



CONSTRUCTION PERMIT APPLICATION

09-162364

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

I. IDENTIFICATION

1. Proposed Work Site at: OCEAN MEDICAL CENTER

2. Name of Owner in Fee: MERIDIAN HEALTH SYSTEM INC.
 Tel. (732) 751-1500 e-mail WCRONIN@MERIDIANHEALTH.COM
 Address 1350 CAMPUS PARKWAY MORRISTOWN 07753
street municipality zip code

3. Ownership in Fee: Public ☒ Private ☐

4. Principal Contractor: SYSTEMS CONNECT, INC. Tel. (732) 797-0220
 Address 44 WASHINGTON ST. #101 e-mail HARRYM@SYSTEMS4WORK.COM
TOMS RIVER, NJ 08753

License No. OR, if new home, Builder Reg. No. 561 TELEGRAPH Exp. Date N/A

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

Federal Emp. ID No. 22-3547542 FAX: (732) 797-0277

5. Architect or Engineer N/A Contact _____
 Address _____ e-mail _____
 Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun HARRY J. MONTAUDO
 Tel. (732) 797-0220 FAX: (732) 797-0277

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>40</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ <u>3</u>		
8. Subtotal			
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other	\$ <u>43</u>		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES
 (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☒ Electrical	<u>18300</u>				<u>7-9-09</u>	<u>DD</u>			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST		<u>18300</u>							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale _____

Gained, Rental _____

Lost, Sale _____

Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks

2. ☐ High Pressure Boilers

3. ☐ Pressure Vessels

4. ☐ Refrigeration Systems

5. ☐ Cross-Connections/Backflow Preventers

6. ☐ Hazardous Uses/Places of Assembly

7. ☐ Sprinklers

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LPGas Tanks

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 SYSTEMS CONNECT, INC.

Address 44 WASHINGTON ST. #101
TOMI RIVER, NJ 08753

Telephone (732) 797-0220

Signature [Signature]

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



CONSTRUCTION PERMIT

Date Issued 7-9-09
Control # C-09-002364
Permit # 09-1650

IDENTIFICATION Block: 1170 Lot: 18 Qualifier _____
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ Contractor SYSTEMS CONCEPT INC
Address 44 WASHINGTON STREET #101 TOMS RIVER NJ
Owner in Fee MERIDIAN HELATH SYSTEM INC 08753
1350 CAMPUS PARKWAY NEPTUNE NJ 07753 Telephone: (732) 797-0220
Telephone: (732) 751-1500 Lic. No. or Bldrs. Reg. No. 561 EXEMPT
Federal Employee. No. 22-3547542

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:

COMMUNICATION POINTS INSTALLATION OF POCCESS POINTS

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$1,830

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$43
Check No.	
Cash	\$0
Credit	\$0
Collected By	

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.



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/06/2009
Control Number C-09-002364
Permit Number 09-1620
Permit Issue Date 07/09/2009
Certificate Number 09-1620

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ Block: 1170 Lot: 18 Qual: _____
Owner in Fee: MERIDIAN HELATH SYSTEM INC
Owner Address: 1350 CAMPUS PARKWAY NEPTUNE NJ 07753
Telephone: (732) 751-1500
Contractor: SYSTEMS CONCEPT INC
Address: 44 WASHINGTON STREET #101 TOMS RIVER NJ 08753
Telephone: (732) 797-0220 Fax: (732) 797-0277
License Number or Builders Registration Number: 561 EXEMPT Federal Emp. Number: 22-3547542

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: COMMUNICATION POINTS INSTALLATION OF POCESS POINTS

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 1170 Lot 1 Qualification Code _____
 Work Site Location Queen Meadow Center
405 JAR LARIN DR BREX, NJ 08724
 Owner in Fee: HELIAD HEART SYSTEM
 Tel. (732) 757-1500 e-mail 405JARLARIN@HELIADHEARTSYSTEM.COM
 Address 1300 CANTON RD MERIDEN, NJ 07753
 Contractor: SYSTEMS CONCEPT, INC. Tel. (732) 777-0220
44 WASHINGTON ST #101 e-mail 405JARLARIN@SYSTEMS-CONCEPT.COM
TOWNS RIVER, NJ 08753
 Contractor License No. 50172 EXEMPT Exp. Date N/A
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): N/A
 Federal Emp. ID No. 22-3547542 FAX: (732) 777-0277

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
 [] Pole/Pad # _____ [] Temporary [] Other _____
 Building Occupied as _____ Utility Co. _____
 Est. Cost of Elec. Work \$ 1830.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☒ No Plans Required
☐ Partial - Underslab Utilities Approved
 Date: _____ Approved by: _____
☐ Electric Plans Approved
 Date: _____ Approved by: _____
 Joint Plan Review Required:
☐ Bldg. [] Plumb. [] Fire. [] Elev.
SUBCODE APPROVAL FOR PERMIT
 Date: 7-9-09
 Approved by: D.O.M.
SUBCODE APPROVAL FOR CERTIFICATE
☐ CO [] CCC [] CA
 Date: 7-21-09 AS
 Approved by: _____
INSPECTIONS
 Type: _____
 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 _____
 Dates (Month/Day)
 Failure _____ Approval _____ Initial _____

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 [] Certified Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALLATION OF ACCESS POINTS

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

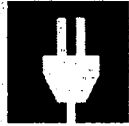
Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
 TOTAL FEE \$ _____

Date Received 09-16-00
 Control # _____
 Date Issued 7-9-09
 Permit # _____

COMMERCIAL



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 1170 Lot 18 Qualification Code _____

Work Site Location QUINN MORGAN CENTER

425 JAR HARMON BLVD BUREAU, NJ 08724

Owner In Fee: ALCANTARA HEATH SYSTEM

Tel. (732) 757-1500 e-mail ALCANTARAHEATHSYSTEM@HOTMAIL.COM

Address 1350 CANARYS RUN NETUNE, NJ 07753 zip code

Contractor: SYSTEMS CONSULTING INC. Tel. (732) 797-0220

Address 44 WILMINGTON ST #101 e-mail ALCANTARAHEATHSYSTEM@HOTMAIL.COM

TOWNS RIVER, NJ 08753

Contractor License No. 501 TEL EXEMPT Exp. Date N/A

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

Federal Emp. ID No. 22-3547542 FAX (732) 797-0277

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1830.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

☐ Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 7-9-09

Approved by: DOWN

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

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.

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

Applicant's Signature/Contractor's Seal and Signature

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D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALLATION OF ACCESS POINTS

QTY. SIZE ITEMS FEE (Office Use Only)

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Date Received

Control #

Date Issued

Permit #

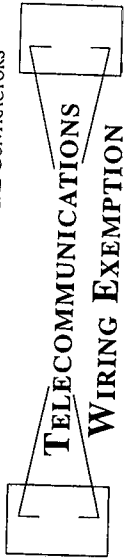
09-16-00
7-9-09

State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY

DIVISION OF CONSUMER AFFAIRS

BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS



Issued to: Systems Connect, Inc.

44 Washington St., Suite 101, Toms River, NJ

Address

Signature of Holder

Exemption No. 561