled or listed **1955** , car shall not be able to start until the locking elements are engaged by at least 9/32.* [300.12]+[111.3b]+[1004.2(c)(18)] **1995** (also see Item 4.4) ***1995**			1 1 3	X	
3.18	**Opening of Hoistway Doors From Hoistway Side,** means shall not be provided to lock out top or bottom terminal landings (or designated/alternate when in phase I)* [300.11]+[110.6]+[1004.2(c)(18)] **1995** ***1955/(1981)**			1 1 1	X	
3.19	**Bolts, Nuts, and Welding, 1955** bolts, where used through greater than 5 deg. sloping flanges of structural members, shall have bolt heads of the tipped-head type or shall be fitted with beveled washers. nuts used on greater than 5 deg sloping structural members, shall sit on beveled washers. all welding shall conform to requirements of section 213. [301.6]+[302.5]+[203.7c]+[1004.2(c)(19)] **1995**			1 1 1	X	
3.20	**Guide Rails, Fastening, and equipment, Rope Hydraulic Elevators Installed Under A17.1b - 1989 and later Editions,** all rail brackets, rail clips bolts and nuts shall be tight, and be of proper size of that size rail as per table 200.10b. all fishplate shall have the proper size bolt holes and have the proper bolt size, and the end of each rail shall have not less than four bolts and be tight as per table 200.7b. [301.1]+[301.6]+[308]+[200.]+[1004.2(c)(20)]+[1206.5a]+[1206.1d] **1995**			1 1 3	X	
3.21	**Governor Releasing Carrier, Rope Hydraulic Elevators Installed Under A17.1b - 1989 and later Editions,** if provided the pull out of the governor rope from the carrier shall not be more than 60 % of the pull through tension developed by the governor jaws. carrier shall be so designed the pull out tension cannot be adjusted in normal manner. [301.8]+[205.15]+[1005.4]+[1004.2(c)(21)] **1995** (also see Item 2.21.2(b))			1 2 3 **5 Year Test**	N/A	
3.22	**Governor Rope** governor rope shall not be less than 3/8 in.. governor rope shall comply with governor marking plate on governor. governor rope shall have governor rope tag. governor rope shall not be lubricated. [301.8]+[206.5]+[1206.5a]+[1206.1c]+[1004.2c(21)] **1995**			1 1 3	N/A	

ITEM	CHECK	ROUTINE	PERIODIC	ACCEPTANCE	Checked S	Checked U
		1	2	3		
4	**Outside Hoistway**					
4.0	**Elevator Door Jamb Markings,** shall be provided, on both door jambs. **1986** at 60 in. above the floor, characters 2 in. high raised, and with Braille symbols. [4.10.1.5] **1992 A117.1**			1 1 1	X	
4.1	**Platform Guards (Aprons),** shall be provided, the depth of the leveling zone plus 3 in. **1955** ,but in no case less than 21 in.. **1982** [301.6]+[203.9]+[1004.2(d)(1)] **1995**			1 1 3	X	
4.2	**Hoistway Door Panels,** shall overlap the top and sides of the opening, and each other in the case of multispeed entrances, by not less than 5/8 in, **1978** clearance shall not exceed 3/8 in. between the panel and the frame/hoistway wall. **1978** the vertical clearance between the panel and sill shall not exceed 3/8 in.. **1989** using 30 lbs, open a gap at furthest point from the interlock, it shall not exceed 1 in..* [300.11]+[110.11e]+[1004.2(d)(2)] **1995** (also see Item 1.7) ***1990**			1 1 3	X	
4.2	**Door Closers,** horizontally sliding or single-section swinging doors of automatic-operation elevators shall be provided with door closers. **1955** [300.11]+[110.3]+[1004.2(d)(2)] **1995** (also see Item 4.4)			1 1 3	X	
4.2	**Hoistway Door Retainers, and Bottom Door Guides,** guides shall be provided and engage the door sill not less than 1/4 in.. **1971** retainers shall be provided top and bottom of horizontally sliding doors. **1992** [300.11]+[110.11f]+[110.11h]+[1004.2(d)(2)] **1995** (also see Item 3.18)			1 1 3	X	
4.3	**Vision Panels,** shall be guarded. **1989** each single vision panel not less than 24 in. sq., reject a ball 6 in. in diameter. **1955** [300.11]+[110.7a]+[204.2e]+[1004.2(d)(3)] **1995.** (also see Item 1.11)			1 1 3	N/A	
4.4	**Hoistway Door Locking Device,** hoistway doors shall be locked and cannot be opened, outside the landing zone from the car side, until the car is 18 in. or less above or below the landing sill. **1980** [300.12]+[111.12(c)]+[1004.2(d)(4)] **1995** (also see Items 1.18 and 3.18)			1 1 3	X	
4.5	**Access To Hoistway,** the unlocking device keyways not allowed. **1955** access means shall be provided to one upper landing for access to the top of the car and at the lowest landing to gain normal access to the pit . **1960** unlocking devices may be installed for all hoistway doors. **1960** unlocking-device keyway shall be located at a height not greater than 6 ft 11 in. **1978** hoistway access switches shall be provided if hoistway door is locked with the car door closed when the car is at the terminal landing. **1955** [300.12]+[111.6]+[111.9]+[111.10]+[1004.2(d)(5)] **1995**			1 1 3	X	
4.6	**Power Closing of Hoistway Doors,** hoistway door and car door shall both be of the vertically or the horizontally type if constant-pressure switch is be provided in the car, the operation of which shall cause the doors to stop or stop and reopen when released before fully closed **1955** [300.13]+[112.3, thur112.6]+[1004.2(d)(6)] **1995** (see Items 1.8, and 1.9)			0 0 3	X	

