BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin Blvd PERMIT NO. 08-0716

Radiology Dept. Ocean Medical

CONSTRUCTION PERMIT APPLICATION

COF-000665

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

I. IDENTIFICATION

1. Proposed Work Site at: Ocean Medical 425 Jack Martin Blvd.
2. Name of Owner in Fee: Same
   Tel. (732) 846 4077 e-mail _____
   Address 425 Jack Martin Blvd. (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Sandy Hook Interiors Tel. (732) 291 3435
   Address 4048 Hwy 36 Highlands e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 222 41 8976 FAX: (732) 291 3437
5. Architect or Engineer Sapphire Albarraw Contact Ed Albarraw
   Address 20 Nassau St. Princeton e-mail _____
   Tel. (609) 921 3935 FAX: (609) 921 0288
6. Responsible Person in Charge once Work has Begun Rick Diebold
   Tel. (732) 859 1420 FAX: (732) 291 3437

Called 2/28/08

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	1200	40
2.	Electrical		90	
3.	Plumbing		40	
4.	Fire Protection		75	
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$	195	
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	1530	40

VI. BUILDING/SITE CHARACTERISTICS

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

1 HP Pump Tube #9

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

CT Scan

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building	50,000	MM	2/19/08		2-25-08	MM	5/27/08		
☐ Electrical	28,000				2-27-08	MM	5/27/08		
☐ Plumbing	11,000				2-25-08	DM	5-5-08		
☐ Fire Protection	3,300				2-26-08	DB	5/27/08		
☐ Elevator									
TOTAL COSTS	92,300								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction
   After Construction
   Net Gain or Loss
B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
C. MIXED USE -List secondary use(s):

I-2

COMMERCIAL

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

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.ix:

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Sawdy Hook Interiors

Address 404A Rwy 36

Atl. Highlands NJ 07732

Telephone (732) 291 3435

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	05/28/2008
Control Number	C-08-000665
Permit Number	08-0716
Permit Issue Date	03/26/2008
Certificate Number	08-0716

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Owner Address: %1350 CAMPUS PARKWAY NEPTUNE NJ 07753

Telephone: (732) 846-4077

Contractor: SANDY HOOK INSTERIORS

Address: 404 A HWY 35 HIGHLANDS NJ 07736

Telephone: (732) 291-3435 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-241-8974

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: INTERIOR ALTERATION(S) REMOVAL OF CEILING, CAR WORK FLOORING, SOME DRYWALL; INSTALL NEW CEILING, FLOORING, PAINTING, DRYWALL FOR RADIOLOGY (CT SCAN SUITE IN BASEMENT).

Certificate Comments:

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

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

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

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

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

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

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

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

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 05/28/2008 U.C.C. F260 (rev. 08/05)

PERMIT UPDATE

Date Update Issued 5/23/2008
Control # C-08-002273
Permit # 08-0716+A

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Owner in Fee NORTHERN OCEAN HOSPITAL SYSTEM INC
%1350 CAMPUS PARKWAY NEPTUNE NJ 07753
Telephone: (732) 846-4077

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

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☒ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
Comm. Points

Note: If constuction 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

Construction Official Date

PAYMENTS (Office Use Only)

Building	
Electrical	40
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
CO Fee	1
Other	
Total	41
Check No.	12059
Cash	
Credit	
Collected By	

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

CONSTRUCTION PERMIT

Date Issued 3/26/2008
Control # C-08-000665
Permit # 08-0716

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Owner in Fee NORTHERN OCEAN HOSPITAL SYSTEM INC
%1350 CAMPUS PARKWAY NEPTUNE NJ 07753
Telephone: (732) 846-4077

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

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INTERIOR ALTERATION(S) REMOVAL OF CEILING, CAR WORK FLOORING, SOME DRYWALL; INSTALL NEW CEILING, FLOORING, PAINTING, DRYWALL FOR RADIOLOGY (CT SCAN SUITE IN BASEMENT).

Note: If constuction 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 $92,300

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$1,200
Electrical	$90
Plumbing	$40
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$125
CO Fee	
Other	$0
Total	$1,530
Check No.	6752
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
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☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 08-0716

Date Issued
Permit # 3/26/08

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical - Radiology - CT Suite 5 Basement
425 Jack Martin Blvd.

