BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 JACK MARTIN BLVD PERMIT NO. 04-0274

CONSTRUCTION PERMIT APPLICATION

CH2.5

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

I. IDENTIFICATION

1. Propsed Work Site at: TELECOM OFFICE RENOVATION
2. Name of Owner in Fee: OCEAN MEDICAL CENTER Tel. (732) 836-4077
   Address 425 JACKMARTIN BLVD (street) BRICK (municipality) NJ 07824 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: WM. BLANCHARD CO. Tel. (973) 376-9100
   Address 199 MOUNTAIN AVE SPRINGFIELD NJ 07081
   License No. OR, if new home, Builder Reg. No. — Exp. Date —
   Federal Employee No. 22-168 8982 FAX: (973) 376-9154
5. Architect or Engineer VITETTA Tel. (215) 218-4842
   Address 4747 South Broad St. Philadelphia, PA 19112
6. Responsible Person in Charge of Work BOB WICKE
   Tel. (732) 840-4510 FAX (732) 840-4513

OFFICE Renovation. w/ toilet

Bobwicke 732-206-8350

V. FEE SUMMARY (for office use only)

			Update TA	Update
1.	Building	$	260	35
2.	Electrical		35	
3.	Plumbing		20	
4.	Fire Protection		65	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$	25	7
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	405	43

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	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☒ Minor Work	Below	MB	1/21/04		1-27-04		3/4/04		OK
2.	☐ New Building	—								
3.	☐ Addition	—								
4.	☒ Alteration	9000								
5.	☒ Fire Protection	750				1-30-04		3/3/04		OK
6.	☒ Plumbing	5000				1/27/04				
7.	☒ Electrical	2500				2-3-04				
8.	☐ Elevator Devices	—						E OK 3/3/04		
9.	☐ Asbestos Abat. Subch. 8							B OK 3/4/04		
10.	☐ Lead Hazard Abatement	—						PM 3/3/04		
11.	☐ Demolition	1000						E OK 3/3/04		
	TOTAL COSTS	18,250								

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: toilet
2. Use Group: I-2
3. Change in Use Group, Indicate Former:

Interior Renovation - Commercial

LDS BR 10400193

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.				

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name ROBERT WILKE - WM BLANCHARD CO

Address 435 JACK MARTIN BLVD.
BRICK, NJ 08724

Telephone (732) 840-4510

Signature _____

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/18/2004
Control #
Permit # 04-0274

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD-TELCOM
ALTERATION/PLG
Owner in Fee/Occupant MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3296
Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Telephone (973)376-9100 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1688982

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

MOVE TELCOM OFFICE ADD NEW BATHROOM

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

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

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

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

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

CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. Cash
Collected by: JB

U.C.C. F260 (rev. 3/96) NJ UCCARS 5:23E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/18/2004
Control #
Permit # 04-0274

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD-TELCOM
ALTERATION/PLG
Owner in Fee/Occupant MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3296
Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Telephone (973)376-9100 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1688982

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

MOVE TELCOM OFFICE ADD NEW BATHROOM

[ ] 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.

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

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] 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 _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. Cash
Collected by: JB

U.C.C. F260 (rev. 3/96) NJ OCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/18/2004
Control #
Permit # 04-0274

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD-TELCOM
ALTERATION/PLG
Owner in Fee/Occupant MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3296
Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Telephone (973)376-9100 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1688982

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

MOVE TELCOM OFFICE ADD NEW BATHROOM

[ ] 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.

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

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] 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 _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. Cash
Collected by: JB

U.C.C. F260 (rev. 3/96) NJ OCCARS 5.24E

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/04/2004
Control #
Permit # 04-0274

UCC NEW JERSEY
CONSTRUCTION PERMITE

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 925 JACK MARTIN BLVD-TELCOM
ALTERATION/PLB
Owner in Fee MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3296

Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Telephone (973)376-9100
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1689982

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
MOVE TELCON OFFICE ADD NEW BATHROOM

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 $ 18,250

D F Newman Jr 02/04/2004
Construction Official Date

U.C.C. F170 (rev. 3/96) NJ UCCARG 5.24E

PAYMENTS (Office Use Only)

Building	260
Electrical	35
Plumbing	20
Fire Protection	65
Elevator Devices	0
Other	
DCA State Permit Fee	25
Cert. of Occupancy	0
Other	
Total	405
Check No.	
Cash	X
Collected By	JB