Routine, Periodic, Acceptance Test/Inspection for

Hydraulic Elevators

As Per ASME A17.2.2-1997, A17.1-1993 A17.1A-1994 A17.1B-1995

ITEM	CHECK	ROUTINE	PERIODIC	ACCEPTANCE	Checked S	Checked U
		1	2	3		
5	**Pits**					
5.1	**Pits,** pits shall be kept clean and free of dirt and rubbish and shall not be used for storage purposes, water shall not be allowed to accumulate in pit. [1206.2a]+[1001.2(e)(1)] **1995**			1 1 3	X	
5.1	**Pits Access,** over 36 in. deep, shall be provided with a ladder, extended 42 in. above the sill. **1955** shall provide a ladder, extended 42 in. above the sill under each elevator. **1978** [300.7]+[106.1d(2)]+[1004.2(e)(1)] **1995**			1 1 3	X	
5.1	**Stop Switch,** shall be located as to be accessible from the pit access door. **1955** shall be approximately 18 in. above the floor level of the landing. [300.7]+[306.4(a)(1)]+[106.1f]+[210.2(g)]+[1004.2(e)(1)] **1995**			1 1 3	X	
5.1	**Illumination of Pits,** shall be provided, **1955** a light switch located as to be accessible from the pit access door. **1955** not less than 5 ftc, bulbs shall be guarded. **1988** a duplex receptacle. **1988,** a GFI duplex receptacle. **1993** [300.3]+[300.7]+[306.6]+[106.1e]+[1004.2(e)(1)]+[620-85] **1995/1996 NEC**			1 1 3	X	
5.1	**Separate Pit Access,** door shall , **1955** be self-closing and to be opened from inside the pit without a key. **1955** such doors shall be kept locked. **1955** have a minimum width of 30 in. and minimum height of 6 ft.. **1986** *keys shall be kept on the premises.* **1991** [300.7]+[106.1d(4)]+[210.2(g)]+[1004.2(e)(1)] **1995**			1 1 3	N/A	
5.1	**When Pit Exceeds 66 in. in Depth,** an additional stop switch is require, **1993** When Pit Exceeds 6 ft 7 in. in Depth, an additional stop switch is require. **1978** adjacent to the pit ladder and approximately 4 ft. above the pit floor. [300.7]+[106.1f]+[1004.2(e)(1)] **1995**			1 1 3	N/A	
5.1	**Guards Between Adjacent Pits,** shall provide, **1955** a 6 ft guard where the level between the floors of adjacent pits is more than 2 ft.. a 42 in. high medal railing may be installed where the level is 2 ft. or less. [300.7]+[106.1c]+[1004.2(e)(1)] **1995**			1 1 3	N/A	
5.1	**Sump Holes and Pumps in Pits,** sumps holes in pits shall be covered. **1985** where floor drains are not provided to prevent the accumulation of water , sump. pumps shall be provided. **1993,** drains shall not be connected directly to sewers **1955** [300.7]+[106.1b]+[1206.2a]+[1206.5a]+[1004.2(e)(1)] **1995**			1 1 3		X
5.1	**Protection of Spaces Below Hoistway,** shall conform to 300.10 [300.10]+[1004.2(e)(1)]			1 1 3	N/A	
5.2	**Bottom car Clearance,** shall be not less than 24 in.. **1955** [300.8a]+[302.3c]+[1004.2(e)(2)]+[1006.2e] **1995**			1 1 3	X	