Owner in Fee Ocean Medical

Address 425 Jack Martin Blvd.
Brick NJ

Tel. (732) 836 4077

Contractor Sandy Hook Interiors

Address 404A Hwy 36
Highlands NJ

Tel. (732) 291 3435 FAX (732) 291 3437

Contractor License No. or Builder Registration No.

Federal Emp. No 222 41 8976

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Removal of ceiling, casework
Flooring, Some Drywall
Install New ceiling Flooring
painting Drywall
State Approved Plans.
Any changes must have state OK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	2-25-08	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-27-08
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			4/17/08	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			5/27/08	
Barrier-Free				

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

FEE (Office Use Only)
$ MECHANICAL

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 50,000.-
3. Total (1+ 2) $ 50,000.-

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 3/26/08
Control # 08-0716
Permit #

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

Block 1170 Lot 18
Work Site Location Ocean Medical Center - Cat Scan - Basement (1st Floor)
425 Jack Martin Blvd., Brick, NJ 08724
Owner in Fee Ocean Medical
Address
Tele. ( ) TCOY
Contractor Central Jersey Mechanical
Address 379 Broadway
Long Branch, NJ 07740
Tele. (732) 571-4844
Lic. No. 900785
Federal Emp. No. 227-211-6662 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ✓ Proposed
Constr. Class. Present ✓ Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $3000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[✓] Fire Plans Approved
Date: 2-26-08
Approved by: DB
SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Date: 3-26-08
Approved by: DB

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Sprinkler			5-7-08	DB
Other Final			7-7-08	DB
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 Relocation of sprinkler heads

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	(11) relocations	
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

COMPLETED

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

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

08-0716
3/26/08

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

Block 1170 Lot 18
Work Site Location Ocean Medical Center - Cat Scan Basement
425 Jack Martin Blvd., Brick, NJ 08724
Owner in Fee
Address
Tele. ( )
Contractor CENTRAL JERSEY MECHANICAL, INC.
Address 379 BROADWAY
LONG BRANCH, NEW JERSEY 07740
Tele. (732) 571-4844 Fax (732) 571-3242
Lic. No. 9497
Federal Emp. No. 223-211-662

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed
Building Sewer Size exist'g Public Sewer Private Septic
Water Service Size exist'g Public Water Private Well
Est. Cost of Plumbing Work $ 11,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 2-25-08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-5-08
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			4/16/08	
Rough			4/16/08	
Water				
Sewer			5/5/08	
Fixtures				
Gas Equipment			5/5/08	
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
2	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	
2	Other medical Gas outlets	
	Other	
	Other	

COMMERCIAL

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

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

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

4/16/08

O. Check ~~[illegible]~~ DEAD ENDS ON FINAL - 1/2" COPPER.

NMC Northeast Medical Consulting, Inc.

57 W. Liberty St., Hubbard, OH 44425 Phone (888) 534-4295 Fax (330) 534-9795

Acknowledgement of Services

FACILITY: Ocean Medical Center

CITY: Brick STATE: NJ Zip Code

NMC CONSULTANT: Daniel Moeller Date:5-2-08

Bill To: Central Jersey FSR 2008DM068

MEDICAL GAS PIPING SERVICES

1	Full Systems Evaluation	O2	AIR	VAC	N2O	N2	EVAC	CO2
2	Partial Systems Evaluation	O2	AIR	VAC	N2O	N2	EVAC	CO2
3	Medical Gas Certification	O2	AIR	VAC	N2O	N2	EVAC	CO2
4	Medical Gas Decontamination	O2	AIR	VAC	N2O	N2	EVAC	CO2
5	Alarm Testing	O2	AIR	VAC	N2O	N2	EVAC	CO2
6	Zone Valve Testing	O2	AIR	VAC	N2O	N2	EVAC	CO2
7	Patient Terminal Outlet Testing	O2	AIR	VAC	N2O	N2	EVAC	CO2
8	Contamination Testing	O2	AIR	VAC	N2O	N2	EVAC	CO2
9	Manifold Testing	O2	AIR	VAC	N2O	N2	EVAC	CO2
10	Air Compressor PM							
11	Vacuum Pump PM							
12	Other _____	O2	AIR	VAC	N2O	N2	EVAC	CO2

