BLOCK 1170 LOT 18 QUALIFICATION CODE ADDRESS (SITE) 425 JACK MARTIN BLVD PERMIT NO 08-1893

CONSTRUCTION PERMIT APPLICATION

COB 08 02336

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

I. IDENTIFICATION

1. Proposed Work Site at: NORTHERN OCEAN HOSPITAL SYSTEM INC
2. Name of Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC
   Tel. ( ) e-mail
   Address (street, municipality, zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: GJC ASSOCIATES INC Tel. (732) 933-9166
   Address 312 Shrewsbury Ave Red Bank 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. 22-3138786 FAX: ( )
5. Architect or Engineer Sapphire + Albarran LLC Contact Ed Albarran
   Address 20 Vaughn Ct Princeton NJ 08524 e-mail SAPPHIRE-ALBARRAN.COM
   Tel. (609) 921-3935 FAX: (609) 921-0283
6. Responsible Person in Charge once Work has Begun Joe Amato
   Tel. (732) 933-9166 FAX: (732) 933-9161

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	147		
2. Electrical		146	150	
3. Plumbing		140		
4. Fire Protection		75		
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. State Permit Surcharge Fee		14		
10. Subtotal	$			
11. Cert. of Occupancy		35		
12. Other ZA+CP		60		
13. TOTAL	$	516 -	150	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	NA	
2. Height of Structure	NA ft.	
3. Area — Largest Floor	NA sq. ft.	
4. New Building Area	590 sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Construction Classification	Fully Sprinklered (1A)	
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone	NA	
9. Base Flood Elevation	NA ft.	
10. Wetlands yes		
no	✓	
11. Max. Live Load		
12. Max. Occupancy Load	4	

OPTIONAL (for office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building			5/15/08		6/4/08	FM		1/7/09	KA
3. ☒ Addition								2/6/09	KA
4. ☐ a. Repair							2/11/09	No Action	KA
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☒ Fire Protection	$6,000				6/6/08	DK			
6. ☒ Plumbing	$1,000				6-11-08	DK	10-28-08		
7. ☒ Electrical	$23,000				6/5/08	MK			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition	$10,000	GM	6/5/08		6/5/08				
TOTAL COSTS	$450,000								

VII. DESCRIPTION OF BUILDING USE

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

Plans in Tube #4 called 6/25/08 JA

Plans in Back - rolled

COMMERCIAL

Reorder From OCS Printing

U.C.C. F100-1 (rev. 12/05)

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 GJC Associates, Inc.

Address 312 Shrewsbury Ave.
Red Bank, NJ 07701

Telephone (732) 933-9166

Signature N/A

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

IMPORTANT
A.H.B.T. - MANDATORY FEE - COMMERCIAL

PERMIT UPDATE

Date Update Issued 9/29/2008
Control # C-08-004593
Permit # 08-1893+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:

Contractor GJC ASSOCIATES
Address PO BOX 548 312 SHREWSBURY AVENUE RED BANK
NJ 07701
Telephone: (732) 933-9166
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3138786

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:
PLUMBING ALTERATIONS

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 $1,500

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$152
Check No.	5392
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.

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 6/26/2008
Control # C-08-002336
Permit # 08-1893

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:

Contractor GJC ASSOCIATES
Address PO BOX 548 312 SHREWSBURY AVENUE RED BANK NJ 07701
Telephone: (732) 933-9166
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3138786

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:
COMMERCIAL ADDITION MOBIL DOCKING STATION

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 $440,000

Construction Official Date

PAYMENTS (Office Use Only)

Building	$147
Electrical	$145
Plumbing	$40
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$14
CO Fee	$35.00
Other	$60
Total	$516
Check No.	13834
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.

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.

Township of Brick
Zoning Permit

Approved: Tuesday, May 20, 2008 **Number:** 2008-497

Block 1170 **Lot** 18 **Zone:** H-S, Hospital Supp.

Property Address: 425 Jack Martin Boulevard

Applicant: Joseph Amato; GJC Associates, Inc.

Property Owner: Northern Ocean Hospital Systems, Inc.

Existing Use: Ocean Medical Center

Proposed Use: Ocean Medical Center

Proposed Construction: Addition to the hospital building for the installation of a portable diagnostic mobile docking station.

Conditions:
Minor site plan approved by the Planning Board.
Case No. PB-2612-MSP-7/07.
Resolution adopted on September 26, 2007.
Maps signed on January 7, 2008.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Administrative Officer

Sean Kinnevy
Zoning Reviewer

RECEIVED
MAY 20 2008
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 1170 LOT 18 QUALIFIER

PROPERTY ADDRESS 425 Jack Martin Blvd.

PERSONAL NAME OF APPLICANT Joseph Amato

BUSINESS NAME OF APPLICANT EJC Associates

MAILING ADDRESS OF APPLICANT 312 Shrewsbury Ave. 07701

PROPERTY OWNER'S FULL NAME Northern Ocean Hospital Systems

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) hospital

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) add mobile docking station

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☑ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) mobile docking station.

CHECKLIST

☑ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Joseph Amato Date 5/15/08

Reviewed by Zoning Office SC Date 5/20/8 (X) Approved ( ) Denied

March 2003

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/14/2009
Control Number C-08-002336
Permit Number 08-1893
Permit Issue Date 06/26/2008
Certificate Number 08-1893

Certificate

Construction Code Division

(Certificate of Occupancy)

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:

Contractor GJC ASSOCIATES

Address PO BOX 548 312 SHREWSBURY AVENUE RED BANK NJ 07701

Telephone: (732) 933-9166 Fax: (732) 933-9161

License Number or Builders Registration Number: Federal Emp. Number: 22-3138786

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: COMMERCIAL ADDITION MOBIL DOCKING STATION

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: $35.00
Check Number: 13834
Collected By: Inspection Account

Date Printed: 09/14/2009 U.C.C. F260 (rev. 06/05)

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

08-1893
6/26/08

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 425 Jack Martin Blvd
Brick, NJ.
Owner in Fee Northern Ocean Hospital System
Address 1350 Campus Parkway
Neptune, NJ 07753
Tele. ( )
Contractor Atlantic Sprinkler Corp
Address 474 Bells Water Rd
Brick NJ 08724
Tele. (732) 295-6910 Fax (732) 892-3989
Lic. No. 100209 11538
Federal Emp. No. 22-1911984

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 6000.00

Fire Alarm System
New [ ] Existing [✓]
Location of Panel: Basement
Fire Suppression/Standpipe System
New [ ] Existing [✓]
Location of Main Control Valve:
Sprinkler Room

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 6-6-08
Approved by: DB

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 6/11/08
Approved by: DB

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Alarm System				
Suppression Sys.			9/10	DB
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			1309	DB
Final			9-11-08	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: Install Sprinklers in the new mobile Lab over
Water Supply Source City
Method of Alarm/Suppression System Supervision Central Station

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ____ Fuel ____

Alarm Systems [ ] 110v Interconnected **NUMBER**
[ ] System

Alarm Devices (i.e., smoke, heat, pulls, water/flow)	
Supervisory Devices (i.e., tampers, low/high air)	
Signaling Devices (i.e., horn/strobes, bells)	
Other Devices _____	
TOTAL	
Suppression Systems	
Fire Pump ____ GPM Type ____	
Dry Pipe/Alarm Valves	
Pre-action Valves	
Sprinkler Heads (Dry and Wet)	15
Standpipes	
Pre-engineered Systems	
Wet Chemical	
Dry Chemical	
CO_2 Suppression	
Foam Suppression	
Halon Suppression	
Other _____	
Kitchen Hood Exhaust System	
Smoke Control System	
Gas [ ] or Oil [ ] Fired Appliances	
Other _____	

FEE (Office Use Only)

COMMERCIAL

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

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

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

TCO inside Bldg.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/20/2009
Control Number C-08-002336
Permit Number 08-1893
Permit Issue Date 06/26/2008
Certificate Number 08-1893

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

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:

Contractor GJC ASSOCIATES

Address PO BOX 548 312 SHREWSBURY AVENUE RED BANK NJ 07701

Telephone: (732) 933-9166 Fax: (732) 933-9161

License Number or Builders Registration Number: Federal Emp. Number: 22-3138786

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: COMMERCIAL ADDITION MOBIL DOCKING STATION

Certificate Comments: PENDING FINAL SOILS, AFFORDABLE HOUSING, AND FINAL FIRE.AND FINAL ENGINEERING.

☐ **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: 05/01/2009
Conditions to be met:
PENDING FINAL SOILS, AFFORDABLE HOUSING, AND FINAL FIRE.FINAL ENGINEERING.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 02/20/2009 U.C.C. F260 (rev. 08/05)

MERIDIAN HEALTH

DATE: FEB 20, 2009

TO: JOAN FAX #: 732 262 8954

COMPANY: BRICK TOWNSHIP BUILDING DEPARTMENT

FROM: CHUCK BUDOLTZ PH #: (732) 751-3433
(732) 299-1858

RE: OCEAN MEDICAL CENTER MOBILE DOCTORS STATION

ATTACHED PLEASE FIND SAPHIRE ASSOCIATES RESPONSE TO COMMENTS TO BRICK TOWNSHIP LETTER.

SEE LAST PAGE ITEM N.Z.

FAX

T. 732.751.7500
Meridian Health Line 800.560.9990 · MeridianHealth.com
Monmouth Shores Corporate Park · 1350 Campus Parkway · Neptune, NJ 07753

[redacted]

SAPHIRE ASSOCIATES, P.C.

ARCHITECTURE

File 06-11

Responses to Comments by Brick Township **File No. 1507-P-005**

11 September 2007

Brick Township Planning Board
401 Chambers Bridge Road
Brick, New Jersey 08723

Attn: Judith Fox Nelson, Secretary

PROJECT: Minor Site Plan
Appl: Ocean Medical Center
Block 1170, Lot 18 & 18.02
File: 1507-P-005

Dear Ms. Nelson

This is a response to comments on this project per your document dated 16 August 2007.

A: GENERAL

No responses necessary

B:

No responses necessary

C: VARIANCES/DESIGN WAIVERS

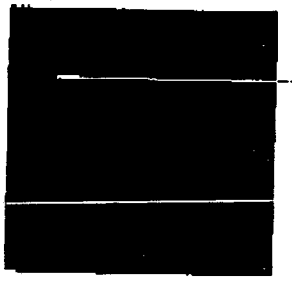
No responses necessary

D: DESIGN COMMENTS

1. Testimony should be presented concerning the proposed use of this facility, the number of employees and the anticipated number of patients that would be served at one time.