Pit smokes 2 passed
Pit Heads 2 passed

ITEM	CHECK	ROUTINE	PERIODIC	ACCEPTANCE	Checked S	Checked U
		1	2	3		
5	**Pits (Continued)**					
5.7	**Platform Guards (Aprons),** shall be provided, **1955** the depth of the leveling zone plus 3 in, but in no case less than 21 in.. **1982** [301.6a(1)(2)]+[302.2c]+[203.9]+[1004.2(e)(7)] **1995**			**1 1 3**	✓	
5.8	**Guiding Members 1955** examine the car guiding members and their fastenings, that they are properly secured and properly lubricated if required [301.1]+[308]+[200.]+[1206.1d]+[1004.2(e)(8)] **1995**			**1 1 1**	✓	
5.9	**Supply Piping,** pipe supports, shall be provided. **1955** shut off valves in pit may be supplied. *[303.2c]+[1006.2f]+[1004.2(e)(9)]* **1995** *(also see Item 2.18)*			**1 1 3**	✓	
5.9	**Connections and Fitting,** all piping connections shall be of the welded, grooved, threaded, or bolded flange type. **1982** [303.3a]+[1006.2f]+[1004.2(e)(9)] **1995** (also see Item 2.18)			**1 1 3**	✓	
5.9	**Roped Hydraulic Elevator, Supply Piping,** where multiple drive machines are used they shall be, hydraulically connected to form a single hydraulic system. **1995** the driving members of the driving machine shall be vertical. [302.1]+[302.1b]+[1006.2f]+[1004.2(c)(24)] **1995** (also see Item 2.18)			**1 1 3**	✓	
5.10	**Car Safety - Rope Hydraulic Elevators Installed Under A17.1b - 1989 and Later Editions,** static test are not required where cylinder are completely exposed. relief valve setting shall be checked and tested. governors if supplied shall be checked and tripped by hand. safeties if supplied shall be checked and tested. oil buffers if supplied shall be checked and tested. firefighter's service if supplied shall be checked and tested. all the above involvimg hoist ropes plus emergency power if supplied shall tested with weights every. shall install a 5 year test tag. [301.1b]+[301.6,8,9,10]+[1005.2]+[1005.4]+[1004.2(e)(10)]+[1005.2c(3)] **1995**			**1 2 3** **yearly** **yearly** **yearly** **yearly** **yearly** **5 years**	✓	
5.11	**Governor Rope Tension Device. 1989** *if governors are supplied check tension sheave assembly.* [301.8]+[206.7]+[1004.2(e)(11)]+[1206.1a]+[1206.5a] **1995**			**1 1 1**	✓	

Thyssen Security Elevator
201 South Gulph Road
King of Prussia, PA 19406
Phone: 610 992 8180
Fax: 610 992 8182
EMAIL: ed.shane@thyssenelevator.com

DOVER ELEVATORS

Fax

To:	From: Ed Shane
Attn: ~~Ray Eli~~ SUE ELI	Pages: 1
Fax: ~~1-732-274-2084~~ 732-577-9621	Date: 1-20-00
Re: Brick Hospital CARS 1-2-3	Job #:

☐ Need Reply ASAP ☑ ~~For~~ Your Information ☐ Please Comment ☐ Please Reply

Ray:

I have listed below the answers to your questions:

1. DEFLECTOR SHEAVES = EXISTING
2. GOVERNOR = EXISTING CENTRIFUGAL
3. SAFETY = EXISTING
4. COUNTERWEIGHT = EXISTING
5. RAIL BRACKET SPACING = 9'-0"
6. HOSIBEAM CAPACITY = 7,000 LBS.