LABORATORY SERVICES

13 Formaldehyde Monitoring
14 Xylene Monitoring
15 Other _____

FOR MIKE

ANESTHESIA SERVICES

16 Waste Anesthetic Gas Monitoring
17 Anesthesia Vaporizer Accuracy Testing
18 Anesthesia System PM

STERILE PROCESSING SERVICES

19 Ethylene Oxide Monitoring
20 Glutaraldehyde Monitoring

MISCELLANEOUS SERVICES

21 Ventilation System Evaluation
22 Air Exchange Rate Testing
23 Indoor Air Quality Testing
24 Other _____

Service Rendered	PO Number	Print Name	Title	Signature
3	_____	X ROBERT OWENSBURG	_____	X [signature]
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

All warranties and liability, both general and product are valid until completion of service performed, and the "Acknowledgement of Service" is signed by a hospital respresentative. NMC's warranty, product and professional liability, cease upon the signing of the acknowledgment of service. NMC shall be held harmless from that point on.

732 614 1882

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

Facility:	**Ocean Medical Center**	Installer:	**Central Jersey Mechanical**
Address:	425 Jack Martin Blvd.	Address:	325 Broadway
City, State:	Brick, New Jersey	City, State:	Long Branch, NJ 07724

Medical Gas/Vacuum Systems Verification Inspection Report

The attached report has been completed in accordance with the terms and conditions on the contract documents between Northeast Medical Consulting, Inc., NMC, and Central Jersey Mechanical.
I, Daniel C. Moeller, an authorized representative of Northeast Medical Consulting, Inc., NMC, have conducted the following testing of the medical gas system(s) on this 2nd (day) of May (month) in 2008 (year) for the equipment, testing, and performance criteria stated below.

NFPA 99, 2002 Performance and Criteria Testing Level 1

5.1.12.2 Installer Performed Tests

5.1.12.2.2	Initial Blow Down	☑	5.1.12.2.5	Piping Purge Test	☑
5.1.12.2.3	Initial Pressure Test	☑	5.1.12.2.6	Standing Pressure Test for Positive Pressure	☑
5.1.12.2.4	Cross Connection Test	☑	5.1.12.2.7	Standing Pressure Test for Vacuum	☑
NA		☐		Verification of Installer's Qualifications	☑
				Name: ROBERT OWENBURG MED GAS CERT ID #	

5.1.12.3 System Verification

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

NMC verifies that the above equipment ☑ meet or exceed ☐ do not meet or exceed the requirements of the NFPA 99, 2002 code.

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

Contact Name: Tom Lanza for Central Jersey
Contact Signature: X

Purchase Order # _____

Project Name: 1S CT SCAN ROOM
Project # 2008DM068

NMC Rep Signature:
Date: 5/2/2008

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

Laboratories and Field Equipment

Laboratories:

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

Liberty Mutual
Industrial and Environmental Associates
Natisco
Qualitative Analytical Services
Date Chem
Element Analysis Corporation

Test Equipment:

Equipment	Application	Vendor	Calibration	Accuracy
Miran Sapphire	Gas Analysis	Foxboro	Annual	CO2 0.05 ppm CO 0.20 ppm HC 1.00 ppm N2O 0.07 ppm SO2 0.50 ppm
Detector Tubes	Gas Analysis	Mine Safety & Appliance	NIOSH Certification	CO2 0.10 ppm CO 2.00 ppm HC 1 mg/m3 NH3 2.00 ppm CL2 0.20 ppm SO2 0.10 ppm NO/NO2 0.50 ppm
Oxygen Analyzer	Gas Analysis	Ohmeda	Annual	+ or - 0.3%
Carbon Monoxide / Carbon Dioxide Monitor	Gas Analysis	Bacharach	Annual	+ or - 1 ppm + or - 10 ppm
Nitrous Oxide Monitor	Gas Analysis	Bacharach	Annual	+ or - 0.1%
Dew Point Monitor	Dewpoint & Temperature			+ or - 2 degrees F + or - 1 degree F
Pressure Regulator	Purge Control	Harris	Annual	+ or - 1.0%
Flow Meters	Vacuum: 0-7 SCFM Gases: 0-200 SCFM	Dwyer	Annual	+ or - 2.0%
Gauges	Vacuum: 0-30 in Hg. Gases: 0-300 psi	American Gauge	Annual	+ or - 1.0%