02/04/04 11:10AM 000000#6686
XX06 SERV.006

#040274	
BUILDING	$260.00
ELECTRIC	$35.00
PLUMBING	$20.00
FIRE	$65.00
DCA	$25.00
XXXTOTAL	$405.00
CASH	$405.00
CHANGE	$0.00

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 02/26/2004
Control #
Permit # 04-0274+A
Permit Issued 02/04/2004

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD-TELCON ELECTRIC
Owner in Fee MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3296

Contractor INNOVATIVE A/V SYSTEMS
Address 150 RIVER RD BLDG I
MONTSVILLE, NJ 07045-
Telephone (973)299-1666
Lic. No. or Oldrs. Reg. No.
Federal Emp. No. 22-3801128

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
VIDEO PROJECTION SYSTEM

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	7
Cert. of Occupancy	0
Other	
Total	42
Check No.	2696
Cash	
Collected By	ERP

02/26/04 10:38AM 000000#7145
XX07 SERV.007

ELECTRIC	$35.00
DCA	$7.00
CHECK	$42.00

Estimated Cost of Work $ 5,000

D. T. Newman Jr. CO 02/26/2004
Construction Official Date

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/27/2004
Date Issued 2/4/04
Control # C42-50
Permit # 04-0274

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-TELCOM
ALTERATION/PLG

Owner in Fee MERIDIAN HOSPITAL CORP

Address SAME
BRICK, NJ 08724-

Tele.(732)840-3296

Contractor WILLIAM BLANCHARD CO

Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-

Tele.(973)376-9100 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-1688982

C. CERTIFICATION IN LIEU OF OATH

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

Signature.

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

MOVE TELCOM OFFICE, ADD NEW BATHROOM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	1-27-04	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3-4-04
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			2/18/04 over	
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	3/1/04		3/4/04	
BarrierFree	N/R			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed B
Constr. Class	Present	Proposed
No. of Stories		0
Height of Structure		0 Ft.
Area Largest Floor		0 Sq. Ft.
New Bldg. Area/All Floors		0 Sq. Ft.
Volume of New Structure		0 Cu. Ft.
Total Land Area Disturbed		0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 10,000
3. Total (1+2) $ 10,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK

		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		260
[ ] Roofing		0
[ ] Siding		0
[ ] Fence 0	Height (exceeds 6')	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[ ] Other		0
Other		0
[ ] Demolition		0
	Administrative Surcharge	$ 0
Paid [-] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 260
	DCA State Permit Fee	$ 14

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING SUBCODE
TECHNICAL SECTION

Date Received 01/27/2004
Date Issued 2/4/04
Control # C42-50
Permit # 04-0274

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-TELCOM
ALTERATION/PLG
Owner in Fee MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Tele.(973)376-9100 Fax-( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1688982

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

MOVE TELCOM OFFICE ADD NEW BATHROOM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	1-27-04	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 10,000
3. Total (1+2) $ 10,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	260
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 260
DCA State Permit Fee	$ 14

Paid [ ] Check #
Collected by:

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/27/2004
Date Issued 2/4/04
Control # C42-50
Permit # 04-0274

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-TELCOM
ALTERATION/PLG
Owner in Fee MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Tele.(973)376-9100 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1888982

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

MOVE TELCOM OFFICE ADD NEW BATHROOM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	1-27-04	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	260
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 10,000
3. Total (1+2) $ 10,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 260
DCA State Permit Fee	$ 14

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

UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 01/27/2004
Date Issued 2/4/04
Control # C42-50
Permit # 04-0274

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-TELCOM
ALTERATION/PLG
Owner in Fee MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor LITTLE SILVER ELECTRIC
Address 68 BIRCH AVE
LITTLE SILVER, NJ
Tele.(732)741-1222
Lic. No. or Bldrs. Reg. No. 7760
Federal Emp. No. 22-1778092

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 2 3 04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 3 5 04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			3 5 04	

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
6		Lighting Fixtures	
6		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
1		Emergency & Exit Lights	
2		Communications Points	
2		Alarm Devices/F.A.C. Panel	
20		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	35
DCA State Permit Fee	$	3

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

UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/27/2004
Date Issued 2/14/04
Control # C42-50
Permit # 04-0274

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-TELCOM
ALTERATION/PLG.
Owner in Fee MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor LITTLE SILVER ELECTRIC
Address 68 BIRCH AVE
LITTLE SILVER, NJ
Tele.(732)741-1222
Lic. No. or Bldrs. Reg. No. 7760
Federal Emp. No. 22-1778092