Hope this helps you.

Thank you,

Ed Shane
Engineering Coordinator

BRICK Hospital PERMIT #
425 J.M. B.

PLAN REVIEW REQUIRED DATA

SPECIFICATIONS & DATA SUPPLIED BY ELEVATOR CONTRACTOR

MANUFACTURER TRAFIOMATIC ## Dover	INSTALLER Security ELEV CO
CAR(S) NO. #1 #2 + #3	PLATFORM THICKNESS 2"
TYPE (Pass), (Ft) PASSENGER	CAR BUFFER TYPE 2 OIL (RT)
CAPACITY 4000 lbs	CAR BUFFER STROKE 9"
RATED SPEED 350 F.P.M.	CAR BUFFER REACTIONS 21,500 #
TRAVEL 76' 5¼"	LOAD ON CAR BUFFERS
STOPS 7	TYPE HOISTWAY ENTRANCES
OPENINGS 8	TYPE CAR DOOR(S) OR GATE(S)
OPERATION TRIPLEX	FIREMAN'S SERVICE AT 1 FLOOR
POWER SUPPLY 460 3 60	ALT. FIREMEN'S SERVICE AT FLOOR
MACH. ROOM HEAT EMISSION IN BTU'S 29,000	TRANSFORMER
CAR GUIDE RAILS 15 LBS./FT	HOIST BEAM CAPACITY
SPACING OF GUIDE RAIL SUPPORTS	SIZE & HEIGHT OF STILES MC 6x12
* NET RAIL FORCES	CLASS OF LOADING (Rule 207.2b)

HYDRAULIC ELEVATORS

PLUNGER OD	PLUNGER WALL THK
NUMBER OF PLUNGER SECTIONS	CYLINDER OD
CYLINDER WALL THK	REFUGE SPACE PIT TOP of H/W
WORKING PRESSURE	RELIEF PRESSURE
TYPE OF POWER UNIT	PUMP MOTOR HP
OIL PIPE OD	OIL PIPE WALL THK
PLUNGER OVERTRAVEL UP DOWN	

TRACTION ELEVATORS

MACHINE ROOM REACTIONS	SIZE & WEIGHT OF MACHINE BEAMS 16 x 40
SIZE OF CROSSHEAD C8 x 11.5	HOIST ROPES 6 - 5/8 8x19 STEEL Preformed
SIZE OF SAFETY PLANK C8 x 11.5	GOVERNOR ROPE(S) 1 1/2 8-25 Filler Wire IRON
TYPE OF SAFETY (CAR)	COMPENSATION TYPE No. 2 SIZE 5/16 - If needed
CAR GOVERNOR	CWT. BUFFER TYPE 1 OIL Buffer
MACHINE TYPE G.D. 240	CWT. BUFFER STROKE 9" (RB) - REACTION 31,000#
MOTOR HP & TYPE 38 HP	CWT. STILE SIZE
DRIVE SHEAVE DIA. 30" V Groove	TYPE OF CWT. GUIDES Roller
TYPE of GROOVE V GROOVE	TYPE OF CWT. SAFETY
DEFLECTOR/SECONDARY SHEAVE DIA.	CWT. GOVERNOR
CONTROL (VVVF) (VVSCR) (VVMG)	CWT. GUIDE RAILS LBS./FT.
ISOLATION SPL	CWT. BUFFER REACTIONS

ALL WORK TO COMPLY WITH ANSI A17.1 ELEVATOR SAFETY CODE AND/OR STATE OF NEW JERSEY HANDICAP CODE NJAC 5:23-7

BRICK Hosp
425 JmB

Carl Woods

PLAN REVIEW REQUIRED DATA

ESTIMATED WEIGHTS

TRACTION ELEVATORS		HYDRAULIC ELEVATORS	
ENCL. DOORS PROT. DEVICE		ENCL. DOORS PROT. DEVICE	
PLATFORM TOTAL	2205	PLATFORM TOTAL	
MISCELLANEOUS		MISCELLANEOUS	
CARFRAME & SAFETY		CARFRAME	
TOTAL CAR	5000	TOTAL CAR	
OVERBALANCE 40 %		LOAD ON JACK ASSEMBLY	
1/2 TC WEIGHT	895	WEIGHT of MACHINE	
TOTAL CWT. 6517	895		
LOAD ON CAR SAFETY			
LOAD ON SHEAVE SHAFT			
WEIGHT of MACHINE	5500		