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

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

Medical Gas / Vacuum Systems Verification Inspection Summary

Equipment Tested

System	Outlets	Zone Valves	Alarms	Sources	Tie-in	_____
☑ Oxygen	1	—	—	—	1	—
☐ Medical Air	—	—	—	—	—	—
☑ Vacuum	1	—	—	—	1	—
☐ Nitrous Oxide	—	—	—	—	—	—
☐ Nitrogen	—	—	—	—	—	—
☐ Evacuation	—	—	—	—	—	—
☐ Carbon Dioxide	—	—	—	—	—	—
☐ Other	—	—	—	—	—	—

Inspection Discrepancies

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

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

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

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

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

Comments and Recommendations

Performed NFPA 99 2002 System Verification on Oxygen & Vacuum outlets in 1S CT Scan Room. NOTE: Nuclear Medicine Bed 3 Oxygen Outlet leaking - Pre-existing condition requires attention. Y adapter/flow meters holding pressure.

Contact Name: Tom Lanza for Central Jersey
Contact Signature: X
Date: _____

Project Name: 1S CT Scan Room
Project # 2008DM068
NMC Rep Signature:

NMC Northeast Medical Consulting, Inc.
57 West Liberty Street, Hubbard, OH 44425 (888) 534-4295 Fax (240) 282-1086

Medical Gas Systems Evaluation

Patient Terminal Outlet Explanations

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

Bed: Number or letter of bed

SYSTEM:

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

OUTLET:

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

FLOW/PRESSURE:

Vacuum measurements are recorded in **CFM** (cubic feet per minute).
Minimum flow for vacuum is 3.0 CFM. Any flow below 3.0 scfm is listed as a discrepancy.
NFPA has not established a minimum or maximum for evacuation.
Medical Gas measurements are recorded in **LPM** (liters per minute)
NFPA has established a flow requirement of 100 LPM @ min. 50 psig. Any flow below 100 LPM is listed as a deficiency.

LABELING:

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

GENERAL CONDITION:

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

LEAKAGE DESCRIPTION/VOLUME:

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

CROSS CONNECTION TEST:

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

Additional Comments:

X - Gaseous contaminate testing at this terminal.
Y - Particulate matter testing at this terminal.

Flow Conversion:

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

NMC Northeast Medical Consulting, Inc.
57 West Liberty Street, Hubbard, OH 44425 (888) 534-4295 Fax (240) 282-1086

Patient Terminal Outlet Results

Floor 1 St
Area _____

Outlet Location	Bed	System[1]	Outlet			scfm Flow[2]	psi/in Hg Pressure	Label	General Condition	Leakage	Cross Connect	Comments[3]
			Pass	Fail	Unavail							
1S CT ScAN		O	✓									
"		V	✓									

[1] **O** - OXYGEN **A** - Medical Air **N** - Nitrous Oxide **NG** - Nitrogen **V** - Vacuum **E** - Evacuation **CO2** - Carbon Dioxide

[2] Gas outlets tested for minimum of 100 liters per minute (150 l/min for NG) with a 5 psi max pressure drop from nominal.
Vacuum outlets tested for a minimum of 3.0 scfm flow with 12" in Hg maintained at adjacent outlet.