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 2/3/04
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
6		Lighting Fixtures	
6		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
1		Emergency & Exit Lights	
2		Communications Points	
2		Alarm Devices/F.A.C. Panel	
20		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check $ Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA State Permit Fee $ 3

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

UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/27/2004
Date Issued 2/4/04
Control # C42-50
Permit # 04-0274

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-TELCOM
ALTERATION/PLG
Owner in Fee MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor LITTLE SILVER ELECTRIC
Address 68 BIRCH AVE
LITTLE SILVER, NJ
Tele.(732)741-1222
Lic. No. or Bldrs. Reg. No. 7760
Federal Emp. No. 22-1778092

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 2-3-04
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
6		Lighting Fixtures	
6		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
1		Emergency & Exit Lights	
2		Communications Points	
2		Alarm Devices/F.A.C. Panel	
20		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA State Permit Fee	$ 3

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

C3 NJ UCCAR55.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/26/2004
Date Issued 01/01/1954
Control #
Permit # 04-0274+A

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

Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD-TELCOM ELECTRIC

Owner in Fee MERIDIAN HOSPITAL CORP

Address SAME
BRICK, NJ 08724-

Tele.(732)840-3296

Contractor INNOVATIVE A/V SYSTEMS

Address 150 RIVER RD BLDG I
MONTSVILLE, NJ 07045-

Tele.(973)299-1666

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3801128

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 2/26/04
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other VIDEO PROJ SYS	35
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA State Permit Fee $ 7

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

C3 NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/26/2004
Date Issued 01/01/1954
Control #
Permit # 04-0274+A

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

Block 1170 Lot 16 Qual
Work Site Location 425 JACK MARTIN BLVD-TELCON ELECTRIC
Owner in Fee MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3696
Contractor INNOVATIVE A/V SYSTEMS
Address 150 RIVER RD BLDG I
MONTSVILLE, NJ 07045-
Tele.(973)299-1666
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3801128

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 2/26/04
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/With UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other VIDEO PROJ SYS	35
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA State Permit Fee	$ 7

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

C3 NJ UCCAR55.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/26/2004
Date Issued 01/01/1954
Control #
Permit # 04-0274+A

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

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD-TELCOM
ELECTRIC
Owner in Fee MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor INNOVATIVE A/V SYSTEMS
Address 150 RIVER RD BLDG I
MONTSVILLE, NJ 07045-
Tele.(973)299-1666
Lic. No. or Bldrs. Reg. No:
Federal Emp. No. 22-3801128

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 2/26/04
Approved By: LMA

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 3/5/04
Approved By: MLA

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			3/5/04	MM

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other VIDEO PROJ SYS	35
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA State Permit Fee	$ 7

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 01/28/2004
Date Issued 2/4/04
Control # C42-50
Permit # 04-0274

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-TELCOM
ALTERATION/PLG
BASEMENT ROOM ONLY
Owner in Fee MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754-
Tele.(732)922-3399
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1904087

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 750

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 1-30-04
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3-5-04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test			3-5	
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		Call for Insp.
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	2	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	65
DCA State Permit Fee	$	1

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 01/28/2004
Date Issued 2/4/04
Control # C42-50
Permit # 04-0274

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-TELCOM BASEMENT ROOM ONLY
ALTERATION/PLG
Owner in Fee MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754-
Tele.(732)922-3399
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1904087

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 750

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 1-30-04
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wat)	2	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Call for Info

Administrative Surcharge		$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by: TOTAL FEE		$ 65
	DCA State Permit Fee	$ 1

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 01/28/2004
Date Issued 2/4/04
Control # C42-50
Permit # 04-0274

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-TELCOM BASEMENT
ALTERATION/PLG ONLY
Owner in Fee MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754-
Tele.(732)922-3399
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1904087

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 750

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 1-30-04
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	2	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Call for Info.