ESCALATORS

RATED LOADS IN LB. (Rule 802.9)	HORIZONTAL SPAN
HORIZONTAL PROJECTION OF TRUSS	STRUCTURAL RATED LOAD
LOCATION OF EMERGENCY STOP BUTTONS	MACHINERY RATED LOAD
ACCESS TO MACHINE ROOM, PIT, INTERIOR	BRAKE RATED LOAD (Stopped)
INDICATE NUMBER OF FLAT STEPS	BRAKE RATED LOAD (Running)
TRUSS EXTENSION OR REDUCTION	LOAD OF ONE STEP CHAIN
STEP TREAD WIDTH IN INCHES	BREAKING LOAD OF STEP CHAIN
DIAMETER OF DRIVE WHEEL	DIAMETER OF STEP CHAIN WHEEL
LOAD OF ONE DRIVE CHAIN	BREAKING LOAD OF DRIVE CHAIN

GENERAL INFORMATION REQUIRED

- Locate escalator from structural or architectural drawings
- Furnish sealed structural drawing indicating escalator reactions.
- Three sets of sealed escalator layout drawings

E

Thyssen Security Elevator

201 South Gulph Road
King of Prussia, PA 19406
Phone: 610 992 8180
Fax: 610 992 8182
E-Mail:ed.shane@thyssenelevator.com

DOVER ELEVATORS

October 1, 1999

Township Of Brick
401 Chambers Bridge Road
Brick, N.J. 08723
Attn. Tina

RE: BRICK HOSPITAL
CARS 1,2,3 MODERNIZATION
BRICK N.J.
SECO No. 91578-9004

Dear Tina:

Enclosed please find the required application and drawings to secure the permit to perform major repairs on the (3) existing passenger elevators at the Brick Hospital in Brick N.J. Upon receipt of this package please proceed to issue the required permit to perform this work and send the permit to our office. Also please contact me with permit fee for this permit

Enclosed please find the following:

(4) Prints Signed & Sealed: Elevator layout drawing # 91578-P123 sheets 1-2 of 2

(4) Prints: Elevator Subcode Technical Section Form F-150

If you have any questions or need any additional information, please feel free to contact me at (610) 992-8180 ext. 208.

Sincerely,

Edward Shane
Engineering Coordinator

SECURITY ELEVATOR COMPANY
SINCE 1908
201 S. GULPH ROAD, PO BOX 62010, KING OF PRUSSIA, PENNSYLVANIA 19406
(610) 992-8180
FAX (610) 992-8182

2-17-00

TOWNSHIP OF BRICK

Re: BRICK HOSPITAL
CARS 1-2-3

Your Reference No. Block # 1170

Our Purchase Order No. LOT # 18

Attention: TINA

Our No. 91578-9004

- [x] We Are Sending You
- [x] Enclosed
- [ ] Under Separate Cover
- [ ] We Are in Need of
- Submission No. _____
- [ ] Prints
- [ ] Sepias
- [ ] Brochures: _____
- [ ] Power Confirmation
- [x] Other CHECK
- [ ] Approved
- [ ] For Approval
- [ ] Approved as Noted
- [ ] For Resubmission
- [x] For Files and Distribution
- [ ] Revise and Resubmit

- [ ] Please Check These Drawings Over Carefully to Make Sure We Have Shown Conditions Correctly.
- [ ] Please Return One Set Marked Approved or Noted With Corrections.
- [ ] Please Sign and Return One (1) Copy of Power Confirmation.
- [ ] This is a Follow Up Per Your Letter, Phone Conversation Dated _____
- [ ] Please Return One Each of Enclosed _____ Brochure(s) With Selections Noted Thereon, or Incorporate Selections in Your Return Transmittal.

NOTE: Processing of this contract is subject to the prompt return of the enclosed.