Response: 2 employees will be provided by the mobile company. We anticipate providing services to 7 patients over an 8 hour shift. (MP)

TWENTY NASSAU STREET
PRINCETON, NEW JERSEY 08542
PH:609.921.3939 FAX:609.921.0288
www.saphireassociates.com
sa@saphireassociates.com



SAPHIRE ASSOCIATES, P.C.
ARCHITECTURE

2. The proposed construction includes the installation of a concrete retaining wall, a detail for which is included on the site plan. A note under the detail indicates that detailed design calculations, signed and sealed by a professional engineer shall be provided prior to the issuance of a building permit. We would recommend that the submission and approval of these calculations be made a condition of any favorable Board approval.

Response: **Applicant agrees to provide prior to the issuance of a building permit.** (T&M)

E. PARKING & CIRCULATION 984 12 1227 Provided

The Land Development Application submitted by the applicant states that no additional changes to parking spaces are necessary. Relative to parking and circulation we have the following comments:

1. The applicant should provide testimony regarding the adequacy of the existing parking facilities and what impact the parking needs of the new treatment unit will have on these facilities

Response: **Parking will be adequate and will not be impacted by this new service.** (MP)

2. Testimony should be presented as to where patients who would be utilizing this facility would be expected to park.

Response: **Patients will be expected to use the 'parking garage'.** (MP)

3. A new concrete staircase is proposed at the southeast corner of the addition. The applicant should provide testimony regarding the anticipated use of this staircase. Would it be for employees? We note that there are no handicapped accessible facilities in this area.

Response:

F. LIGHTING

The applicant should provide testimony as to whether additional lighting is required and/or proposed in the area of the new addition and the trailered unit.

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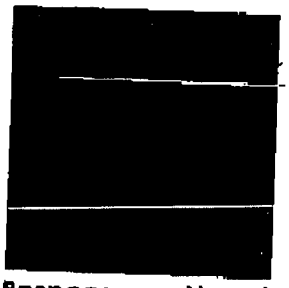
sa@saphireassociates.com



SAPHIRE ASSOCIATES, P.C.
ARCHITECTURE

Response: **No additional lighting is proposed.** (T&M)

G. SOLID WASTE

1. The applicant should provide testimony as to the type of proposed solid waste, if any, generated by the new facility.

Response: **Any minor additions in solid waste will be handled by the existing facility.** (T&M)

2. Testimony should be provided as to whether the new facility will generate an additional demand on the existing solid waste management facilities.

Response: **Any minor additions in solid waste will be handled by the existing facility.** (T&M)

H. SIGNS

Currently, there exists a freestanding sign by the curb of the Southwest Corner of the project area. The plans indicate that this sign will be relocated to the opposite side of the access drive.

Concerning signage, we have the following comments:

1. Testimony should be presented to the Board on whether the existing sign complies with the sign chapter, Section 190-164

Response: **The existing sign is XXX square feet which meets the existing sign ordinance.** (T&M)

2. No details for the sign to be relocated have been provided. Pictures of the sign should be presented to the Board and a detail showing sign dimensions should be added to the plan.

Response: **Pictures and drawings will be provided to the Board.** (T&M)

3. The new sign location appears to be within sight triangle of the intersection. We would recommend that the sign be moved to the north to the other side of the traffic sign.

Response: **Applicant agrees to relocate the existing sign outside he site triangle. T&M will work with the Township Engineer and Owner to determine the final relocated location of the sign.** (T&M)

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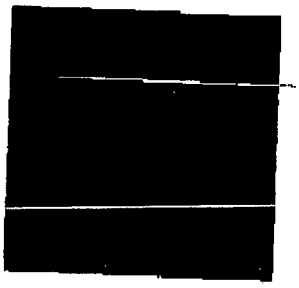
www.saphireassociates.com
SA@saphireassociates.com



SAPHIRE ASSOCIATES, P.C.

ARCHITECTURE

4. Testimony should be presented as to whether any new signage is proposed on the building or trailer unit.

Response: **No new signage is proposed.**

5. Details of the existing signs should be added to the site plan, along with appropriate dimensions.

Response: **T&M agrees to revise their plans and provide additional information regarding the sign as a condition of approval.**

6. A detail for "No Parking" sign is provided on the detail sheet. The location(s) for the sign should be shown on the plan.

Response: **This detail will be revised to a site specific sign detail for relocation. No additional signs are proposed.** (T&M)

I. STORMWATER MANAGEMENT

The proposed construction calls for the replacement of approximately 3,100 SF of pervious lawn area with impervious asphalt and concrete. Although, based upon the size of the entire tract, the increase in runoff appears to be minimal; the applicant should provide testimony regarding the adequacy of the existing stormwater management system to handle the increase.

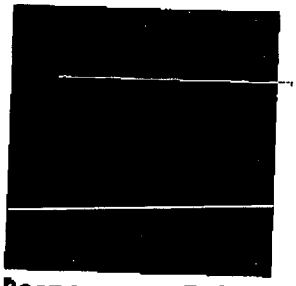
Response: **Minor increase to impervious surface is 3,100 sf to an existing 667,798 sf or an increase of .46% of the overall site.** (T&M)

J. LANDSCAPING

The demolition plan calls for the removal of four trees and several shrubs. Regarding landscaping we have the following comments;

1. We recommend that the removed vegetation be replaced in the area of the wood gazebo to the north.

TWENTY NASSAU STREET
PRINCETON, NEW JERSEY 08542
PH:609.921.3933 FAX:609.921.0288
www.saphireassociates.com
sa@saphireassociates.com



SAPHIRE ASSOCIATES, P.C.
ARCHITECTURE

Response: **T&M agrees to revise plans and provide a construction detail for resetting of storm sewer grates as a condition of approval.**

M.

No response needed.

N. APPROVAL PROCESS

This project is subject to the review and approval of the following outside agencies. Evidence of these approvals must be submitted to this office prior to the signature of any final plans;

1. Ocean County Planning Board

Response: **Ocean County Planning Board application has been submitted.** (T&M)

2. Ocean County Soil Conservation District, only if more than 5,000 SF is proposed

Response: **Ocean County Soil Erosion is not required. The proposed disturbance is approximately 4,500 sf which is less than the cut off 5,000 sf of disturbance.**

3. Any other as may be necessary

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PRINCETON, NEW JERSEY 08542
PH:609.921.3933 FAX:609.921.0588
www.saphireassociates.com
sa@saphireassociates.com

CERTIFICATE OF APPROVAL FOR TENANT FIT UP AND COMMERICIAL

Location 425 JACK MARTIN

Block 1170 Lot 18

Final Inspections needed if applicable as follows: 08-1893

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance (B.T.M.U.A.) 732-458-7000
6. Final Engineering
7. Ocean County Soil (609-971-7002)
8. Affordable Housing

Report of Compliance from Ocean County Soils is needed when more than 5000 sq ft is disturbed. NEW COMMERCIAL Buildings that have been approved by the Planning Board or Board of Adjustment always need a soil report.

BUILDING.....APPROVED 2-4-09

PLUMBING.....APPROVED 10-28-08 & 12-22-09

FIRE.....APPROVED 1-30-09 TCO SEE TECH

ELECTRIC.....APPROVED 12-16-08

ENGINEERING.....APPROVED TCO 2-23-09

O.C. SOIL.....APPROVED

COMMERCIAL OCCUPANCY CARD

C.C. FROM B.T.M.U.A. N/A
(Call the water company (732-458-7000 Ext. 224 or 225) and ask whether a C.C. is needed.)

AFFORDABLE HOUSING..... REFUND DUE 2-25-09
(All Commercial applications must be reviewed by Affordable Housing before a C/A or C/O is issued. Second half of payment is due at this time.)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 08-1893

Date Issued / Permit # 6/26/08

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 425 JACK MARTIN BLVD
Brick, NJ

Owner in Fee: Northern Ocean Hospital System

Tel. ( ) e-mail

Address 1350 CAMPUS PARKWAY Neptune N.J. 07753
street municipality zip code

Contractor: GJC. ASSOCIATES INC Tel. (732) 933-9166

Address 312 Shrewsbury Ave. Red Bank e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. 22-3138786 FAX: ( )

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
MOBIL DOCKING STATION
*See attached plan for addendum
State Approved Plans - Any Changes must be Approved by State

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	6/26/08	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/4/09
Approved by: KA

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Footing			7/22/08	FM
Open Form *	8/5/08	W	8/6/08	W
Foundation				
Slab				
Frame			10-31-08	JK
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			2-2-09	JU
Barrier-Free				

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

FEE (Office Use Only)
$ COMMERCIAL

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

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	B	I-2
Constr. Class		IA
No. of Stories	1	
Height of Structure		Ft.
Area — Largest Floor		Sq. Ft.
New Bldg. Area/All Floors	890	Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 405,000.00
2. Rehabilitation $ NA
3. Total (1+ 2) $ 405,000.00

Ray 673-1961

U.C.C. F110 (rev. 01/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

8/5/08 w- O.F. Req
1) Rebar clearances N/G

8-25-08 Clearance To Reinforcing N.G.
sides Need 2" Bottom (soil = 3")

8-26-08 Grade Beam O/I

8-27-08 Underpinned Area of Existing ∠ Slab
(This is where I Got Hurt)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 9/29/08
Date Issued / Permit # UPDATE 08-1893+A

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

Block 1170 Lot 18 Qualification Code
Work Site Location Ocean Medical Center 425 JACK MARTIN BLVD
Mobil Docking Station Project
Owner in Fee Northern Ocean Hospital System
Address 425 Jack Martin Blvd.
Brick NJ
Tel ( )
Contractor UNITED PLUMBING & HEATING, INC
Address 36 Parkway
Point Pleasant Beach, NJ 08816
Tel (732) 991-1704 FAX (609) 228-4124
Contractor License No. 11922
Federal Emp. No. 31-1818409

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9.29.08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-29-08
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Steve Vitus			10/10/08	

10/29/08

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[✓] Licensed 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	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
10	Other Sleeves	
1	Other Condensate Relocation	

COMMERCIAL

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

2006 NSPC with N.J.A.C. 5:23-3.15 Amendments

U.C.C. F130 (rev. 01/04)

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

9/29/08
UPDATE
08-1993-AA

10/1/08

PLUMBING BUREAU
TECHNICAL SECTION

O- Partial Inspection – Condensate, Water Line
From Cooler) – (Sleeves)

COMMERCIAL

Other Sleeves
Other Condensate Relocation

Contractor: Unity Plumbing & Heating Inc.