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 65
DCA State Permit Fee	$ 1

Paid [ ] Check #
Collected by:

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

TELECOM OFFICE
OCEAN MEDICAL CTR.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 2-4-04
Date Issued
Control #
Permit # 04-0274

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 TELECOM OFFICE RENO

Owner in Fee OCEAN MEDICAL CENTER
Address 425 JACK MARTIN BLVD
BRICK NJ 08724
Tele. (732) 836-4077
Contractor FRANK MCBRIDE CO. INC
Address RARITAN PLAZA BLDG PEC-A 162 FERNWOOD AVE
EDISON, NJ 08837
Tele. (732) 512-0270 Fax (732) 512 0272
Lic. No. B16107
Federal Emp. No. 22-1101670

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 $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 1/27/04
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3-3-04
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			2/10/04	
Rough			2/19/04	
Water				
Sewer				
Fixtures			3/2/04	
Gas Equipment				
Gas Piping				
Solar				
TCO _____				
CANCELLED 2/9/04			3/2/04	

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 1/22/04

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

(2)

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

A.D.A.

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

JAMES E. McGREEVEY
Governor

SUSAN BASS LEVIN
Commissioner

January 14, 2004

Dear Construction Official:

I am writing to inform you of a recent amendment (P.L. 2003, c.228) to the Uniform Construction Code Act (P.L. 1975, c.217) that increases the maximum penalty that can be issued by local enforcing agencies for violations of the Uniform Construction Code from $500 to $2,000. This amendment was signed into law by Governor James E. McGreevey on January 9, 2004 and is immediately enforceable. (Amendments to the rules to make them conform to the Act will follow shortly.)

An excerpt from P.L. 2003, c.228 outlining the conditions under which penalties greater than $500 may be issued for violations of the Uniform Construction Code is attached for your convenience.

If you have any questions regarding issuing penalties for violations of the Uniform Construction Code, please contact the Office of Regulatory Affairs at (609) 984-7672.

Sincerely,

William M. Connolly
Director
Division of Codes and Standards

Attachment

[1]e. Penalties in excess of $500.00 per violation may be levied by an enforcing agency only as follows:

(1) A penalty for failure or refusal to comply with any lawful order shall not exceed $1,000.00 per violation, unless the failure or refusal to comply is done with the knowledge that it will endanger the life or safety of any person, in which case the penalty shall not exceed $2,000.00 per violation;

(2) A penalty for failure to obtain a required permit prior to commencing construction or for allowing a building to be occupied without a certificate of occupancy shall not exceed $2,000.00 per violation;

(3) A penalty for failure to comply with a stop construction order shall not exceed $2,000.00 per violation;

(4) A penalty for willfully making a false or misleading written statement, or willfully omitting any required information or statement in any application or request for approval, shall not exceed $2,000.00 per violation;

For purposes of this subsection, in an occupied building, only a code violation involving fire safety, structural soundness or the malfunctioning of mechanical equipment that would pose a life safety hazard shall be deemed to endanger the life or safety of a person. In an unoccupied building only a code violation of a requirement intended to protect members of the public who are walking by the property shall be deemed to endanger the life or safety of a person.[1]

04-0274

FRAMING CHECKLIST

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS
- ☐ SPACING
- ☐ SIZE

STRAPS
- ☐ SPACING (PER MANUFACTURER'S SPECS)
- ☐ SIZE

2. SILL PLATES:
- ☐ SIZE
- ☐ GRADE, SPECIES
- ☐ TREATMENT
- ☐ LAPS
- ☐ SILL SEALER
- ☐ PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
- ☐ TERMITE PROTECTION

3. BEAM POCKETS:
- ☐ BEARING/SHIMS
- ☐ TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:
- ☐ SIZED PER PLAN
- ☐ ATTACHMENT/PLATES
- ☐ SPACING/LOCATION
- ☐ PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1ST	2ND	3RD FLOOR	
☐	☐	☐	SIZE
☐	☐	☐	GRADE, SPECIES
☐	☐	☐	SINGLE OR DOUBLE
☐	☐	☐	PRE-ENGINEERED PER MANUF'S SPECS
☐	☐	☐	CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:
- ☐ SIZED PER PLAN
- ☐ TYPE
- ☐ GRADE, SPECIES
- ☐ LOCATION AND RELATION TO THE PLAN
- ☐ NAILING
- ☐ ATTACHMENT SCHEDULE
- ☐ BEARING
- ☐ LAPPING