NO. OF DRAWINGS	DRAWING NUMBER	DRAWING DATE	DESCRIPTION
1	CHECK		# 28328 = 2452.00

Remarks ENCLOSED PLEASE FIND CHECK FOR PERMIT FEE

Copy to _____

Copy to _____

Copy to _____

SECURITY ELEVATOR CO.

By _____

202-1999 Jewels

☒ NOTICE OF VIOLATION AND ORDER TO TERMINATE
☐ NOTICE AND ORDER OF PENALTY

Date Issued 03/12/96
Control # 111486-01
Permit #

IDENTIFICATION

Work Site Location BRICK HOSPITAL, WEST WING Block _____ Lot _____
425 JACK MARTIN BOULEVARD, BRICK, NJ 08724
Owner in Fee BRICK HOSPITAL Agent _____
Address 425 JACK MARTIN BOULEVARD Address _____
BRICK, NJ 08724

ACTION

DATE OF NOTICE: 03/12/96 COMPLIANCE DUE DATE: 06/26/96 DATE OF INSPECTION: 03/05/96

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:

SEE ATTACHED INSPECTION REPORT

You are hereby ordered to terminate the said violations on or before 06/26/96.
No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

☒ Failure to comply with this Order will subject you to a penalty of $ 500.00 per Day.

☐ You are hereby ordered to pay a penalty in the amount of $ _____ for each violation for a total penalty of $ _____. Each _____ that any of the said violations remain outstanding after _____ shall result in an additional penalty of $ _____ per _____.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the County of Ocean within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ 100.00 to be forwarded with your application to the Board of Appeals office at 2 Mott Place, Toms River, NJ 08753.

If you have any questions concerning this matter, please call: (908) 684-1337.

NOTICE OF VIOLATION AND ORDER TO TERMINATE: Raymond M Ely SCO DATE: 03/12/96

NOTICE AND ORDER OF PENALTY: _____ CO DATE: _____

U.C.C. Form 5-210A

ELEVATOR INSPECTION

FORM MUST BE TYPEWRITTEN

Name BRICK HOSPITAL
Address 425 JACK MARTIN BLVD.
Town/State/Zip BRICK, NJ 08724-

TYPE OF INSPECTION/TEST DATE 03/05/96
1 = FA 4 = 3 Yr 7 = Alteration
2 = 6 Mo 5 = 5 Yr Pass _____ Frt _____
3 = 1 Yr 6 = Reinsp

BUILDING REGISTRATION NO. 1506-00110-001
Location Num: 2466
Case Num: 111479-01

S = SATISFACTORY U = UNSATISFACTORY (Use NA When Not Applicable)