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

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

Facility: Ocean Medical Center Date: 5/2/2008

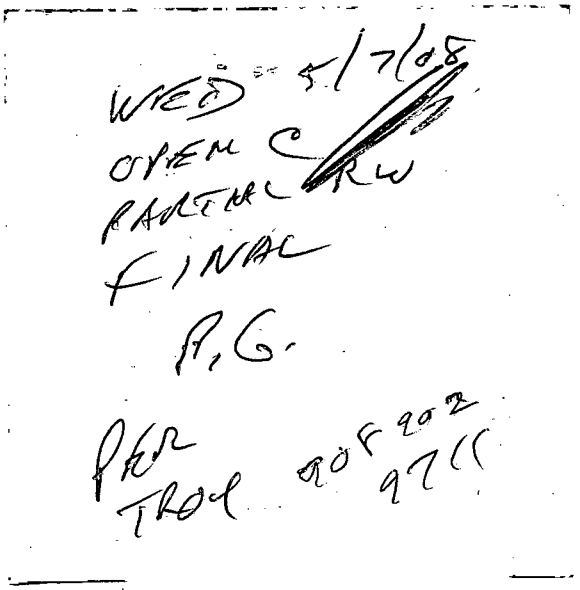
City, State: Brick, New Jersey

Medical Gas Systems Evaluation

Particulate Pre-Analysis Results

#	Location	System	Time	Oil Present: No	Oil Present: Yes	Oil Present: Analysis Needed	Amount: Light	Amount: Moderate	Amount: Heavy	Amount: N/D	Color: Blue	Color: Black	Color: Brown	Color: Green	Color: Orange	Color: Red	Color: White	Color: Other	General Description: Fine	General Description: Flaky	General Description: Powder	General Description: Crystalline	General Description: Shavings	General Description: Water	General Description: Other	Purge Recom. Lab Analysis Recommended
1	1S CT SCAN	O	10min	✓						✓																
2			10min																							
3			10min																							
4			10min																							
5			10min																							
6			10min																							
7			10min																							
8			10min																							
9			10min																							
10			10min																							
11			10min																							
12			10min																							
13			10min																							
14			10min																							
15			10min																							
16			10min																							
17			10min																							
18			10min																							
19			10min																							
20			10min																							
21			10min																							
22			10min																							
23			10min																							
24			10min																							
25			10min																							

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


WED 5/7/08
OPEN
RADIENCE RW
FINAL
R.G.
PER
TROL 90F202
9711

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 08-0716 3/26/08

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center - CT Suite BASement
425 Jack Martin Blvd., Brick, NJ

Owner in Fee Meridian Health Care

Address

Tel ( )

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

Address 7 Debele Lane
Lincroft, NJ 07738

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

Contractor License No. 7246

Federal Emp. No. 22-3282269

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 28,000.-

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
39		Lighting Fixtures
9		Receptacles
6		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
1		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
55		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
1	150	AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

$ COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved State approval
Date: Plans only changes MUST
Approved by: State approval 2-27-08

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5/27/08
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
~~Temp.~~ CEILING	5/5/08		5/7/08	
Temp. Serv.				
Constr. Serv.				
CO				
Other	PARTIAL RW		4/16/08	
~~Service~~	5/27/08			
Final	5/15/08		5/27/08	
Barrier-Free				

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

Have

COVER

1 to CU

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

4/16/08 RW CALLED FOR ½ PARTIAL RW
APPROVED + NOTED ON PLANS RE TWO WALLS

SUBPANEL: RACEWAY PROPOSED NOT STATED

" " LENGTH " "

" " CONDUCTORS 2 #4

5/5/08 CEILING + FINAL NOT READY.

5/7/08 CEILING + [redacted] APPROVED. FINAL E.C. WILL CALL FOR FINAL.

MIDDLETOWN ELECTRIC
P.O. Box 298
Leonardo, New Jersey 07737
License #7246

Tel: (732) 495-5050
Fax: (732) 495-7700

Memo
LETTER

Date May 22, 2008

To TOWNSHIP OF BRICK BUILDING DEPARTMENT
401 Chambers Bridge Road
Brick, NJ 08723

Subject Electrical Permit #08-0716
for Ocean Medical Center

Enclosed is our check for $41.00 for the above electrical permit.

Please send the permit to us at the above address.

Thank you.

