

ADDRESS (SITE)

425 Jack Martin Blvd

PERMIT NC

08-1637



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: OCEAN MEDICAL CENTER (Q5) Jack Martin

2. Name of Owner in Fee: MERIDIAN HEALTH SYSTEMS () Blind

Tel. (732) 751-3322 e-mail _____

Address 2020 SIXTH AVE. NEPTUNE CITY NT 07753

3. Ownership in Fee: Public _____ Private municipality ✓ zip code _____

4. Principal Contractor: LITTLE SILVER ELECTRIC Tel. (732) 741-1222

Address 68 BIRCH AVE. e-mail pgetre@littlesilver

LITTLE SILVER, NJ 07739

License No. OR, if new home, Builder Reg. No. 7760 Exp. Date _____

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

Federal Emp. ID No. 22-1778092 FAX: (732) 530-5925

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun PATRICK GETZE

Tel. (732) 741-1222 FAX: (732) 530-5925

Ila. 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)

[illegible]

TOTAL COST 8500.00

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 | 4. ☐ Refrigeration Systems |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly |
| | 7. ☐ Sprinklers |

V. FEE SUMMARY (for office use only)

- | | | | | |
|-----|--------------------------------|----|-----|--|
| 1. | Building | \$ | | |
| 2. | Electrical | | 135 | |
| 3. | Plumbing | | | |
| 4. | Fire Protection | | | |
| 5. | Elevator Devices | | | |
| 6. | Subtotal | | | |
| 7. | Less 20% for State Plan Review | \$ | 11 | |
| 8. | Subtotal | \$ | | |
| 9. | State Permit Surcharge Fee | | | |
| 10. | Subtotal | \$ | | |
| 11. | Cert. of Occupancy | | | |
| 12. | Other | | | |
| 13. | TOTAL | \$ | 146 | |

VI. BUILDING/SITE CHARACTERISTICS

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved _____ HUD _____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

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

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: ☐
2. Use Group, Proposed: ☐
3. Change in Use Group, Indicate Present: ☐

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

- D. Construct. Classification: Present
Propose

8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/12/2008
Control Number C-08-002493
Permit Number 08-1637
Permit Issue Date 6/4/2008
Certificate Number 08-1637

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: MERIDIAN HEALTH SYSTEMS
Owner Address: 2020 SIXTH AVENUE NEPTUNE NJ 07753
Telephone: (732) 751-3322
Contractor: LITTLE SILVER ELECTRIC
Address: 68 BIRCH AVE LITTLE SILVER NJ 07739
Telephone: 732/741-1222 Fax: _____
License Number or Builders Registration Number: 7760 Federal Emp. Number: 22-1778092

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: ELECTRICAL ALTERATIONS ON 1ST FLOOR BY EMERGENCY ROOM

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: 6/12/2008

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1

08-1437
6-4-88

FEE (Office Use Only)

②

—

$$+ \omega$$

posai

ns

panels

_____hp Whirlpool

Pool Border

_____hp Pool Filter

Pool Light

_____ Kw Water H

oil, ga

Kw Baseboa

Thermos

_____hp Heat Pump

_____hp Pump(s)

____ Amp Motor Co

Signs

Light Ste

hp Motors—

hp Motors

_____ Hip molds—
_____ Kfir Transform

1	Malisoli
2	Kw Generat

Amn Service

☐ Other	
☐ Air Force Service	

†

Check

Check # _____

Accepted for publication 12 May 2010

Declassify by: _____

Form F-120B 1 White =

3 Pink = C



CONSTRUCTION PERMIT

Date Issued 06/04/2008
Control # C-08-002493
Permit # 08-1637

IDENTIFICATION Block: 1170 Lot: 18 Qualifier _____
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ Contractor LITTLE SILVER ELECTRIC
Address 68 BIRCH AVE LITTLE SILVER NJ 07739
Owner in Fee MERIDIAN HEALTH SYSTEMS
2020 SIXTH AVENUE NEPTUNE NJ 07753 Telephone: 732/741-1222
Telephone: (732) 751-3322 Lic. No. or Bldrs. Reg. No. 7760
Federal Employee No. 22-1778092

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS ON 1ST FLOOR BY EMERGENCY ROOM

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 \$8,500

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$135
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$11
CO Fee	
Other	\$0
Total	\$146
Check No.	28795
Cash	\$0
Credit	\$0
Collected By	Inspection Account

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:

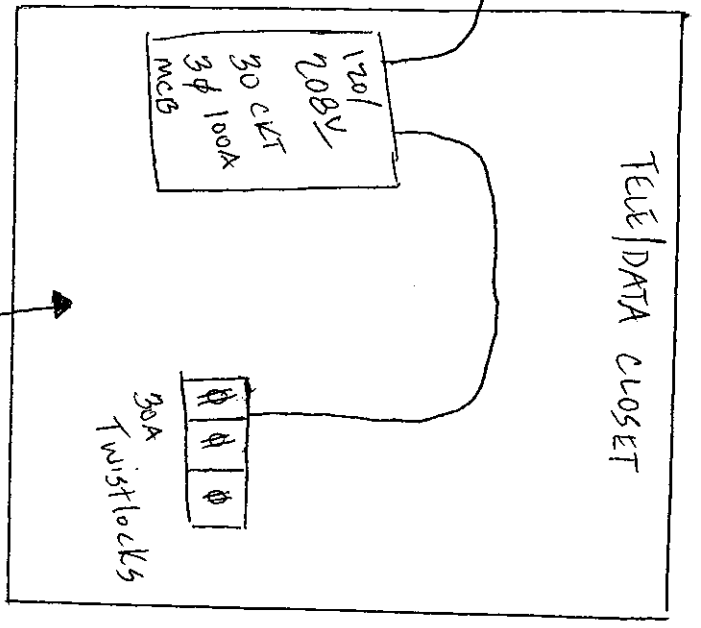
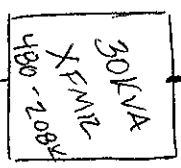
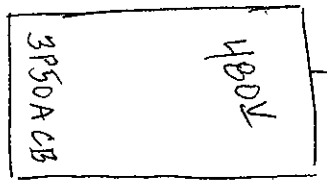
- ☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; 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.

OLEAN MEDICAL CENTER
425 JACK MARTIN BLVD

FIRST FLOOR



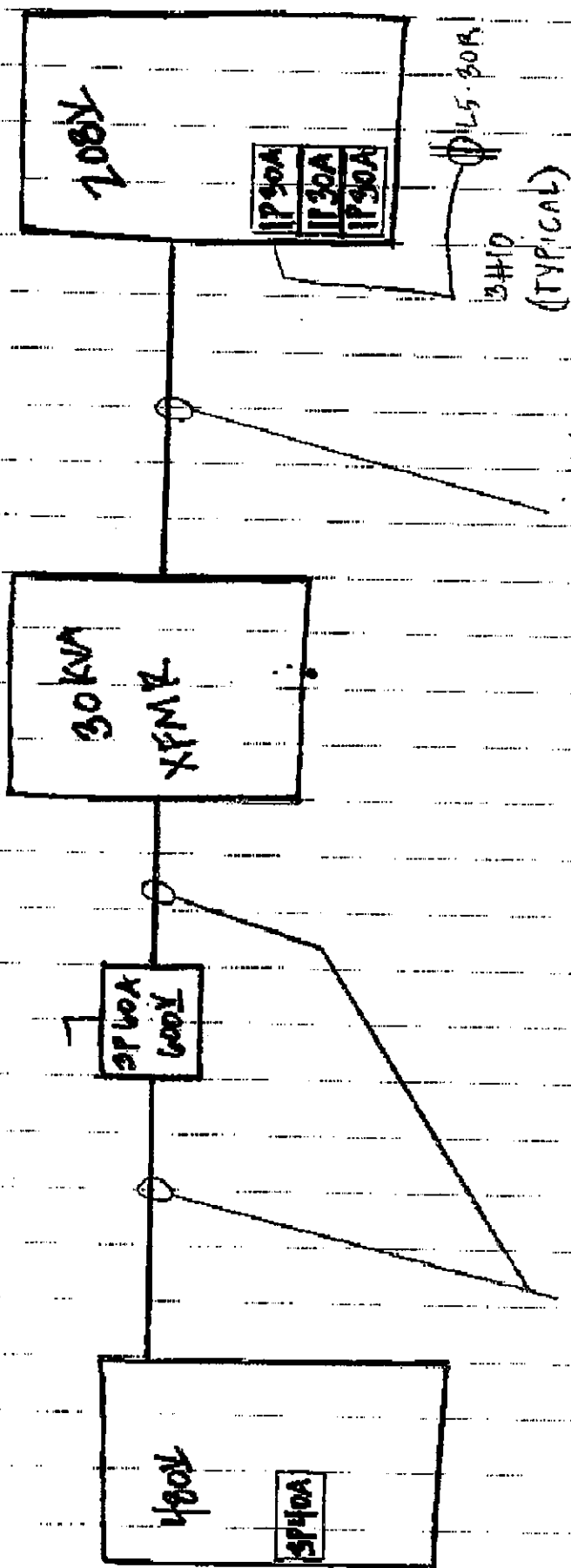
Emergency Room
ENTRANCE

BASEMENT

Phil Rutz
Little Silver Electric, Inc.

100-1000000
FROM: Patrick@L.S.E.
5/29/08

122-1040-104



PHONE 732-741-1222
FAX 732-530-5925
e-mail: pgetze@littlesilverelectric.com



LITTLE SILVER ELECTRIC, INC.

ELECTRICAL CONTRACTORS

PATRICK GETZE
PROJECT ESTIMATOR

88 BIRCH AVENUE
LITTLE SILVER, NJ 07739

OCEAN MEDICAL CENTER

3) 15-30P TWISTLOCKS

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.

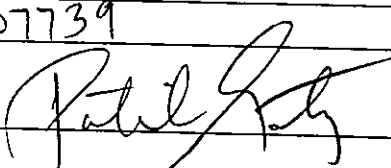
☐ Check if contractor.

Agent Name Patrick Getze

Address 68 Birch Avenue

Little Silver, NJ 07739

Telephone (732) 741 1222

Signature 

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