Contractor License No. 1232

Estimated Cost of Work $ 15,000.00

B. PLUMBING CHARACTERISTICS

D. CERTIFICATION OF OATH

[ ] Exempt Applicant

2008 NYC Work Permit
5-23-3-5 Amendments

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

08-1893
6/26/08

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 425 JACK MARTIN BLVD. Brick, NJ
Owner in Fee NORTHERN OCEAN HOSPITAL SYSTEM
Address 1350 CAMPUS PARKWAY Neptune N.J. 07753
Tele. ( )
Contractor United Plumbing & Heating, Inc.
Address 36 Parkway Point Pleasant Beach, NJ 08742
Tele. (732) 991-1704 Fax (609) 228-4124
Lic. No. 11922
Federal Emp. No. 31-1818409

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 1,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6.11.08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 1-14-09
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures	12/29/08		1-12	
Gas Equipment				
Gas Piping				
Solar				
TCO _____				
FINAL			01-12-09	PA

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

[ ] 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	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
1	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

COMPLETE

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

U.C.C. F130 (rev. 3/96)

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

COMMERCIAL

12/22/08

D. New Post Bid - Need Location?

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 08-1893

Date Issued 6/26/08
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 Mobile Dwelling

Work Site Location 425 JACK MARTIN BLVD BRICK NJ

Owner in Fee: Northern Ocean Medical System

Tel. ( ) e-mail

Address 1350 Campus Parkway Neptune NJ 07753

Contractor: Monmouth Electric Service Inc (street / municipality) Tel. (732) 741-5496 (zip code)

Address 20 Thomas Ave Shrewsbury NJ 07702 e-mail

Contractor License No. 12475 Exp. Date 3-09

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

Federal Emp. ID No. 210682967 FAX: (732) 530-5171

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Hospital 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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
27		Lighting Fixtures
3		Receptacles
4		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
3		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
4	5	KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
2	1	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		
[ ] Elec. Plans Approved	By state ok changes from State	
Date: 62508		
Approved by:		

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough Walls			102708	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

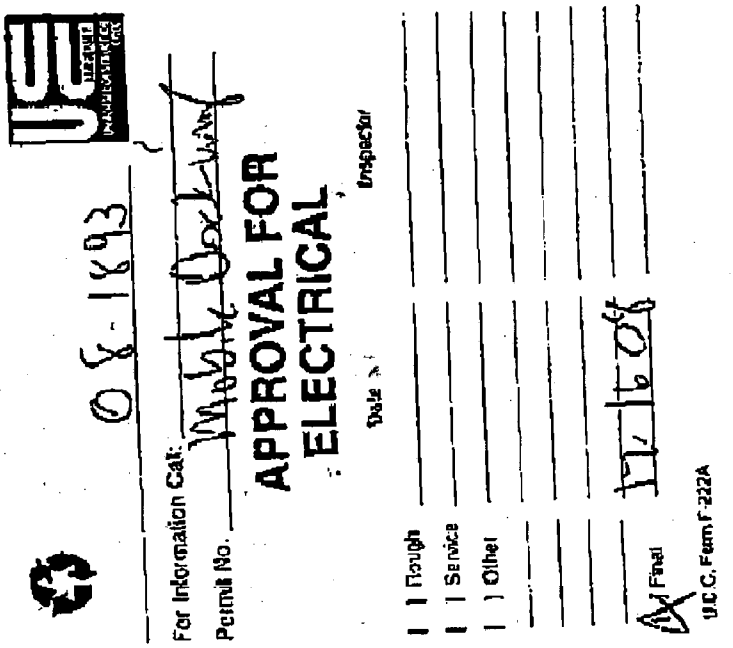
Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification



APPROVAL FOR ELECTRICAL

For Information Call: 08-1893

Permit No.

Inspector

Date

[ ] Rough

[ ] Service

[ ] Other

[X] Final

U.C.C. Form F-222A

GJC ASSOCIATES, INC.

BUILDERS • DEVELOPERS • CONSTRUCTION MANAGEMENT

Fax

To:	Joan – Building Dept.	**From:**	Karl Knief/Tuuli Granger
Fax:	732-262-8954	**Pages:**	2 including cover
Phone:		**Date:**	02/18/09
Re:	OMC Mobile Docking Station	**CC:**	

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

• **Comments:**

Dear Joan,

Attached please find copy of final approval for electric dated 12/16/08.
If you have any questions please call our office.

Thank you,
Regards,

Tuuli Granger
Administrative Assistant

08-1893

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK:	*1170.00*	LOT:	*18*
SITE ADDRESS:	*425 Jack Martin Blvd.*		
CONTROL #:	*08-002336*	WORK TYPE:	*Addition*
APPLICANT:	*GJC Associates Inc.*	PHONE #	*732-933-9166*
APPLICANT ADDRESS:	*312 Shrewsberry Ave.*	CITY/STATE/ZIP:	*Red Bank, NJ 07701*

MANDATORY DEVELOPER FEES

___ Residential is 1%
__X_ Commercial is 2%
___ Waiver Signed for estimated Mandatory Development Fee

Business Name: *Ocean Medical Center*

The estimated equalized assessed value:

Residential *$0.00*
Commercial *$75,200.00*

05/23/2008
Date

02-25-09 REFUND DUE. HOSPITALS ARE EXEMPT FROM MDFEES PER ROBERT'S BILL. SEE ATTACHED.

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

Residential
Commercial

02/20/2009
Date

Prel. Fee (Res)	*$0.00*	Final Fee (Res)	*$0.00*	
Prel. Fee (Comm)	*$752.00*	Final Fee (Comm)	*$ (752.00)*	*REFUND DUE 02/25/2009*
Waiver Fee(Res. Only)				

Check #	*13774*	Check #	
Date Paid	*06/03/2008*	Date Paid	
Paid by	*Cont.*	Paid by	

Total Fee Paid (Res)	$ -
Total Fee Paid (Com)	$ -

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

Authorized Signature – Township of Brick

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road, Forked River, NJ 08731
Tel 609.971.7002 • Fax 609.971.3391 • www.ocscd.org

PROJECT EXEMPTION APPLICATION

Please see reverse side for definition of a project

Applicant's Name (PRINT) OCEAN MEDICAL CENTER A DIVISION OF MERCHANT HOSP. NJ'S ~~NORTHERN OCEAN HOSPITAL System~~ CORPORATION

Address 425 JACK MARTIN BLVD

BRICK N.J 08724

Contact Telephone No. _____ Fax: _____

Project Address 425 JACK MARTIN

Block(s) 1170 Lot(s) 18 Municipality BRICK

A PLOT PLAN OR SITE PLAN SHOWING THE TOTAL AREA OF SOIL / SURFACE DISTURBANCE MUST BE SUBMITTED ALONG WITH THIS REQUEST.

I, the undersigned, am requesting an exemption from the Soil Erosion and Sediment Control Act, P.L. 1975, based on the following activity for total soil / surface disturbance of less than 5,000 square feet:

CHECK REASON FOR REQUEST:

____ Single family dwelling: TOTAL SOIL DISTURBANCE ~~4500~~ square feet.
✓ Commercial construction/site plan: TOTAL SOIL DISTURBANCE 4500 sq.ft.
____ Agriculture (crop farming including orchards) or horticulture. This applies only to cultivation. It does not apply to construction of buildings/greenhouses which requires a construction permit or site plan review.

A $135.00 NON-REFUNDABLE project exemption application fee is required, made payable to the Ocean County Soil Conservation District (OCSCD).

I understand and agree that if the activity I propose changes from the category denoted in this application, it will render this exemption void. A re-assessment will be made by the District.

Applicant's Signature _____ Date 2/20/09

ACKNOWLEDGEMENT OF EXEMPTION – DISTRICT USE ONLY

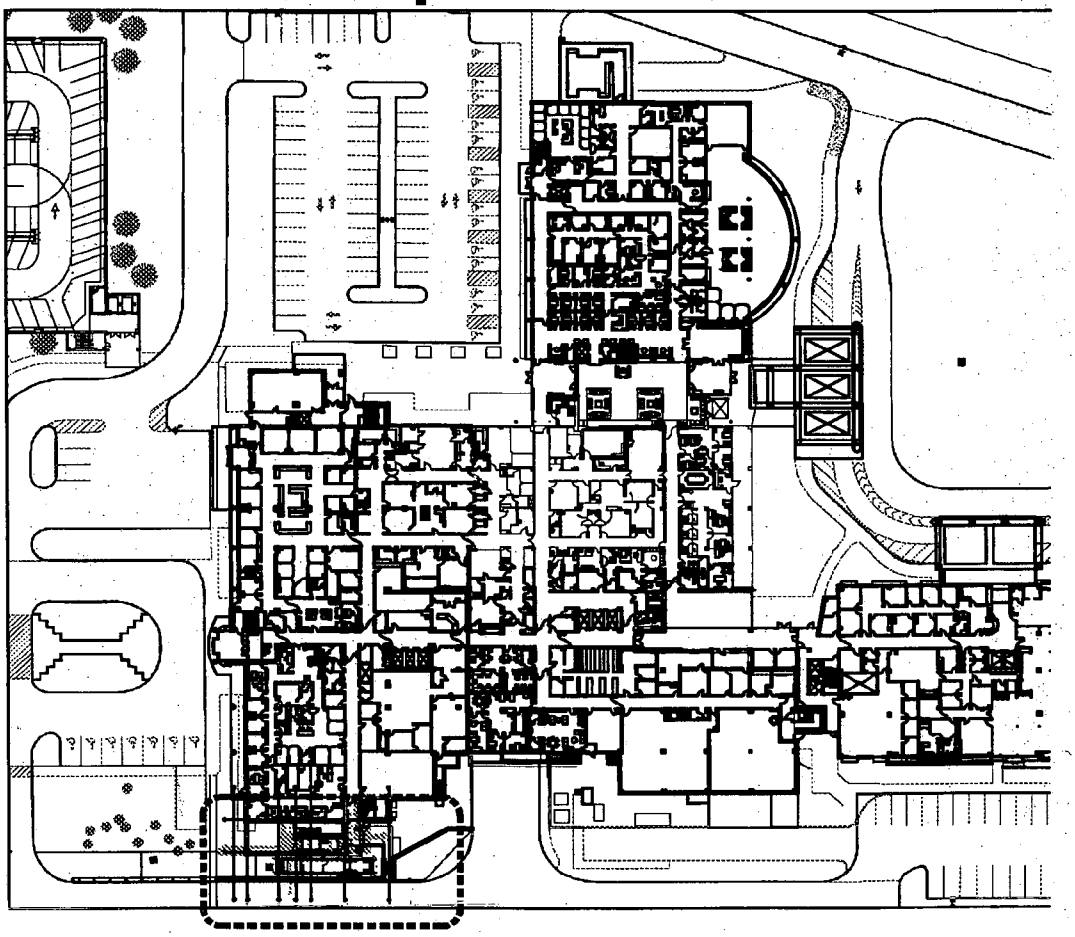
Whereas, the owner has certified, in writing, that they are engaging in the above referenced exempt activity, and, therefore, a certified Soil Erosion and Sediment Control application will not be required by the Ocean County Soil Conservation District.