☐ Please reply ☐ No reply necessary

SIGNED Angela M. Wetjen

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 08-0716-HA
Control #
Date Issued 5/23/08
Permit # Amended COF-M2373

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

Block 1170 Lot 18 Qualification Code

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

Owner in Fee Meridian Health Care

Address

Tel ( )

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

Address 7 Debele Lane
Lincroft, NJ 07738

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

Contractor License No. 7246

Federal Emp. No. 22-3282269

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.00

C. CERTIFICATION IN LIEU OF OATH:

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

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

Date: 5/21/08

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Called 5/21/08

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 08-0716-14
Date Issued 5/23/08
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 Qualification Code

Work Site Location Ocean Medical Center - CT Suite
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Tel ( )

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Contractor License No. 7246

Federal Emp. No. 22-3282269

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.00

C. CERTIFICATION IN LIEU OF OATH: Amended 1 - 12773

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

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		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
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		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
30		Low voltage Termination Points	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

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

Date: 5/23/08

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
BUREAU OF CONSTRUCTION PROJECT REVIEW
PO BOX 817
TRENTON NJ 08625-0817

State of New Jersey
Department of Community Affairs
Construction Project Review
December 12, 2007
Renovation to CT Suite Ocean Medical Center
DCA Ref # 5194-07
FINAL RELEASE Approval
N.J.S.A. 55:27D-119
ET SEQ., AS AMENDED

Farivar Kiani, Construction Official

State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS

JON S. CORZINE
GOVERNOR

JOSEPH V. DORIA, JR.
ACTING COMMISSIONER

December 13, 2007

Mr. Edwin Albarran
Saphire and Albarran Associates, P.C.
20 Nassau Street
Princeton, NJ 08542

Re: Renovation to CT Suite at
Ocean Medical Center
Brick, NJ
DCA Ref. #5194-07

FINAL RELEASE

Dear Mr. Albarran:

The construction documents, which display the Department of Community Affairs, Health Care Plan Review Release label of December 13, 2007 are released for the referenced project. Therefore, you have the authorization of this office to apply for a construction permit.

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

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

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

Sincerely,

Farivar Kiani /cs

Farivar Kiani
Supervisor
Construction Plans Approval
Health Care Plan Review

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

08-0716
3/26/08

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

Block 1170 Lot 18

Work Site Location Ocean Medical Center - Cat Scan Basement
425 Jack Martin Blvd., Brick, NJ 08724

Owner in Fee

Address

Tele. ( )

Contractor CENTRAL JERSEY MECHANICAL, INC.

Address 379 BROADWAY
LONG BRANCH, NEW JERSEY 07740

Tele. (732) 571-4844 Fax (732) 571-3242

Lic. No. 9497

Federal Emp. No. 223-211-662

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed

Building Sewer Size exist. Public Sewer Private Septic

Water Service Size exist. Public Water Private Well

Est. Cost of Plumbing Work $ 11,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 2 21 08

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar			2/27	
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
2	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	
2	Other Medical Gas Outlets	
	Other	
	Other	

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

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

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 3/26/08
Control # 08-0716
Permit #

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

Block 1170 Lot 18

Work Site Location Ocean Medical Center - Cat Scan Basement
425 Jack Martin Blvd., Brick, NJ 08724

Owner in Fee

Address

Tele. ( )

Contractor CENTRAL JERSEY MECHANICAL, INC.

Address 378 BROADWAY
LONG BRANCH, NEW JERSEY 07740

Tele. (732) 571-4844 Fax (732) 571-3242

Lic. No. 9497

Federal Emp. No. 223-211-662

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed

Building Sewer Size exist. Public Sewer Private Septic

Water Service Size exist. Public Water Private Well

Est. Cost of Plumbing Work $ 11,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 2 21 08
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

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

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

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

DATE	JOB CONDITION / COMMENTS

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control # 08-0716
Permit # 3/26/08

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

Block 1170 Lot 18
Work Site Location Ocean Medical Center - Cat Scan Basement
425 Jack Martin Blvd., Brick, NJ 08724
Owner in Fee OCEAN Medical
Address
Tele. ( )
Contractor Central Jersey Mechanical
Address 379 Broadway
Long Branch, NJ 07740
Tele. (732) 571-4844
Lic. No. P20385
Federal Emp. No. 223-211-662 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ✓ Proposed
Constr. Class. Present ✓ Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $3,000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[✓] Fire Plans Approved
Date: 2 of 6 08
Approved by: DB
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Relocation of Sprinkler heads

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	(11) relocation	
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

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

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

FIRE SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 3/26/08
Control # 08-0716
Permit #