3. FLOOR JOIST:

1ST	2ND	3RD FLOOR	
☐	☐	☐	SIZED PER PLAN
☐	☐	☐	GRADE, SPECIES
☐	☐	☐	PRE-ENGINEERED COMPONENTS AS *SPECIFIED*
☐	☐	☐	BEARING
☐	☐	☐	NAILING
☐	☐	☐	BRIDGING
☐	☐	☐	CUTTING AND NOTCHING (AS PER CODE)
☐	☐	☐	POINT LOADS - SUPPORTED AS PER PLAN
☐	☐	☐	SPAN HANGERS
☐	☐	☐	HEADERS
☐	☐	☐	FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1ST	2ND	3RD FLOOR	
			MATERIAL
☐	☐	☐	PANEL SPAN, THICKNESS
			SPECIAL REQUIREMENTS
☐	☐	☐	EDGE BLOCKING (IF REQUIRED)
☐	☐	☐	GAPPING
☐	☐	☐	LAYOUT

5. STAIR ATTACHMENT:

1ST	2ND	3RD FLOOR	
☐	☐	☐	BEARING
☐	☐	☐	NAILING

4/24/03

C. Wall Framing

1. Exterior Wall Frame:

1ST 2ND 3RD Floor

- ☐ ☐ ☐ Size
- ☐ ☐ ☐ Space
- ☐ ☐ ☐ Species and Grade
- ☐ ☐ ☐ Cutting, Notching, and Boring
- ☐ ☐ ☐ Header Sizes
- ☐ ☐ ☐ Jack Stud Bearing

Top Plates

- ☐ ☐ ☐ Nailing
- ☐ ☐ ☐ Laps
- ☐ ☐ ☐ Rafter Ties
- ☐ ☐ ☐ Hurricane Straps (as required)

2. Interior Load-Bearing Walls:

1ST 2ND 3RD Floor

- ☐ ☐ ☐ Size
- ☐ ☐ ☐ Space
- ☐ ☐ ☐ Layout - Support Below per Code
- ☐ ☐ ☐ Species and Grade
- ☐ ☐ ☐ Cutting, Notching, and Boring
- ☐ ☐ ☐ Fire Blocking
- ☐ ☐ ☐ Header Sizes
- ☐ ☐ ☐ Jack Stud Bearing

Top Plates

- ☐ ☐ ☐ Nailing
- ☐ ☐ ☐ Laps
- ☐ ☐ ☐ Strapping

3. Interior Non-Load-Bearing Walls:

1ST 2ND 3RD Floor

- ☐ ☐ ☐ Size
- ☐ ☐ ☐ Space
- ☐ ☐ ☐ Species and Grade
- ☐ ☐ ☐ Cutting, Notching, and Boring
- ☐ ☐ ☐ Fire Blocking
- ☐ ☐ ☐ Header Sizes
- ☐ ☐ ☐ Top Plate Nailing

D. Roof Framing

1. Truss Roof Framing (as per design):

Approved Documents which Show:

- ☐ Layout Plans
- ☐ Truss Members
- ☐ Connection Schedule
- ☐ Permanent Bracing Details
- ☐ Dormers/Roof Structures on Manufacturer's Drawings
- ☐ Equipment/Appliances on Manufacturer's Drawings

- ☐ Location as per Layout
  - ☐ Alignment
- ☐ Bearing
- ☐ Spacing
- ☐ Connections to Bearing Points
- ☐ No Connection to Non-Bearing Points
- ☐ Damage and Defects
  - ☐ Engineered Method of Repair

2. Permanent Truss-to-Truss Bracing (as per design):

- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Termination
- ☐ Transition (i.e., Cross) Bracing

3. Gable End Bracing (as per design):

- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Termination

4. Solid Sawn Roof Framing:

- ☐ Size
- ☐ Grades, Species

Layout

- ☐ Spacing
- ☐ Span

- ☐ Bearing
- ☐ Fastening
  - ☐ Damage Caused by Fasteners (rafters not split by toenails)
- ☐ Cutting, Notching, and Boring
- ☐ Bridging
- ☐ Ridge Size
- ☐ Hurricane Ties Where Applicable

E. Sheathing

1. Sheathing – Exterior Walls:

Material

- ☐ Panel Span, Thickness

Special Requirements

- ☐ Gapping
- ☐ Layout
- ☐ Corner Bracing (if required)

2. Sheathing – Roof:

Material

- ☐ Panel span, Thickness

Special Requirements

- ☐ Blocking, Edge (if required)
- ☐ Clips (if required)
- ☐ Gapping
- ☐ Layout

Sheathing, FRT – Roof

- ☐ Four Feet from Firewall
- ☐ Noncorrosive Fasteners

04-0274

Telecom office

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 425 Jack Martin Block 1170 Lot 18