✓ APPROVED ____ DENIED _____
OCSCD OFFICIAL

Rev.1.12.09 DATE 02-20-09

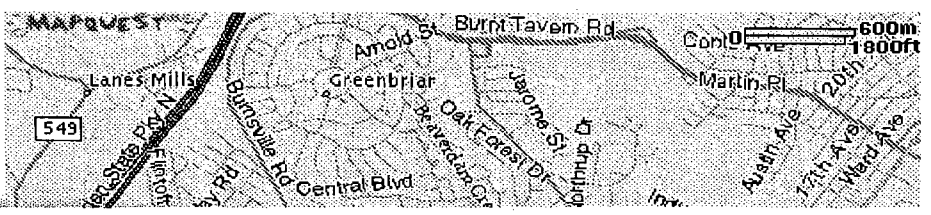
er base	RB
ary	SAN
dule	SCHED
d joint	SCD JT
on	SECT
	SHT
vinyl	SHTV
ir	SIM
ood	SFTWD
core	SC
d transmission	STC
ification	
Dispenser	SD
es	SP
ifications	SPEC
re	SQ
re foot	SQ FT
gered	STAG
dard	STD
	STL
ess steel	SS
ge Closet	SC
	ST
ght	STR
tural	STRUC
tural glazed	SGFT
ng tile	
oor	SUBFL
ce	SURF
ended	SUSP
h	SW
ision	TV
porary	TEMP
zzo	TER
red finish	TEX
perature	TEMP
nal	THERM
hold	THRESH
Paper Dispenser	TP
of curb	TC
of wall	TW
om	TR
d	T
ed	TRTD
cal	TYP
lished	UNFIN
	UTIL
s otherwise noted	UON
e	VAL
ver	VEN
ilating	VENT
y in field	VIF
cal	VERT
base	VB
composition tile	VCT
Corner Guard	VCG
me	VOL
scot	WA
er closet	WC
erproof	WP
erresistant	WR
ght	WT
ded wire fabric	WWF
t	W
e flange	WF
dow	WIND
	W/
out	W/O
od	WD
d	YD

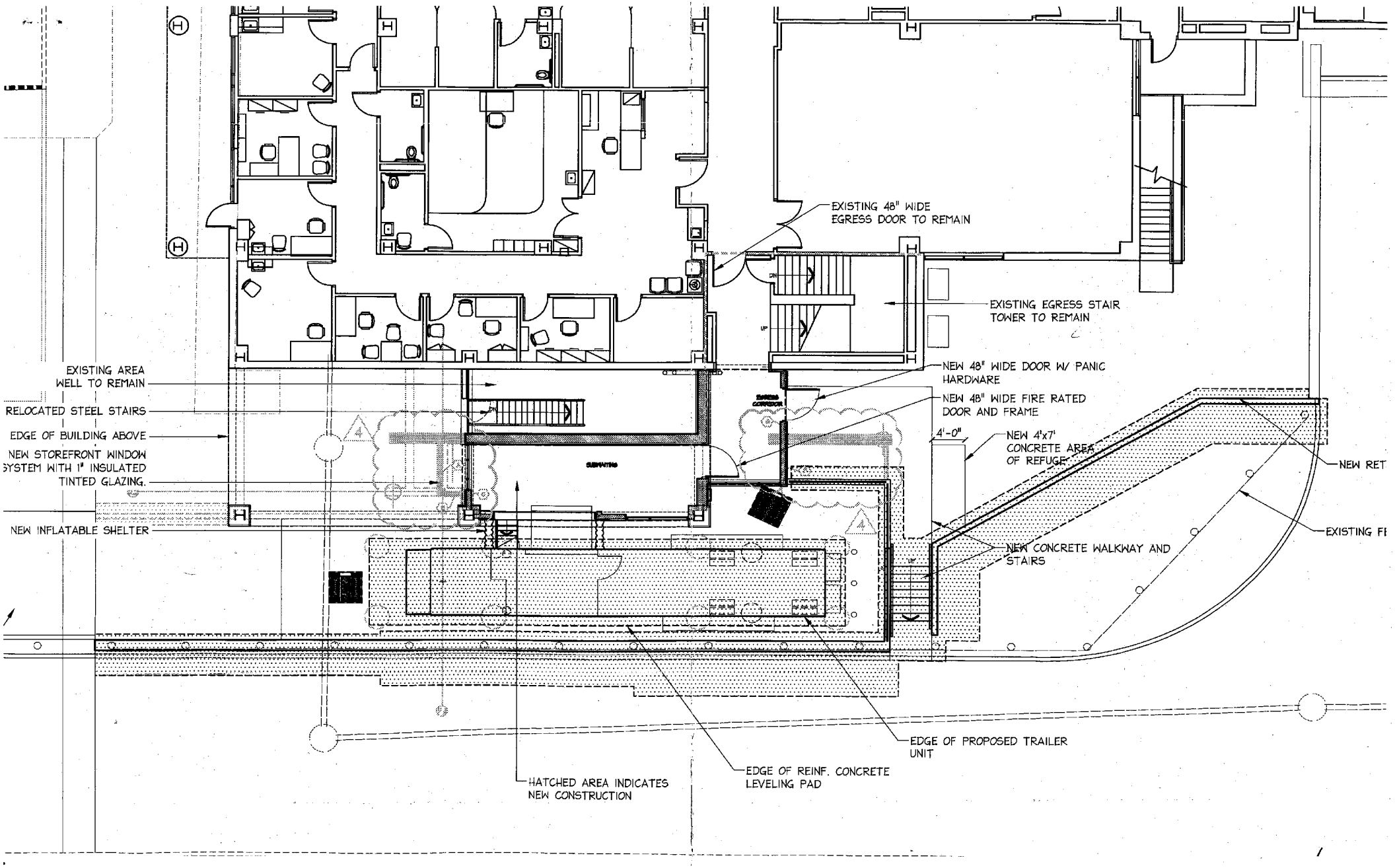
Location Map



Area of Contract

Key Map




EXISTING 48" WIDE
EGRESS DOOR TO REMAIN
EXISTING EGRESS STAIR
TOWER TO REMAIN
EXISTING AREA
WELL TO REMAIN
RELOCATED STEEL STAIRS
EDGE OF BUILDING ABOVE
NEW STOREFRONT WINDOW
SYSTEM WITH 1" INSULATED
TINTED GLAZING.
NEW INFLATABLE SHELTER
NEW 48" WIDE DOOR W/ PANIC
HARDWARE
NEW 48" WIDE FIRE RATED
DOOR AND FRAME
4'-0"
NEW 4'x7'
CONCRETE AREA
OF REFUGE
NEW CONCRETE WALKWAY AND
STAIRS
NEW RET
EXISTING FE
EDGE OF PROPOSED TRAILER
UNIT
EDGE OF REINF. CONCRETE
LEVELING PAD
HATCHED AREA INDICATES
NEW CONSTRUCTION

Job#2052341126l2

INSPECTOR: Russell Harris

DATE: 9/2/09

JOB: PET Scan Docking Station

SECTION: Ocean Med. Center

TYPE OF WORK: Final CO

WEATHER: Clear

LOCATION: Ocean Medical Center off Jack Martin Blvd.

TEMPERATURE: 70's

BLOCK: 1170

LOT: 18 & 18.02

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[EC com] MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use
Division of Engineering

Office of the Municipal Engineer
732-262-1040
Fax: 732-262-8954
www.twp.brick.nj.us

Temporary C/O Request DATE 2-23-09

APPLICANT:

NAME_____

ADDRESS_____

TOWN/STATE/ZIP_____

BUYER (S):

NAME_____

ADDRESS_____

TOWN/STATE/ZIP_____ .

BLOCK_____ LOT (S)_____ PROPERTY LOCATED AT: 425 JACK MARTIN BLVD

I, GJC Associates AM BEING GIVEN A TEMPORARY CERTIFICATE OF
(APPLICANT – PLEASE PRINT)

OCCUPANCY WITH THE UNDERSTANDING THAT THE FOLLOWING CONDITIONS MUST BE MET ON

OR BEFORE 5-1-09 AND SUBJECT TO INSPECTION BY THE TOWNSHIP ENGINEER
(DATE)

I, GJC Associates AM ALSO AWARE THAT I WILL HAVE TO FORFEIT
(APPLICANT – PLEASE PRINT)

THIS CERTIFICATE OF OCCUPANCY IF I DO NOT COMPLY WITH THE CONDITIONS BY SAID DATE.

I, _____ AM AWARE AND HEREBY GIVE MY APPROVAL
(BUYER(S) – PLEASE PRINT)

TO THE CONDITIONS OUTLINED BELOW.

SIGNATURE OF APPLICANT	**DATE** 2-24-09	**SIGNATURE OF BUYER**	**DATE**
CONSTRUCTION OFFICIAL	**DATE** 2-24-09	**TOWNSHIP ENGINEER**	**DATE** 2/24/2009

CONDITIONS: Punchlist / Bond items all to be Completed

311 ACCESS BRICK TOWNSHIP

INSPECTOR: K Shafer

DATE: 2-23-09

JOB: Brick Hosp SECTION: PetScan

TYPE OF WORK: Temp Co

WEATHER: Sunny

LOCATION: Jack Martin Blvd

TEMPERATURE: 40°'s

BLOCK: LOT:

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway		ongoing
2. Grading		Ongoing
3. Sidewalk	✓	
4. Road Pavement	N/A	
5. Landscaping & Sodding		ongoing
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area		Ongoing
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER: Open bonding to punchlist for site restoration Temp until 5/1/09

RECOMMENDATIONS:

☒ TEMP. C.O.

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[EC Comm] MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

KARL
08-1893
933-9166

MRI

Temp

Fire approval

Final

Glen

132 865 0696

Disney TinkerBell

Daniel Newman
From: Saphire + Albarran Architecture LLC [sa@saphirealbarran.com]
Sent: Tuesday, May 26, 2009 1:45 PM
To: Daniel Newman
Cc: Jorge Gaspar
Subject: Extension of Ocean Medical Center's TCO

Dan,

Thanks again for returning the phone call on Friday. As per our agreement, I'm penning the correspondence regarding the extension of Ocean Medical Center's TCO for their Universal Mobile Docking Station. I have been in contact with Mr. Ken Schafer as to the final items that need to be resolved before he can sign-off on his review. The items are minor but still important to the process. The outstanding items as I understood are as follow:

Change to the existing storm grate to a bicycle tire approved type as was installed at the two new grates & re-grout (solid) the grouting at the top cmu course of this grate.
Installation of a guard rail along the retaining wall, nearest the loading dock in which a +30" grade differential exist.
Lastly, provide signed and sealed As-Builts for the entire project indicating the new guardrail.