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

Block 11/70 Lot 18
Work Site Location Ocean Medical Center - Cat Scan Basement
425 Jack Martin Blvd., Brick, NJ 08724
Owner in Fee OCMC (JV) Hackensack
Address
Tele. ( )
Contractor Central Jersey Mechanical
Address 799 Broadway
Long Branch, NJ 07740
Tele. (732) 571-4811
Lic. No. 20078
Federal Emp. No. 227-21-6602 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ✓ Proposed
Constr. Class. Present ✓ Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $7000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 03/26/08
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work Relocation of sprinkler heads

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	(11) relocated	
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Paid [ ] Check #
Collected by:

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

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

DATE	JOB CONDITION / COMMENTS

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 08-0716

Date Issued
Permit # 3/26/08

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

Block 11.72 Lot 15 Qualification Code

Work Site Location Ocean Medical - Rad Oncology - 1st Floor
425 Jack Martin Blvd. Brick

Owner in Fee Ocean Medical

Address 425 Jack Martin Blvd. Brick NJ

Tel. (732) 836 4077

Contractor Sandy Hook Interiors

Address 404A Hwy 36 Highlands NJ

Tel. (732) 291 3435 FAX (732) 291 3437

Contractor License No. or Builder Registration No.

Federal Emp. No 223 418976

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Removal of ceiling, casework
Flooring, Some Drywall
Install New ceiling Flooring
painting Drywall
State Approved Plans.
Any changes must Have state OK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	2-25-08	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 50,000.-
3. Total (1+ 2) $ 50,000.-

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 08-07.16

Date Issued
Permit # 3/26/08

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

Block _____ Lot _____ Qualification Code _____

Work Site Location Ocean N. J. [illegible]

[illegible] Tech Monitor Bldg

Owner in Fee Ocean [illegible]

Address 425 Tech Monitor Bldg.

Point NJ

Tel. (732) 836 4077

Contractor Sandy Hook Interiors

Address 404A Hwy 36

Hazlet NJ

Tel. (732) 291 3435 FAX (732) 291 3437

Contractor License No. or Builder Registration No. _____

Federal Emp. No 222 418976

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal of ceiling, carpet work
Flooring, Some Drywall
Install New ceiling Flooring
painting Drywall
State Approved Plans.
Any changes must Have state OK

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	2-25-08	[illegible]
[ ] Footing	___	___
[ ] Foundation	___	___
[ ] Frame	___	___
[ ] Other	___	___

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

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

INSPECTIONS

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

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

FEE (Office Use Only)
$ _____

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 50,000.=
3. Total (1+ 2) $ 50,000.=

U.C.C. F110 (rev. 07/03)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 08-0716 3/26/08

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center - CT Suite 6A first
425 Jack Martin Blvd., Brick, NJ

Owner in Fee Meridian Health Care

Address

Tel ( )

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

Address 7 Debele Lane
Lincroft, NJ 07738

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

Contractor License No. 7246

Federal Emp. No. 22-3282269

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 28,000.-

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
39		Lighting Fixtures	
9		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
1		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
55		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	150	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

[X] Elec. Plans Approved Stalc approval

Date: Plans and Changes Mech

Approved by: State approval

2-27-08

Have

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
CO				
Other		2-26-08		
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 08-0716

Date Issued
Permit # 3/26/08

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

Block 11710 Lot 18 Qualification Code

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

Owner in Fee Meridian Health Care

Address

Tel ( )

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

Address 7 Debele Lane
Lincroft, NJ 07738

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

Contractor License No. 7246

Federal Emp. No. 22-3282269

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 28,300.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
39		Lighting Fixtures	
9		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
1		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
55		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	150	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[X] Elec. Plans Approved	State approved Plans w/ch	
Date:	State approved	
Approved by:	2-27-08	

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

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

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Have

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

TOWNSHIP OF BRICK
Debris Form

Work Site Address: Ocean Medical - 425 Jack Martin Blvd

Block: _____ Lot: _____

Contractor: Sandy Hook Interiors

Contractor's Address: 404A Hwy 36 Highlands NJ 07732

Type of Construction (minor, new home): Minor

Type of Debris (shingles, siding, wood, etc.): - sheetrock Ceiling tile Floorin Tile

Party responsible for removal: Richard Diebold

Dumpster size: 30 yd

Destination of debris: County Dump

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

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

2/19/08
Date

Richard Diebold
Print Name