

BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 JACK MARTIN BLVD PERMIT NO. 08-1183



CONSTRUCTION PERMIT APPLICATION

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

C08-002408

I. IDENTIFICATION

1. Proposed Work Site at: OCEAN MEDICAL CENTER 425 JACK MARTIN BLVD

2. Name of Owner in Fee: MERIDIAN HOSPITALS CORP.

Tel. (732) 836-4077 e-mail WALDOACH@MIDIANHOSPITAL.COM

Address _____ street _____ municipality _____ zip code _____

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: _____ Tel. (_____) _____

Address _____ 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. _____ FAX: (_____) _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun _____

Tel. (_____) _____ FAX: (_____) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories _____
- Height of Structure _____ ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Max. Live Load _____
- Max. Occupancy Load _____
- If Industrialized Building: State Approved _____ HUD _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____ no _____

(office use only)

COMMERCIAL

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>1</u>	<u>QA</u>	<u>5/21/08</u>		<u>5/21/08</u>	<u>MA</u>	<u>6-2-08</u>		

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: _____
- Use Group, Proposed: _____
- Change in Use Group, Indicate Present: _____
- No. of dwelling units: Total Units Income-restricted
Gained, Sale _____
Gained, Rental _____
Lost, Sale _____
Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: _____
- Use Group, Proposed: _____
- Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s):

- D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs
- ☐ LPGas Tanks

left message called 5/21/08



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/11/2008
Control Number C-08-002408
Permit Number 08-1483
Permit Issue Date 5/22/2008
Certificate Number 08-1483

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD. BRICK, NJ Block: 1170 Lot: 18 Qual: _____
Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC
Owner Address: %1350 CAMPUS PARKWAY NEPTUNE NJ 07753
Telephone: _____
Contractor: NORTHERN OCEAN HOSPITAL SYSTEM INC
Address: %1350 CAMPUS PARKWAY NEPTUNE NJ 07753
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: GENERATOR 2 .35 KW TEMPORARY GENERATORS FOR EVENT ON MAY 31ST FOR 4 HOURS.

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

Date Printed: 6/11/2008

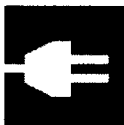
U.C.C. F260 (rev. 08/05)

Fee: \$0.00
Check Number: _____
Collected By: _____

Page 1



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 1170 Lot 18 Qualification Code _____

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

Owner in Fee: _____

Tel. (732) 836-4077 e-mail MTAHODAD@MERIDIANHEALTH.COM

Address 425 JACK MARTIN BLVD BRICK NJ 08724
street municipality zip code

Contractor: OCEAN MEDICAL CENTER Tel. (_____) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
	Dates (Month/Day)
☒ No Plans Required	Type: Failure Failure Approval Initial
☐ Partial -Underslab Utilities Approved	Rough _____
Date: _____ Approved by: _____	Barrier-Free _____
☐ Electric Plans Approved	Trench _____
Date: _____ Approved by: _____	Temp. Serv. _____
Joint Plan Review Required:	Constr. Serv. _____
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	TCO _____
SUBCODE APPROVAL for PERMIT	Other <u>General Serv. Temp</u> <u>620 PM</u>
Date: <u>5-21-08</u>	Service _____
Approved by: <u>WM</u>	Final _____
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free _____
☐ CO ☐ CCO ☒ CA	Temp. Cut-in-Card Date Issued _____
Date: <u>6-20-08</u>	Final Cut-in-Card Date Issued _____
Approved by: <u>WM</u>	Annual Pool Inspection _____
	Date of Grounding and Bonding Certification _____

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. x MTAHODA

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Cont'r [] Exempt Applicant

Date Received

Control #

Date Issued

Permit #

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SATURDAY MAY 31, 2008 (4 hrs) 10am - 1pm
Temporary generators for event.

QTY.	SIZE	ITEMS
_____	_____	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
<u>2</u>	<u>1</u>	KW Transformer <u>Generator</u> <u>.35</u>
_____	_____	AMP Service
_____	_____	AMP Subpanels
_____	_____	AMP Motor Control Center
_____	_____	KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ _____

COMMERCIAL

Mike Tahaoda
7-840-2200

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

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

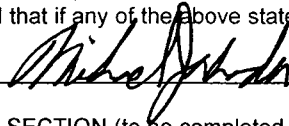
I further certify that I will perform the following work:

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 5/21/08

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.

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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