The 60 day extension allows my office and Ocean Medical Center to meet these additional requirements set forth by the Engineering Department of Brick Township.

Thanks again to agreeing to our extension request. We appreciate the help and cooperation we have continually experienced with your office.

Sincerely,

Edwin Albarran
Principal
Saphire + Albarran ARCHITECTURE, L.L.C.
12 North Main Street
Pennington, NJ 08534
Phone 1.609.737.5924
Fax 1.609.737.5929
www.saphirealbarran.com

Per Dan
this is OK
for 60
days
Good to 7/24/09
per DPW
B

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: %1350 CAMPUS PARKWAY NEPTUNE, NJ 07753 CC:

RE: Building Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD
Permit Number: 08-1893 Control Number: C-08-002336
Last Submit Date: Friday, February 06, 2009

Date: Friday, February 06, 2009

Dear NORTHERN OCEAN HOSPITAL SYSTEM INC,

The following comments were made during the Plan Review process:

Submit revised plans, plan review release by State of NJ.

Submit building subcode technical form, permit update form with estimated cost of work.

02-09-09
Attn JOE
AMATO fax
732-933-9161

Sincerely,

2/6/09

Kenneth Anderson, Subcode Official

No Building Dept Review
For this -
Site Work

Land Use/ Bldg Dept Fax:732-262-8954

***** Transmit Conf.Report *****

P.1 Feb 9 2009 9:52

Telephone Number	Mode	Start	Time	Page	Result	Note
7329339161	NORMAL	9, 9:51	0'26"	1	* O K	

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: %1350 CAMPUS PARKWAY NEPTUNE, NJ 07753 CC:

RE: Building Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD.
Permit Number: 08-1893 Control Number: C-08-002336
Last Submit Date: Friday, February 06, 2009

Date: Friday, February 06, 2009

Dear NORTHERN OCEAN HOSPITAL SYSTEM INC,

The following comments were made during the Plan Review process:

Submit revised plans, plan review release by State of NJ.

Submit building subcode technical form, permit update form with estimated cost of work.

02-09-09
Attn: Joe
Amato Fax#
732-933-9161

Sincerely,

2/6/09

Kenneth Anderson, Subcode Official

Grade Beam Revisions

Steel Reinforcement

0

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: %1350 CAMPUS PARKWAY NEPTUNE, NJ 07753 CC:

RE: Building Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD
Permit Number: 08-1893 Control Number: C-08-002336
Last Submit Date: Wednesday, June 04, 2008

Date: Wednesday, January 07, 2009

Dear NORTHERN OCEAN HOSPITAL SYSTEM INC,
Your request is hereby denied based upon the following infractions.
The following denial reason was made during the Plan Review process:

Submit permit update form and building technical sheet. Indicate type of revision and estimated cost.

Sincerely,

Kenneth Anderson, Subcode Official

2/6/09
GRADE BEAM/STEEL REVISIONS -
PROVIDE PLAN REVIEW RELEASE FROM STATE
SUBMIT BUILDING TECHNICAL SUBCODE FORM
& PERMIT UPDATE FORM

Buck Hospital

PET Mobile Scan

Grade Beam / Steel

Revisions

08/1893

1170 18

425 JMB/W.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 9/29/08

Date Issued / Permit # UPDATE 08-1893+A

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

Block 1170 Lot 19 Qualification Code

Work Site Location Ocean Medical Center
Mobil Docking Station Project

Owner in Fee Meridian Ocean Hospital System

Address 425 York Martin Blvd.
Brick NJ

Tel ( )

Contractor United Plumbing & Heating Inc.

Address 36 Parkway
Point Pleasant Beach NJ 08742

Tel (732) 991-1704 FAX (609) 223-4424

Contractor License No. 4923

Federal Emp. No. 21-1813409

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 9.29.08

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

Applicant's Signature/Contractor's Seal and Signature

[✓] 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	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
10	Other Sleeves	
1	Other Condensate Relocation	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 9/29/08

Date Issued / Permit # UPDATE 08-1893+A

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

Block 1170 Lot 14 Qualification Code

Work Site Location Ocean Medical Center
Mobil Docking Station Project

Owner in Fee Meridian Ocean Hospital System

Address 425 Jack Martin Blvd.
Brick NJ

Tel ( )

Contractor United Plumbing & Heating, Inc.

Address 26 Parkway
Point Pleasant Beach NJ 08742

Tel (732) 899-1704 FAX (609) 295-4124

Contractor License No. 11922

Federal Emp. No. 21-1819409

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 9-29-08

Approved by: DK

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

MICHAEL J. CELENSKI MASTER

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

11922

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	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
10	Other Sleeves	
1	Other Condensate Relocation	

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

10-27-08

2006 NSPC with N.J.A.C. 5:23-3.15 Amendments

UCC-F130 (rev.10/04)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 08-1893

Date Issued / Permit # 6/26/08

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 425 Jack Martin Blvd Brick NJ

Owner in Fee: Northern Ocean Hospital System

Tel. ( ) e-mail

Address 1350 Campus Parkway (street) Neptune (municipality) N.J (zip code) 07753

Contractor: GJC Associates Inc Tel. (732) 933-9166

Address 312 Shrewsbury Ave Red Bank e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. 22-3138786 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	6/26/08	FM
[ ] All		
[ ] 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				

B. BUILDING CHARACTERISTICS

Use Group Present — Proposed 1-2
Constr. Class Present — Proposed 1A
No. of Stories 1
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors 770 Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 465,000.00
2. Rehabilitation $ NA
3. Total (1+2) $ 465,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

MOBIL Docking Station

* See attached plans.

addition

State Approved Plans. Any changes must be Approved By State.

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

FEE (Office Use Only)
$

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 08-1943

Date Issued Permit # 6/26/08

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 425 Jack Martin Blvd
Brick NJ

Owner in Fee: Northern Ocean Hospital System

Tel. ( ) e-mail

Address 1350 Campus Parkway Neptune NJ 07753
street municipality zip code

Contractor: GJC Associates Inc Tel. (732) 223-9116

Address 210 Cheesequake Ave Old Bridge e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. 22-3138786 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	6-4-08	FM
[ ] All		
[ ] 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				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed 1-2
Constr. Class Present Proposed 5A
No. of Stories 1
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. $ 1,100,000
2. Rehabilitation $ 1 M
3. Total (1+ 2) $ 1,1 ,,,

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
MOBIL Docking Station
* see attached plan 1.
addition
State Approved Plans. Any changes must Be Approved By State

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

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 01/06)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 08-1893

Date Issued Permit # 6/26/08

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 425 JACK MARTIN BLVD
BRICK NJ

Owner in Fee: NORTHERN OCEAN MEDICAL SYSTEM

Tel. ( ) e-mail

Address 1350 CAMPUS PARKWAY NEPTUNE NJ 07753
street municipality zip code

Contractor: MONMOUTH ELECTRIC SERVICE INC. Tel. (732) 741-5496

Address 20 THOMAS MACARTHUR WAY e-mail

Contractor License No. 12475 Exp. Date 3-09

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

Federal Emp. ID No. 216832967 FAX: (732) 530-5111

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as HOSPITAL Utility Co.

Est. Cost of Elec. Work $ 25,000

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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
27		Lighting Fixtures	
3		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
3		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	
4	5	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
2	1	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

[ ] Elec. Plans Approved BY STATE OF CALIFORNIA

Date: 6/25/08 Approved by: WA

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: Approved by:

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) 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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 08-1393
Date Issued / Permit # 6/26/08

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 425 Jack Martin Blvd
Brick NJ

Owner in Fee: Northern Ocean Medical System

Tel. ( ) ______ e-mail ______

Address 1350 Campus Parkway (street) Neptune (municipality) NJ 07753 (zip code)

Contractor: [illegible] Electric Service LLC Tel. (732) [illegible]

Address [illegible] e-mail ______

Contractor License No. 12417 Exp. Date 3-09

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

Federal Emp. ID No. [illegible] FAX: (732) [illegible]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as [illegible] Utility Co. ______

Est. Cost of Elec. Work $ 25,[illegible]

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
27		Lighting Fixtures	
5		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
3		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	
4	5	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
2	1	HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	15	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
[ ] Elec. Plans Approved
Date: 6/25/08
Approved by: [illegible]

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit # 08-1893

Date Issued 6/26/08

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 425 Jack Martin Blvd. Brick NJ

Owner in Fee Northern Ocean Hospital System

Address 1350 Campus Parkway Neptune NJ 07753

Tele. ( )

Contractor United Plumbing & Heating, Inc.

Address 36 Parkway Point Pleasant Beach NJ 08742

Tele. (732) 991-1704 Fax (609) 228-4124

Lic. No. 11922

Federal Emp. No. 31-1619409

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 1,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 6/26/08

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

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

[ ] 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	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
1	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

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

U.C.C. F130 (rev. 3/96)

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
Control #
Permit #

08-1893
6/26/08

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 425 Jack Martin Blvd. Brick NJ
Owner in Fee Northern Ocean Hospital System
Address 1350 Campus Parkway Neptune NJ 07753
Tele. ( )
Contractor Ward's Plumbing & Heating, Inc
Address 76 Parkway Point Pleasant Beach NJ 08742
Tele. (732) 991-1704 Fax (609) 223-4134
Lic. No. 11922
Federal Emp. No. 31-1614409

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 1,500.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6/26/08
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				
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.

MICHAEL J. CARR STATE OF NEW JERSEY MASTER 11922

Signature — Contractor's Seal

[ ] 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	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
1	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

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

GJC
ASSOCIATES, INC.

BUILDERS • DEVELOPERS • CONSTRUCTION MANAGEMENT

July 2nd
~~June 30~~, 2008

Mr. Daniel Newman
Construction Official
Building Department
Township of Brick
401 Chambersbridge Road.
Brick, NJ 08816

Re: Ocean Medical Center
Mobile Docking Station
Brick, NJ

Dear Mr. Newman,

Per your discussion with Edwin Albarran on Friday June 27, 2008 enclosed please find ~~three (3)~~ two (2) sets of signed and sealed revised structural drawings prepared by Gilsanz, Murray, Steficek, LLP in reference to the building foundation, structural steel and entrance pad for the aforementioned project.

Lastly, we are awaiting three signed and sealed sets to distribute to Mr. Ken Schaffer, Township Engineer.

Kindly contact Mr. Edwin Albarran or our office should you have any questions.

Regards,

Gary Couch
President

Cc: Jorge Gaspar, Meridian Health
Edwin Albarran, Saphire & Albarran

Rec'd by: _____

Date: _____

P.O. Box 548, Red Bank, NJ 07701 • 732-933-9166 • 732-933-9161 FAX

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

08-1893
6/26/08

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 425 Jack Martin Blvd Brick NJ.
Owner in Fee Northern Ocean Hospital System
Address 1350 Campus Parkway Neptune, NJ 07753
Tele. ( ) ____
Contractor Atlantic Sprinkler Corp
Address 474 Bell Mill Rd Rock NJ 08724
Tele. (732) 295-6919 Fax (732) 899-3985
Lic. No. 10009 11538
Federal Emp. No. 22-A1198

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ 6,000.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 6-6-08
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Sprinklers in the new middle Parking area.
Water Supply Source City
Method of Alarm/Suppression System Supervision Central Station

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid, [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System	**NUMBER**	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	15	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other ____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other ____		

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

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

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

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 6/26/08
Control # 08-1893
Permit #

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

Block 1170 Lot 18
Work Site Location 425 Jack Martin Blvd
Brick NJ.
Owner in Fee Northern Ocean Hospital System
Address 1550 Campus Parkway
Neptune NJ 07753
Tele. ( ) ____
Contractor Atlantic Sprinkler Co.
Address 409 Wall Mish Rd
Brick NJ 08724
Tele. (732) 255-6919 Fax (732) 920-3923
Lic. No. 10059 11586
Federal Emp. No. 22-1911799

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ Incl.

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: Inside
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: Sp. Rm.

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Sprinkler in the main lobby only.
Water Supply Source City
Method of Alarm/Suppression System Supervision Col. Flow

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System	**NUMBER**	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	15	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other ____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other ____		

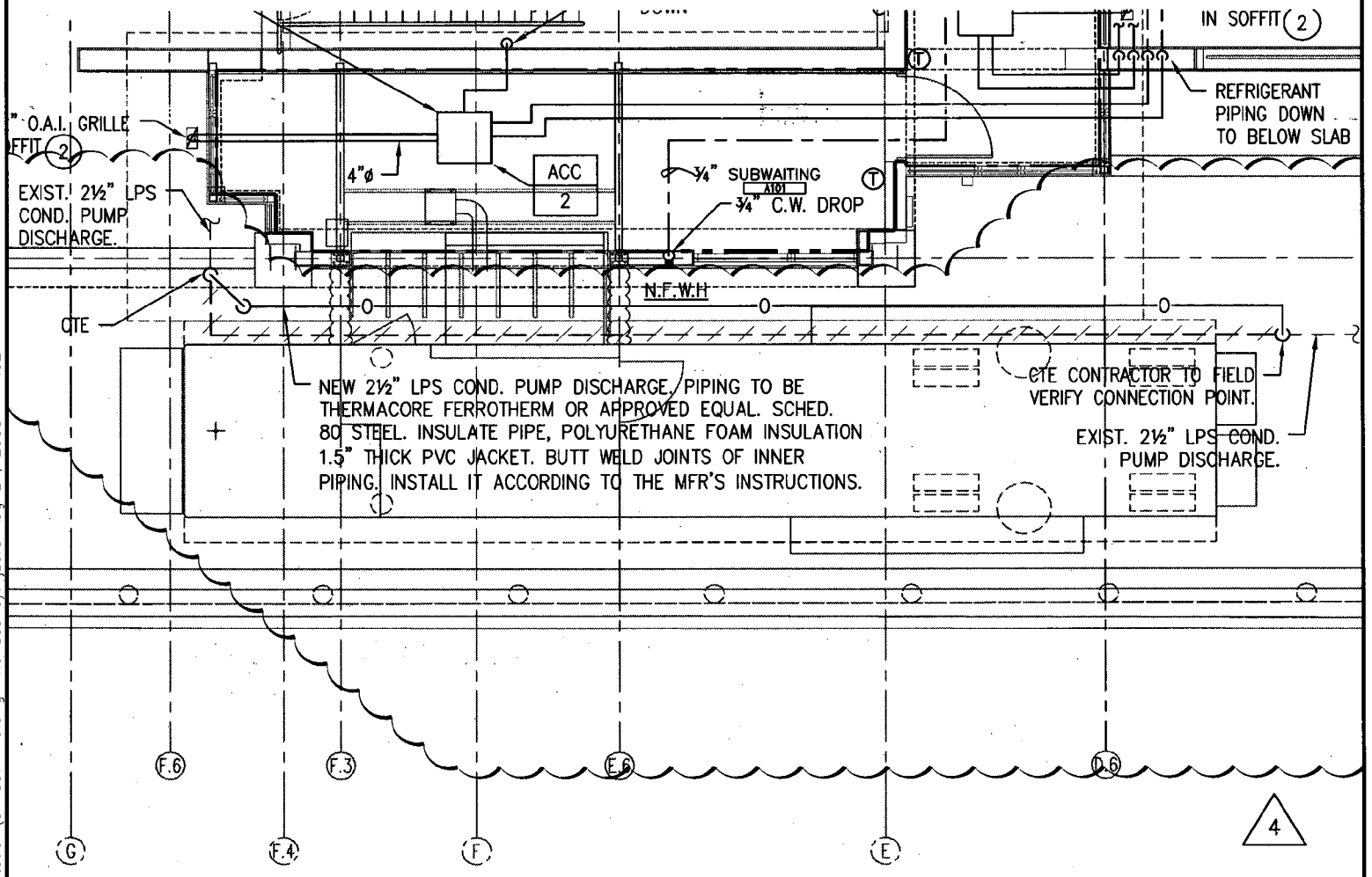
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

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

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

Please make copy

(732) 672-3754



SAPHIRE + ALBARRAN, L.L.C.
ARCHITECTURE
TWENTY NASSAU STREET
PRINCETON, NEW JERSEY 08542
PH: 609.921.3935 FAX: 609.921.0288
www.saphirealbarran.com
sa@saphirealbarran.com
Joseph E. Saphire N.J. License A 108932

TMG Engineering Inc.
Consulting Mechanical and Electrical Engineers
1090 King Georges Post Rd.
Suite No. 903
Edison, New Jersey 08837
Phone: 732-738-9670
Fax: 732-738-9672
New Jersey Certificate of Authorization Number 24GA28081900
FRANK S. RADOSIN N.J.P.E. 33923
TMG JOB NUMBER 07-199

New Mobile Docking Station
Ocean Medical Center

425 JACK MARTIN BOULEVARD
BRICK, NEW JERSEY

Drawing Title

LPS PIPING RELOCATION

Date: 8-21-08

Drawing No. SK-1

Scale: 1/8"=1'0"

Drawing Ref. No.: M1.0

Weg

Zeston Cover -

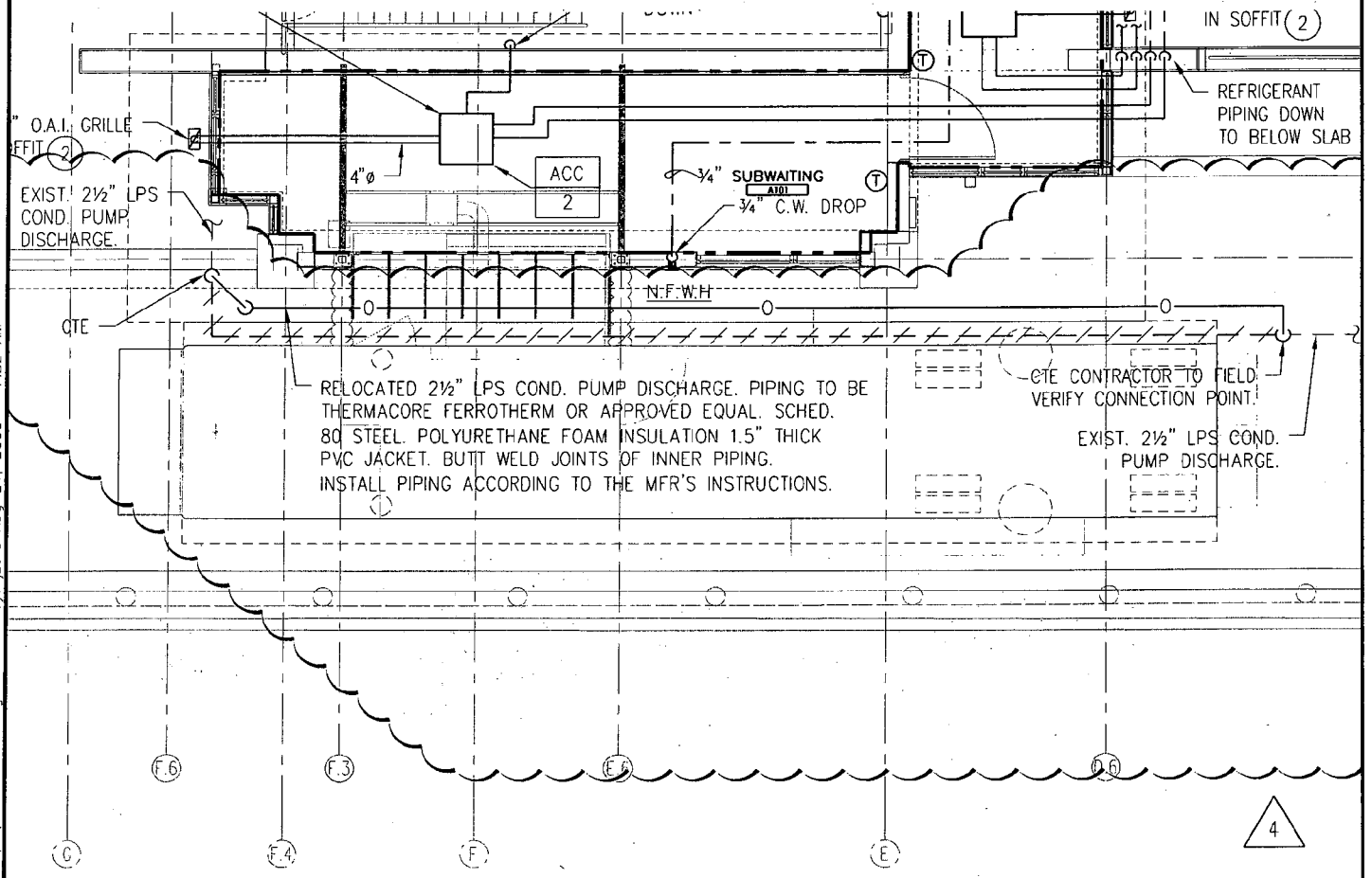
Pure Foam Insulation AMB Mix

Pressure Sensitive Tape -

or

Shrink Wrap Tape

9-29.08



G:\07\Ocean Medical Center\07-199 Mobile Docking Station\07199M1-0.dwg Revised by: jzaro Aug 21, 2008 - 7:32 AM

SAPHIRE & ALBARRAN, L.L.C.
ARCHITECTURE

TWENTY NASSAU STREET
PRINCETON, NEW JERSEY 08542
PH: 609.921.3935 FAX: 609.921.0288
www.saphirealbarran.com
sa@saphirealbarran.com

Joseph E. Saphire N.J. License A 108932

TMG Engineering Inc.
Consulting Mechanical and Electrical Engineers
1090 King Georges Post Rd.
Suite No. 903
Edison, New Jersey 08837
Phone 732-738-9670
Fax: 732-738-9672
New Jersey Certificate of Authorization Number 24GA28081900

FRANK S. RADOSIN N.J.P.E. 33923

TMG JOB NUMBER 07-199

New Mobile Docking Station
Ocean Medical Center

425 JACK MARTIN BOULEVARD
BRICK, NEW JERSEY

Drawing Title

LPS PIPING RELOCATION

Date:	8-21-08
Drawing No.	SK-1
Scale:	1/8"=1'0"
Drawing Ref. No.:	M1.0

9-29-08

GJC ASSOCIATES, INC.