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

FINALS		FINALS	FINALS
BUILDING	APPROVED	3/4/04 OK	
PLUMBING	APPROVED	3/3/04 OK	
FIRE	APPROVED	3/5/04 OK	
ELECTRIC	APPROVED	3/5/04	
ENGINEERING	APPROVED		
O.C.SOIL	APPROVED		
COMMERCIAL OCCUPANCY CARD			
C.C. FROM B.T.M.U.A.		N/a	

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

AFFORDABLE HOUSING 3/12/04 OK

ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1170 LOT 18 SITE ADDRESS 425 Jack Martin Blvd.
TYPE OF SITE Residential (Commercial) NAME OF BUSINESS [illegible] office fit up
APPLICANT Wm Blanchard Co PHONE NUMBER 973-376-9100
APPLICANT ADDRESS 199 Fountain Ave. CITY & STATE Springfield NJ 07081

INCLUSIONARY DEVELOPMENT

Affordable
Fee Required ________ Date ________
Down Payment ________ Date ________
Balance ________ Date ________
Paid In Full ________ Date ________
Market Rate No Fee Required

Permit issued before prel. MDF assessed final only!!

fax - 732 840-4513
Bob Wilke 732-206-8350

MANDATORY DEVELOPER FEES

◇ Residential is .005 %
X Commercial is .01%
X The estimated equalized assessed value of the proposed construction is

$ 18,000

Frederick R. Millman (signature) 3/12/04
Frederick R. Millman, CTA, Tax Assessor Date

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

$ 18,000

Frederick R. Millman (signature) 3/15/04
Frederick R. Millman, CTA, Tax Assessor Date

Prelininary Fee Required 90.00 Date ________
Preliminary Paid -0- Check # ________
Receipt # ________

Final Total Fee Required 180.00
Preliminary Paid -0- Date 3/16/04
Final Paid 180.00 Check# 1015658
Balance Due 0 Receipt # 325157

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

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

(signature)
Office of Affordable Housing

3/8/04 - Ta prelim.
3/2/04 - called Bob Wilke fax

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

JAMES E. MCGREEVEY
Governor

January 6, 2004

SUSAN BASS LEVIN
Commissioner

Mr. John Finely
VITETTA
901 Route 73
Suite 110
Marlton, NJ 08053

Re: **Local Plan Review**
West Wing Basement Telecom Office
Ocean Medical Center
Ridgewood, NJ

Dear Mr. Finely;

I have reviewed your submitted documents dated December 4, 2003 and received December 9th, 2003 regarding the above referenced subject.

Currently, we are allowing local construction department to perform the review of certain projects, as long as there are no State licensure or AIA Guidelines requirements to be met in those areas or if the work is very minor in nature. Having looked at the submitted information and having consulted with staff at New Jersey Department of Health & Senior Services, Division of Licensure, it has been determined that local review of this project is appropriate. This is with the understanding that this is strictly limited to the review of the **West Wing Basement Telecom Office** and all work required to accomplish this work at the above referenced facility.

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

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

Sincerely,

Farivar Kiani
Supervisor
Health Care Plan Review
Construction Plan Approval

1860 Blanchard
Wm. Blanchard Co. | Builders since 1860

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

January 27, 2004

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

Attn: Daniel F. Newman, Jr. – Construction Official
732-262-1030
732=262=8954 (Fax)

Ref: Job No. 5003
Telcom Office
Ocean Medical Center
Brick, New Jersey
Block 1170, Lot 18

We Are:

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

For Your:

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

No. Copies	Drawing Number	Title	Date
1	State of New Jersey letter allowing for local review and approval		1/6/04
1	Construction Permit Application for Telecom Office		
1	Completed Building, Plumbing, Electrical and Fire Subcode Sections		
1	Sketch showing Minor Renovation Area approved by OMC		1/19/04
2 Sets	Signed/Sealed Architectural, Plumbing, Sprinkler, and Electrical Drawing Revisions		1/16/04

COMMENTS: Please call with the permit fee amounts as soon as possible.