	DEVICE NUMBER	1		2		3							
	TYPE OF INSPECTION/TEST	6		6		6							
		S	U	S	U	S	U	S	U	S	U	S	U
A. MACHINE ROOM & MACHINE ROOM EQUIPMENT													
1. Enclosure/Lighting/Vents		N/A		N/A		N/A							
2. Machine/Brake/Gears/Motor		N/A		N/A		N/A							
3. Hydro Power Motor Unit		N/A		N/A		N/A							
4. Motor Generator Set/SCR Drive		N/A		N/A		N/A							
5. Controller/Selector		N/A		N/A		N/A							
6. Governor(s)		X		X		X							
7. Relief & Check Valves		N/A		N/A		N/A							
8. Fused Disconnect		N/A		N/A		N/A							
9. Oil/Hydro Fluid, Leaks, Level		N/A		N/A		N/A							
10. Hydro Fluid Hoses or Pipe		N/A		N/A		N/A							
11. Seals, Plates, Labels, Unit ID		N/A		N/A		N/A							
12.		N/A		N/A		N/A							
B. ELEVATOR CAR AND COUNTERWEIGHT													
1. Car Enclosure/Platform/Sling/Flooring		N/A		N/A		N/A							
2. Guide Shoes/Rollers		N/A		N/A		N/A							
3. Car Gate/Door/Accessories		N/A		N/A		N/A							
4. Car Gate or Door Operator		N/A		N/A		N/A							
5. Car Lighting/Standard & Emergency		N/A		N/A		N/A							
6. Rope Hitches/Platen Hitch		N/A		N/A		N/A							
7. Top-of-Car Operating Station/Stop Switch		N/A		N/A		N/A							
8. Car Operating Station/Stop Switch/Indicators		N/A		N/A		N/A							
9. Emergency Signals & Communication		N/A		N/A		N/A							
10. Emergency Exits/Top/Side		N/A		N/A		N/A							
11. Car Safeties & Accessories		X		X		X							
12. Seals, Plates & Labels		N/A		N/A		N/A							
13. Phase I — Fire Service		X		X		X							
14. Phase II — Fire Service		X		X		X							
15.		N/A		N/A		N/A							
16.		N/A		N/A		N/A							
C. HOISTWAY, HOISTWAY ENTRANCES AND PIT													
1. Enclosure		N/A		N/A		N/A							
2. Door, Closers & Accessories		N/A		N/A		N/A							
3. Door Interlocks/Emergency Key/Access Keys		N/A		N/A		N/A							
4. Guide Rails: Main & Counterweight		N/A		N/A		N/A							
5. Switches and Cams		N/A		N/A		N/A							
6. Pit/Stop Switch/Light/Ladder		N/A		N/A		N/A							
7. Counterweight Guard		N/A		N/A		N/A							
8. Buffers: Spring or Oil		N/A		N/A		N/A							
9. Ropes: Hoist, Governor, Cwt. Compensating Tail		N/A		N/A		N/A							
10. Traveling Cable and Wiring		N/A		N/A		N/A							
11. Plunger, Cylinder and Gland		N/A		N/A		N/A							
12. Governor Rope Tension Sheave & Assembly		N/A		N/A		N/A							
13. Compensating Sheave or Chain		N/A		N/A		N/A							
14. Clearances and Runby		N/A		N/A		N/A							
15. Seals, Plates and Labels		N/A		N/A		N/A							
16. Hall Station/Hall Position Indicator (if required)		N/A		N/A		N/A							
17. Car Door Reopening Device(s)		N/A		N/A		N/A							
18.													

☒ NOTICE OF VIOLATION AND ORDER TO TERMINATE
☐ NOTICE AND ORDER OF PENALTY

Date Issued 03/12/9
Control # 111479-0
Permit #

IDENTIFICATION

Work Site Location BRICK HOSPITAL Block 1170 Lot 18
425 JACK MARTIN BLVD., BRICK, NJ 08724
Owner in Fee MEDICAL CENTER OF OCEAN COUNTY Agent
Address BRICK HOSPITAL c/o MAINTENANCE Address
425 JACK MARTIN BLVD.
BRICK, NJ 08724

ACTION

DATE OF NOTICE: 03/12/96 COMPLIANCE DUE DATE: 06/27/96 DATE OF INSPECTION: 03/05/96

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:

SEE ATTACHED INSPECTION REPORT

You are hereby ordered to terminate the said violations on or before 06/27/96.
No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

☒ Failure to comply with this Order will subject you to a penalty of $ 500.00 per Day.

☐ You are hereby ordered to pay a penalty in the amount of $ _____ for each violation for a total penalty of $ _____. Each _____ that any of the said violations remain outstanding after _____ shall result in an additional penalty of $ _____ per _____.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the County of Ocean within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

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The fee for an appeal is $ 100.00 to be forwarded with your application to the Board of Appeals office at 2 Mott Place, Toms River, NJ 08753.

If you have any questions concerning this matter, please call: (908) 634-1337.

NOTICE OF VIOLATION AND ORDER TO TERMINATE: Raymond M Ely SCO DATE: 03/12/96

NOTICE AND ORDER OF PENALTY: _____ CO DATE: _____

U.C.C. Form F-210A

Municipality: TOWNSHIP OF BRICK

Location: BRICK HOSPITAL
425 JACK MARTIN BLVD.

TEST NARRATIVE

Case No.: 111479-01 Customer No.: 5011 Location No.: 2466

Date of Inspection: 03/05/96 Inspector: Louis Tigano - 006720

CODE: 1981

DEVICES #1 TO #3 (TRACTION)

Results of test: Annual Safety Test, Car Oil Buffer, Counterweight Buffer Fire Service Phase I & II, passed.

NOTE: This inspection is for test purposes only, any other outstanding code violations remain in effect.