BUILDERS • DEVELOPERS • CONSTRUCTION MANAGEMENT

Fax

To:	Frank Miser (Building Inspector, Brick)	**From:**	Joe Amato
Fax:	(732) 262 - 8954	**Pages:**	3 including cover
Phone:		**Date:**	7/18/08
Re:	Ocean Medical Center, Mobile Docking Station, 425 Jack Martin Blvd, Brick NJ Permit # 08-1893, Block 1170, Lot 18	**CC:**	Gary Couch

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

• **Comments:**

Frank,

Per my message on your voicemail, attached please find the approval letter (as well as the stamp)from the State for the revised drawings for the above referenced project. As of 6:30 am Monday, I will have the plans in my hand, so would you like me to bring them to your office or do you prefer me to give them to you onsite Monday at the time of the inspection? You can reach me on my cell (732) 615 – 7067.

Thank you for your efforts,

Regards,

Joe Amato
Project Manager

312 Shrewsbury Avenue, P.O. Box 548
Red Bank, NJ 07701
• 732-933-9166 • Fax 732-933-9161

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO BOX 817
TRENTON NJ 08625-0817

JON S. CORZINE
Governor

JOSEPH V. DORIA, JR.
Commissioner

July 17, 2008

Mr. Joseph E. Saphire
Saphire + Albarran
12 North Main Street
Pennington, NJ 08534

Re: Ocean Medical Center New Mobile Docking Station
DCA Ref. # 5187-07
REVISIONS TO RELEASE

Dear Mr. Saphire:

The documents, which display the Department of Community Affairs approval of July 17, 2008, are approved as revisions to the above referenced project.

These revisions shall be a matter of record and shall be affixed to those documents previously released.

Sincerely,

Farivar Kiani

Farivar Kiani, Supervisor
Construction Plans Approval
Health Care Plan Review

FK: CS
File

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
July 17, 2008
Ocean Medical Center New Mobile Docking Station
DCA Ref # 5187-07
REVISIONS TO RELEASE

N.J.S.A. 55:270-119
ET SEQ., AS AMENDED

Farivar Kiani Construction Official

GJC
ASSOCIATES, INC.

BUILDERS • DEVELOPERS • CONSTRUCTION MANAGEMENT

May 15, 2008

Mr. Dan Newman
Construction Official
Building Department
Township of Brick
401 Chambers Bridge Road
Brick, New Jersey

Re: Ocean Medical Center
Mobile Docking Station
Brick, NJ

Dear Mr. Newman,

Enclosed please find four (4) sets of signed and sealed DCA approved drawings that indicate the following for the above referenced project.

- Set 1 - DCA approved dated September 28, 2007 drawings C.0 thru FP1.0
- Set 2 - DCA approved, DCA corrections and value engineering changes dated April 4, 2008; drawings C.0 thru A2.0

Lastly we are enclosing our building, electrical, fire and plumbing permits for this project.

Upon approval kindly contact our office or if you should have any questions.

Thank you in advance for your assistance with this project.

Sincerely,

Joe Amato
Project Manager

cc: GJC File

P.O. Box 548, Red Bank, NJ 07701 • 732-933-9166 • 732-933-9161 FAX

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
15/96	Called contractor for cubic footage needed - will call me back w/ that #.	CP

ALLIED FIRE & SAFETY EQUIP. CO., INC.

517 GREEN GROVE ROAD ~ P.O. BOX 607 ~ NEPTUNE, NJ 07754-0607
PHONE: (732) 922-3399 ~ FAX: (732) 918-8668

FACSIMILE

DATE:	June 12, 2008	**FAX NUMBER:**	732-262-8954
TO:	Brick Building Department	**FAX ONLY:**	X
ATTN:	Allison	**FAX & MAILED:**	
FROM:	Melissa Cerciello		
RE:	Fire Sprinkler Permit (Block 1170 Lot 18)	**JOB NUMBER:**	

Hi Allison:

See the attached permit application for the Mobile Docking Station at Ocean Medical Center. Please take the permit out of Allied's name or pull it completely as we were not awarded the job and are not the contractor doing the work.

Thanks, if you have any questions, please call me.

NUMBER OF PAGES TO FOLLOW: **1**

PLEASE CONTACT **MELISSA** AT (732) 922-3399, IF PAGES RECEIVED DO NOT MATCH THE NUMBER OF PAGES SENT, OR IF THERE ARE ANY QUESTIONS CONCERNING THIS TRANSMISSION.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION - FIRE SPRINKLER -

COF '00 2336

Date Received
Control #

Date Issued
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 MOBILE DOCKING STATION

Owner in Fee OCEAN MEDICAL CENTER

Address 425 JACK MARTIN BLVD.
BRICK, NJ 08724

Tel (732) 840-3320

Contractor ALLIED FIRE + SAFETY EQUIPMENT CO.

Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754

Tel (732) 922-3399 FAX (732) 918-8668

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00166

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153445

Fire Alarm Contractor No.

Federal Emp. No. 221904087

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present I-2 Proposed I-2

Constr. Class: Present 1A Proposed 1A

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [✓] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [✓] Existing

Location of Main Control Valve:

Total Cost of Fire Protection Work $ 2400

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.

Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ADD 6 SPRINKLER HEADS

Water Supply Source CITY WATER

Method of Alarm/Suppression System Supervision FLOW/TAMPER

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	6	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System		\		
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

(732) No. 0758 P. 2/4 Jun. 12. 2008 11:58AM

Allison

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use
Division of Engineering

Office of the Municipal Engineer
732-262-1040
Fax: 732-262-8954
www.twp.brick.nj.us

Date: 5/15/08

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 1170 Lot: 18

Property Address: 425 Jack Martin Blvd.

I, Joseph Amato (GJC Assoc.) of 312 Shrewsbury Ave. Red Bank
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

COMMERCIAL

FOR OFFICE USE ONLY

Approved on: 6/3/08 Signed:

Rejected on: Signed:

Comments: Pre-Con OK per K/S

311 ACCESS BRICK TOWNSHIP

BRICK TOWNSHIP PLANNING BOARD

MINOR SITE PLAN APPROVAL

Resolution R- 67 -07

File 2
App
App Att
App Eng
PB Att
PB Eng
Tax A
Zoning
Eng 2

Case No. PB-2612-MSP-7/07 **September 26, 2007**

WHEREAS, OCEAN MEDICAL CENTER, A DIVISION OF MERIDIAN HOSPITAL CORPORATION, AS APPLICANT/OWNER, having a mailing address of 425 Jack Martin Boulevard, Brick, New Jersey 08723, has applied to the Brick Township Planning Board for Minor Site Plan Approval pursuant to N.J.S.A. 40:55D-47, 51, 60, and 70; and

WHEREAS, proof of service as required by law upon appropriate property owners and governmental bodies has been furnished and determined to be in proper order; and

WHEREAS, a Public Hearing was held on September 12, 2007, in the Municipal Building, at which time testimony and exhibits were presented on behalf of the Applicant and all interested parties having been heard;

WHEREAS, the Board makes the following factual findings and findings of law:

1. This property is known and designated as Block 1170, Lots 18 & 18.02 on the Municipal Tax Map.

2. The subject property has frontage on Jack Martin Boulevard and consists of a total area of 26.41 acres, entirely located within the H-S (Hospital Support) Zone.

3. Applicant proposes to make certain modifications to the southeast corner of the existing hospital building, so as to accommodate the installation of a state-of-the art portable diagnostic technology "Mobile Docking Station". Initially, this "Mobile Docking Station" will allow the Applicant to offer PET-Scan technology to patients. (Ultimately, Applicant envisions other diagnostic methodologies to utilize the same

space). The building addition will consist of a single story three-hundred and ninety (390) square foot addition, anticipated to be utilized by patients and their accompanying family members as a "Sub Waiting Area". Outside of the building, the Applicant has further proposed a site modification to allow the installation of a trailer unit adjacent to the "Sub Waiting Area". These modifications include grade adjustments, construction of a concrete pad to support the trailer, an access ramp to the pad, the installation of a five (5') ± concrete retaining wall, and the installation of a guide rail along the southern curb line of the area. Further—the Applicant provided testimony through its Professionals that much akin to an accordion-like structure utilized at airport terminals – the accordion "arm" will assure a comfortable transition from the "Sub-Waiting Area" into the actual Diagnostic Technology Unit in the trailer. Applicant's testimony recited at length that there is absolutely no danger from "emissions" leaving the trailer; and further that the trailer is self-contained – with hook-ups to electric, a/c, heat, and telephone/communications.

4. The Application is shown on plans entitled, "The Medical Center of Ocean County: Minor Site Plan for the Mobile Docking Station, Tax Map Lots 18 & 18.02, Block 1170, Township of Brick, Ocean County, New Jersey" prepared by Gary C. Dahms, P.E. dated June 19, 2007, last revised July 18, 2007 consisting of three (3) sheets.

5. Wayne R. McVicar, P.E., P.P., C.M.E. of Remington & Vernick Engineers, the Planning Board's Conflict Engineer for this matter, prepared a report to the Board dated August 16, 2007. The Board hereby adopts the findings in that report and incorporates that document in this Resolution by reference.

6. Michael P. Fowler, AICP/PP, Municipal Planner, prepared a report to the Board dated September 11, 2007. The Board hereby adopts the findings in that report and incorporates that document in this Resolution by reference.

7. Kevin C. Batzel, Bureau Chief/Fire Marshal, prepared a report to the Board dated July 31, 2007. The Board hereby adopts the finding in that report and incorporates that document in this Resolution by reference.

NOW, THEREFORE, BE IT RESOLVED by the Township Planning Board on this 26th day of September, 2007, that this Application be approved subject to the following conditions:

1. The Applicant shall comply with all standard Planning Board conditions for Minor Site Plan Approval as set forth on Attachment 'A.'

2. The Applicant shall comply with all representations and agreements made by the Applicant, its Attorneys, Zager Fuchs, P.C. and all other Professionals during the presentation of this case.