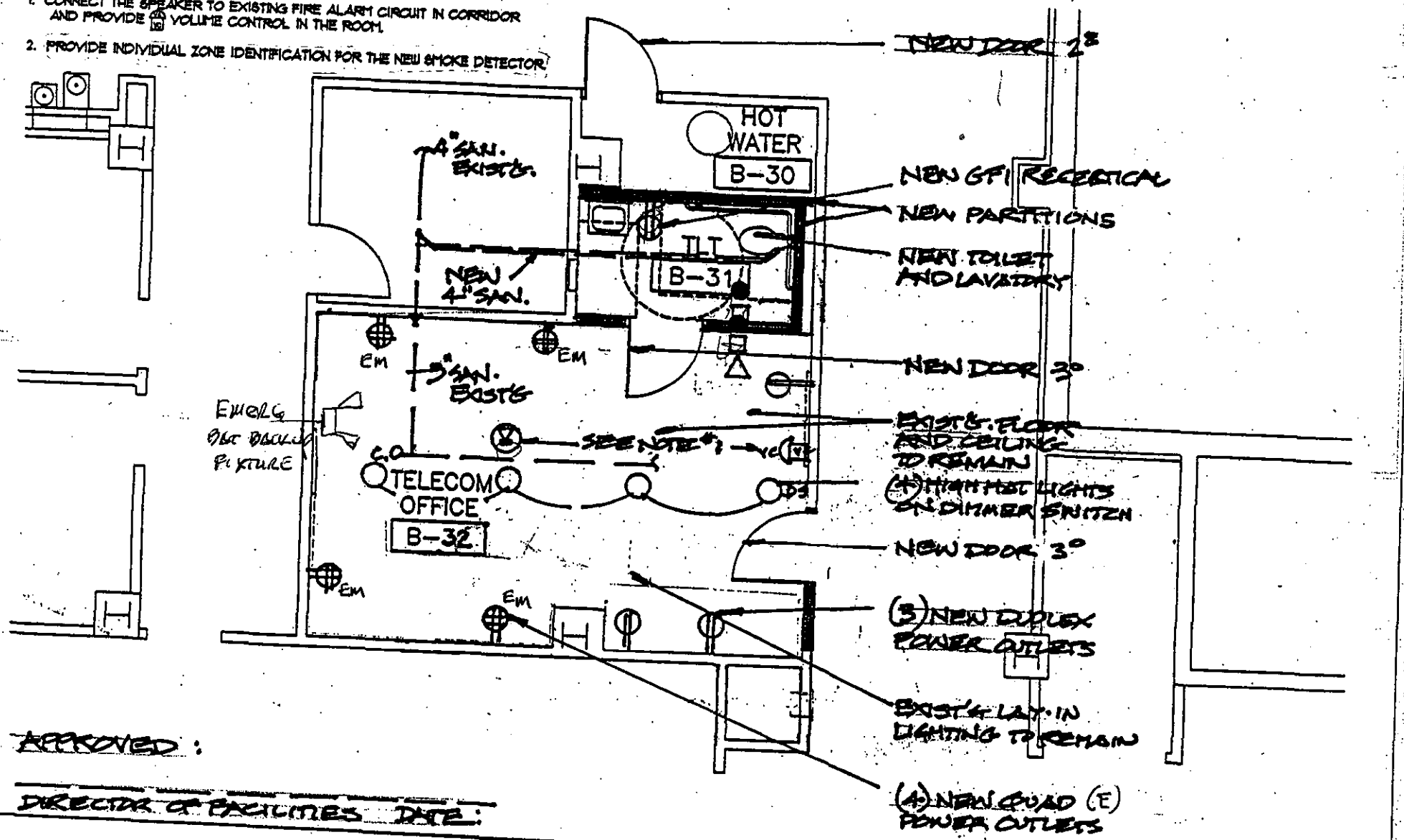
Thanks,
Wm. **Blanchard** *Co.*

Robert Wilke
Project Manager

RW/rw
Cc: Mike Jahoda, OMC w/ copy
Chuck Buboltz, MHS
R. A. Samenfeld / Springfield
File w/ copy

NOTES:

1. CONNECT THE SPEAKER TO EXISTING FIRE ALARM CIRCUIT IN CORRIDOR AND PROVIDE (S) VOLUME CONTROL IN THE ROOM.
2. PROVIDE INDIVIDUAL ZONE IDENTIFICATION FOR THE NEW SMOKE DETECTOR.