3. The Applicant shall comply with the following paragraphs contained in the report of Wayne R. McVicar, P.E., P.P., C.M.E., dated August 16, 2007: **D. DESIGN COMMENTS:** (1) (Applicant, through it's Professionals, testified as to the proposed initial PET-Scan usage of the facility and anticipated that two technicians would be the number of employees, also the Applicant anticipated seven to eight patients per day); (2) (Applicant shall submit and obtain approval of its design calculations, signed and sealed by a Professional Engineer, for the installation of the concrete retaining wall, included on the Plan, prior to the issuance of a Building Permit); **E. PARKING & CIRCULATION:** 1. (Applicant testified that the existing parking facilities are more than adequate to service what Applicant testified to what would be a minimal increase in parking with the previously-recited expectation of seven to eight patients per day); 2. (Applicant testified that patients utilizing this facility would park in current and existing parking spaces); 3. (Applicant testified that the anticipated use of the proposed new concrete staircase was for emergency egress (out) only); **F. LIGHTING:** (Applicant testified that the proposed low level lighting in the area was for

the safety of the new addition and the trailer unit); **G. SOLID WASTE:** 1. (Applicant testified that all paper/trash will be removed through the Hospital's existing waste/recycling system); 2. (Applicant testified that there will be no additional demand on the Hospital's existing solid waste management facilities); **H. SIGNS:** 1. (Applicant testified that the existing freestanding sign (by the curb of the southwest corner of the project area) complies by previous approval, but that it will be relocated to the "other side" of the access road for better/clearer informational purposes); 2. (Applicant agreed to provide details for the sign to be relocated, by presenting pictures of the subject sign and by adding detail dimensions to the Plan); 3. (As recited in paragraph #1, Applicant agreed to move the sign to the north to the "other side" of its location, out of the sight triangle area of the intersection); 4. (Applicant testified that no new signage is proposed on the building or trailer unit); 5. (Applicant agreed to include details of existing signs to the site plan, with appropriate dimensions); 6. (Applicant testified that the previously recited "No Parking" sign was a clerical error and agreed to remove the detail for the sign from the Plan); **I. STORMWATER MANAGEMENT:** (Applicant through its Professionals, testified that the existing stormwater management is fully adequate to handle any increase of discharge on site, after the proposed replacement of approximately 3,100 s.f. of "pervious" lawn area and its substitution with the "impervious" concrete area); **J. LANDSCAPING:** 1. (Applicant agreed to cooperate with the Board's Engineers and Professionals to replace any removed shrubs/vegetation (four trees and several shrubs) to the satisfaction of Board's Engineer/Planner to the area of the wood gazebo to the north); 2. (Applicant further agreed to add a planting schedule and appropriate landscape details to the Plan); **K. WATER AND SEWER FACILITIES:** (Applicant testified that no expansion material was necessary and will move an existing water hose bib); **L. SPECIFIC COMMENTS:** 1. Sheet 1 of 3, Title Sheet: (a) (Applicant agreed to provide a "North" arrow); (b) (Applicant agreed to

provide a "Notary Public" provision for the Applicant/Owner signature block); 2. Sheet 2 of 3, Site Layout and Grading Plan: (a) (Applicant agreed to provide a "North" arrow); 3. Sheet 3 of 3, Construction Details (a) (Applicant agreed to provide detail for the resetting of the storm sewer grates); **N. APPROVAL PROCESS:** 1. (Applicant agreed that Ocean County Planning Board approval will be recited on the Plan); 2. (Applicant testified that approval from the Ocean County Soil Conservation District is not required (as less than five-thousand square feet disturbance is recited); 3. (Applicant agreed, per Board's direction, that Applicant shall submit to, and appear before, other Local, State and Federal agencies having jurisdiction over this project); A. (Applicant agreed, per Board's direction, that prior to commencement of construction, the Applicant shall post a performance guarantee and inspection fund in accordance with the provisions of the Township's Land Use Ordinance and the Municipal Land Use Law).

4. The Applicant shall comply with the following comments contained in the report from Michael P. Fowler, AICP/PP dated September 11, 2007: III. Comments: A. (Applicant agreed to revise the Site Plan to indicate the proposed location of the Mobile Technology Unit on the leveling pad); B. (Applicant agreed to provide the exact dimensions (12' x 53' trailer, and 12' x 48' pad) of the Mobile Technology Unit); C. (Applicant testified that the Mobile Technology Unit is anticipated to be at the hospital site two-three days per week for approximately eight hours per day. Applicant further testified that the arrival times of the Mobile Unit will vary, depending on its schedule, and explained that the Mobile Unit is shared with the Jersey Shore Medical Center, Neptune and the Riverview Medical Center, Red Bank. At the Board's request, Applicant agreed to try to schedule the Mobile Unit's arrival so that the Unit would not arrive any earlier than 6 am, recognizing the Board's concerns for traffic noise including the "beeping" back-up noise associated with large trailers, and the strictly-enforced Brick Township Noise Ordinance on the residential side of the property); D. (Applicant

testified that the Technology Mobile Trailer will be delivered and removed to and/ from the pad site via Jack Martin Boulevard - and "backed into" the site); E. (Applicant testified that the only access to the Mobile Technology Unit itself will be directly from the Sub-Waiting Area and further all patients (and any friends or family members) will be accompanied by staff persons in their short journey from the main hospital building, into the Sub-Waiting Room); F. (Applicant's Engineer testified that no modification to the existing CAFRA Permit is required for the minimal (in relation to site) additional impervious surface proposed); G. (Applicant testified that no separate generator will be required for the Mobile Technology Unit); H. (Applicant testified that the Mobile Unit trailer is reasonably "quiet", and that the unit produces "minimal noise" while in operation, as well as during its docking and undocking); I. (Applicant provided the "updated" impervious surface calculation for the site at "58.15%" -- which is less than the Township's Ordinance required maximum impervious surface amount of "70%")

5. The Applicant shall comply with the comments contained in the report from Mr. Kevin Batzel, Bureau Chief/Fire Marshal/Bureau of Fire Safety, dated July 31, 2007, including his remarks that "All Fire Lane zones, signs, and striping to remain as indicated on the original approved site plan".

6. The Applicant shall comply with Board's directive that a new warning sign shall be placed at a specified location, as directed by Board's Engineer/Planner, which shall recite "Authorized Personnel Only", near the subject trailer site, in an effort to discourage unwanted and/or curious visitors to area.

7. The Applicant shall comply with Board's direction that the apron a the entrance to the pad site will be concrete - and that it will lead to the concrete "pad site" trailer location, upon which the trailer will be docked.

8. The Applicant shall comply with Board's direction that the revised Plan be subject to the review and approval of the Board's Architectural Committee.

9. The Applicant shall comply with the Board's direction that all Plan revisions and modifications as recited herein, shall be subject to the review and approval of the Board's Professionals.

10. The requirements imposed upon the Applicant to meet the comments contained in the reports herein, and any/all comments recited, shall continue during the operation of this site by this Owner, and its successors and/or assigns.

11. Applicant shall return to this Board no later than twelve months from the date of the issuance of a building/construction permit to advise/permit the Board of the evaluation of the site's usage – and whether this trailer usage site will continue.

12. Applicant has further agreed, per Board's direction, that any changes to this project, as requested by any reviewing agency, will require the review and assessment of the Planning Board's Professionals, including Board Attorney, Board Engineer and Board Planner.

13. The Applicant agreed to have its Attorney prepare any/all proposed drainage, utility access, and sight triangle easements (if any) and forward same to the Board's Attorney and Engineers for their review and approval, prior to the recording of same in the Ocean County Clerk's Office.

14. The Applicant has further agreed, per Board's direction that any/all diagnostic technology shall meet all State and Federal guidelines and approvals and all medical reviewing entities to ensure the safety of the Applicant's employees and patients at the site.

MOVED BY: Mr. Reilly

SECONDED BY: Mr. Dockery

VOTING IN THE AFFIRMATIVE: Mr. Petoia, Mrs. LaDuke, Mr. Reilly, Mr. Dockery, Mr. Aiello, Mr. Liloia, Mr. Hahn, Mr. Catalano

VOTING IN THE NEGATIVE:

INELIGIBLE TO VOTE: Mr.Lazroe

ABSTAINING:

ABSENT: Mr. Underwood, Councilwoman Scaturro

CERTIFICATION

I, JUDITH FOX NELSON, Clerk of the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that the foregoing Resolution was duly ADOPTED by the said Planning Board of the Township of Brick at a Regular Meeting held on the 26th day of September, 2007.

IN WITNESS WHEREOF, I have set my hand this 28th day of September, 2007

Judith Fox Nelson

JUDITH FOX NELSON
Clerk of the Planning Board

ATTACHMENT "A"

BRICK TOWNSHIP PLANNING BOARD

STANDARD CONDITIONS FOR SITE PLAN APPROVAL

1. Applicant shall obtain certification by the Local Soil Conservation District of a plan for soil erosion and sediment control in accordance with N.J.S.A. 4:24-39 et seq., commonly known as the "Soil Erosion and Sediment Control Act."

2. All materials, methods of construction and details shall be in conformance with the current "Engineering Specifications and Construction Details" of the Township of Brick, which are on file in the office of the Township Engineer.

3. Applicant shall obtain all approvals required by any Federal, State, County or Municipal agency having regulatory jurisdiction of this development. Upon receipt of such approval(s), the applicant shall supply a copy of the permit(s) to the Board. In the event that any other agency requires a change in the plans approved by this Board, the applicant must reapply to the Brick Township Planning Board for approval of that change.

4. Applicant shall submit this entire proposal for re-approval should there be any deviation from the terms and conditions of this Resolution or the documents submitted as part of this application, all of which are made a part hereof and shall be binding on the applicant.

5. Applicant shall provide a statement from the Brick Township Tax Collector that all taxes are paid in full as of the date of this Resolution and as of the date of the fulfillment of any condition(s) of this Resolution.

6. Prior to the issuance of a construction permit, the applicant shall furnish the Township Clerk with a cash bond and performance guarantee in an amount to be determined by the Township Engineer.

7. Applicant shall post an inspection fund with the Township Clerk in an amount to be determined by the Township Engineer.

8. No soil shall be removed from the site without the written approval of the Township Council.

9. The applicant shall comply with all provisions and pay all fees established under Article VB (Mandatory Development Fees) of Chapter 190 of the Code of the Township of Brick.

10. For all residential uses the subdivider or site plan applicant shall provide for a trash receptacle.

11. In order to insure uniformity of trash receptacles and compatibility with the automatic trash collection system, all trash can receptacles required herein shall be obtained from the Township of Brick.

12. Applicant shall provide proof of application for Title NJSA 39:5 A-1 to the Planning Board.

Plan Revisions