APPROVED:

DIRECTOR OF FACILITIES DATE:

OCEAN MEDICAL CENTER
425 JACK MARTIN BLVD.
BRICK, NJ 08724

PROJECT #	9315.13
SUBJECT	FLOOR PLAN
PROJECT NAME	OMC - TELECOM OFFICE

1/19/04

BY	JRF
DATE	1/8/04
SHEET	1 OF 1
REF. DRAWING #	A2.1
SKETCH	SD 3

UPDATE 04-0274 +A
DATE 2/26/04
INITIALED BY
FOR

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: ~~Ocean Medical Center~~ Telecom Office Renov
Block: 1170 Lot: 18
Owner's Name: Ocean Medical Center
Owner's Mailing Address: 425 Jack Martin Rd
Brick, NJ 07724
Phone: (732-) 836-4077

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

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

Signature:

Please Print Name

ELECTRICAL

Contractor: Innovative A/V Systems
Address: 159 River Rd Bldg I
Montville, NJ 07045
Phone#: 973-299-1666
Lis #:
Federal Emp # or SSN 22-3801125

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other: Video Projection System	

Estimated Cost of Electrical Work: #45,000.00

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

Signature:

Please Print Name Glen J. Nakhlen Gen Partner

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____

Print Name:_____

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 425 Jack Martin Blvd.
Block: 1170 Lot: 18.0
Owner's Name: Medical Center of Ocean County
Owner's Mailing Address: 425 Jack Martin Blvd.
Brick, NJ 08724
Phone: (732) 836-4077

BUILDING

Contractor: WM BLANCHARD CO.
Address: 199 MOUNTAIN AVENUE
SPRINGFIELD NJ.
Phone#: 973-376-9100 (732-840-4510)
Lis #
Federal Emp # or SSN 22-1688982

Technical Data

Description of Work: NEW TELECOM OFFICE
CONSTRUCT (1) NEW BATH ROOM
WITHIN DIRECTOR OF FACILITIES
OLD OFFICE WITHIN EXISTING
HOSPITAL'S BASEMENT.

Type of Work

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

Building Characteristics

Use Group Present: I-2 Proposed: I-2
No of Stories: N/A
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $ 10,000

Cost of New Building: $

Total Cost of New Building Work: $

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

Signature:

Please Print Name ROBERT WICKE

ELECTRICAL

Contractor: Little Silver Electric, Inc.
Address: 68 Birch Avenue
Little Silver, NJ 07739
Phone#: 732-741-1222
Lis #: 7760
Federal Emp # or SSN 22-1778092

Technical Data

Item	Quantity
Lighting Fixtures	6
Receptacles	6
Switches	3
Detectors	
Light Poles	--
Motors w/ Fract. HP	
Emergency & Exit Lights	1
Communication Points	2
Alarm Devices/FAC Panel	2
Total	19

Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: $2500

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

Signature:

Please Print Name Patrick D'Onofrio

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

"TELECOM OFFICE"
425 JACK MARTIN
BLOCK 1170 LOT 18

PLUMBING

Contractor: FRANK MCBRIDE
Address:

Phone #:
Lis #:
Federal Emp # or SSN

SEE ATTACHED UCC SUBCODE TECH SECTION DATED 1/22/04

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	(1)
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	(1)
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work 5000

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

Signature:
Please Print Name:

CONTRACTOR'S SEAL

SEE ATTACHED PLMG SUBCODE TECH SECTION FOR "SEAL"

FIRE

Contractor: ALLIED FIRE SAFETY
Address: 517 GREEN GROVE ROAD
NEPTUNE, NJ 07754
Phone #: 732-922-3399
Lis #:
Federal Emp # or SSN 22-1904087

Technical Data

Description of Work: MINOR TOILET ADDITION
REMO 1 HEAD - ADD 1 HEAD
Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ____capacity____fuel
Combustible Storage Tanks____capacity____fuel
LPG Storage Tanks____capacity____fuel

Item	Quantity
Wet Sprinkler Heads	2
Dry Sprinkler Heads	
Total	(2)
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work 750

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

Signature:
Print Name: ROBERT WILKE

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: _____

Block: _____ Lot: _____

Owner's Name: _____

Owner's Mailing Address: _____

_____

Phone: (_____) _____

BUILDING

Contractor: _____

Address: _____

_____

Phone#: _____

Lis # _____

Federal Emp # or SSN _____

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____

No of Stories: _____

Height of Structure: _____

Area of the largest floor: _____

Area of New Structure: _____

Volume of New Structure: _____

Total Land Disturbed: _____

Cost of Alteration: $_____

Cost of New Building: $_____

Total Cost of New Building Work: $_____

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

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: _____

Address: _____

_____

Phone#: _____

Lis #: _____

Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	

Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: _____

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

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL