CATH. LAB 2ND FL.

BLOCK 1170 LOT 18 QUALIFICATION CODE ADDRESS (SITE) 425 JACK MARTIN BLVD PERMIT NO. 09-1684

CONSTRUCTION PERMIT APPLICATION

09-002173

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

I. IDENTIFICATION

1. Proposed Work Site at: 426 JACK MARTIN BLVD.
2. Name of Owner in Fee NORTHERN OCEAN HOSPITAL SYSTEM, INC.
   Tel. ( ) e-mail
   Address 1350 CAMPUS PKWY (street) NEPTUNE, NJ 07753 (municipality, zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: G.J.C. ASSOC INC Tel. (732) 933-9166
   Address 312 SHREWSBURY AVE RED BANK NJ 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. 22-3136786 FAX: (732) 933-9161
5. Architect or Engineer SAHAIRE, ALBARRAN AIA Contact ED ALBARRAN
   Address 12 N. MAIN ST. PENNINGTON, NJ e-mail
   Tel. (609) 737-5924 FAX: (609) 737-5929
6. Responsible Person in Charge once Work has Begun PAT BURKE CGVC
   Tel. (732) 933-9166 FAX: (732) 933-9161

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	900 ✓	
2.	Electrical		105 ✓	
3.	Plumbing		50 ✓	
4.	Fire Protection		75 ✓	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review		101	
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	1231	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories EXISTING 4
2. Height of Structure ____ ft.
3. Area — Largest Floor 3231 EXISTING sq. ft.
4. New Building Area " sq. ft
5. Volume of New Structure " cu. ft.
6. Construction Classification I-A
7. Total Land Area Disturbed EXISTING sq. ft.
8. Flood Hazard Zone "
9. Base Flood Elevation " ft
10. Wetlands yes " / no "
11. Max. Live Load "
12. Max. Occupancy Load 13 persons

(office use only) COMMERCIAL ALT

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					6/24/09	[illegible]			
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☑ c. Renovation	15700								
	☐ d. Reconstruction									
5.	☑ Fire Protection	1500				6/24/09	RW			
6.	☑ Plumbing	2000			6-25-09		BJ	7-16-09	7-14-09	BJ/BJ
7.	☑ Electrical	8300				6-23-9	AB			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	31,500								

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: HOSPITAL
2. Use Group: I-2
3. Change in Use Group, Indicate Former: SAME

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

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 G.J.C. ASSOCIATES, INC.

Address 312 SHREWSBURY AVE.
RED BANK, NJ

Telephone (732) 933 - 9166

Signature _____ KARL F. KNIEF, GJC ASSOC.

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/22/2009
Control Number C-09-002173
Permit Number 09-1684
Permit Issue Date 07/17/2009
Certificate Number 09-1684

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Owner Address: 425 JACK MARTIN BL%JAHODA BRICK NJ 08724

Telephone:

Contractor G J C ASSOCIATES INC

Address 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: ALTERATION - -COMMERCIAL CATH LAB 2ND FLOOR; MISC MODIFICATIONS INCLUDING NEW ACT LEINING, NEW FLEX & DIFFUSERS, LIGHTING, FLOORING, MILLWORK CABINETRY & ROOM FINISHES. SEE TECH FOR MORE DETAILS

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:

David J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/22/2009 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 7/17/09
Control # C-09-002473
Permit # 09-1684

IDENTIFICATION Block: 1170 Lot: 18 Qualifier

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC
425 JACK MARTIN BL%JAHODA BRICK NJ
08724

Telephone:

Contractor: G J C ASSOCIATES INC
Address: 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:

ALTERATION - -COMMERCIAL CATH LAB 2ND FLOOR; MISC MODIFICATIONS INCLUDING NEW ACT LEINING, NEW FLEX & DIFFUSERS, LIGHTING, FLOORING, MILLWORK CABINETRY & ROOM FINISHES. SEE TECH FOR MORE DETAILS

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 $59,300

Construction Official

Date 7-16-09

PAYMENTS (Office Use Only)	
Building	$900
Electrical	$105
Plumbing	$50
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$101
CO Fee	
Other	$0
Total	$1,231
Check No.	
Cash	$0
Credit	$0
Collected By	

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

XX01 SERV.001

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

#1684

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. $900.00
2. Foundations and all walls up to grade level prior to back filling. ELECTRIC $105.00
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. PLUMBING $50.00 $75.00 $101.00
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

CHECK $1231.00

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.

CATH. LAB.
2ND FL.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 1170 Lot 18 Qualification Code

Work Site Location 495 JACK MARTIN BLVD. BRICK, NJ

Owner in Fee N. OCEAN HOSPITAL SYSTEM, INC

Address 1350 CAMPUS DR. NEPTUNE, NJ 07753

Tel. ( )

Contractor G.T.C. ASSOC. INC

Address 312 SHREWSBURY AVE. RED BANK NJ

Tel. (732) 933-9166

Lic. No. or Bldrs. Reg. No.

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: MISC MODIFICATIONS TO EXISTING CATH. ROOM TO ACCEPT NEW EQUIPT SUPPLIED BY OWNER

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

Estimated Cost of Work $ 15,700

Construction Official

Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

OCS Printing (609) 398-4375

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

CATH. LAB.
2ND FL.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 1170 Lot 18 Qualification Code

Work Site Location 425 JACK MARTIN BLVD. BRICK, NJ

Owner in Fee N. OCEAN HOSPITAL SYSTEM, INC

Address 1350 CAMPUS DR. NEPTUNE, NJ 07753

Tel. ( )

Contractor G.J.C. ASSOC. INC

Address 312 SHREWSBURY AVE. RED BANK NJ

Tel. (732) 933-7166

Lic. No. or Bldrs. Reg. No.

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: MISC MODIFICATIONS TO EXISTING CATH. ROOM TO ACCEPT NEW EQUIPT SUPPLIED BY OWNER

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

Estimated Cost of Work $ 15,700

Construction Official

Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

OCS Printing (609) 398-4375

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location _____

_____

Owner in Fee _____

Address _____

_____

Tel. (___ ___) _____

Contractor _____

Address _____

_____

Tel. (_____) _____

Lic. No. or Bldrs. Reg. No. _____

_____

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:

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

Estimated Cost of Work $ _____

_____ _____

Construction Official Date

PAYMENTS (Office Use Only)

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA State Permit Fee _____

Cert. of Occupancy _____

Other _____

Total _____

Check No. _____

Cash _____

Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

OCS Printing (609) 398-4375

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location _____

_____

Owner in Fee _____

Address _____

_____

Tel. (_____) _____

Contractor _____

Address _____

_____

Tel. (_____) _____

Lic. No. or Bldrs. Reg. No. _____

_____

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:

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

Estimated Cost of Work $ _____

_____ _____

Construction Official Date

PAYMENTS (Office Use Only)

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA State Permit Fee _____

Cert. of Occupancy _____

Other _____

Total _____

Check No. _____

Cash _____

Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

OCS Printing (609) 398-4375

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 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 given.

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

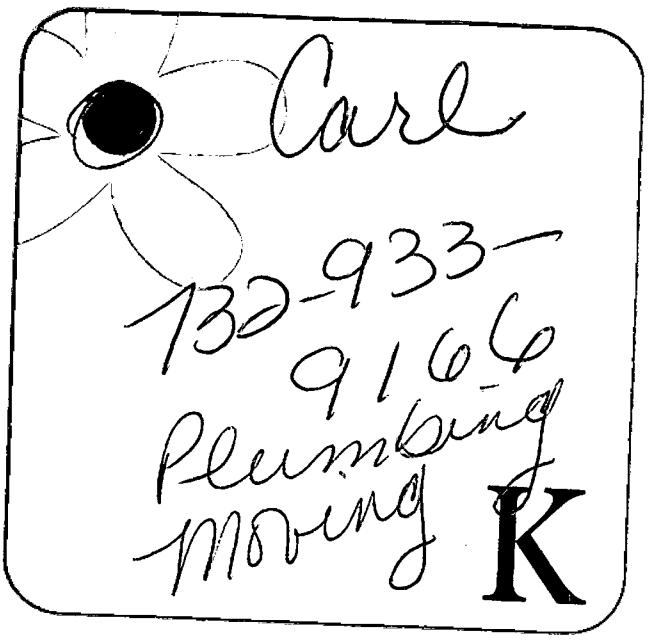
1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. 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.

☐ 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.


Card
132-933-
9164
Plumbing
Moving
K

09-1684

CA -

Cath lab

865-0696

JIM

12/18/09 - called - told him Tuesday for plumb slab.

CATH LAB
2nd FL

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

09-1684
7/17/09

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 SYSTEMS, INC.
Address 1359 CAMPUS DRIVE
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. 31-1818409

B. PLUMBING CHARACTERISTICS

Use Group Present 1-2 Proposed Same
Building Sewer Size EXISTING Public Sewer ____ Private Septic ____
Water Service Size EXISTING Public Water ____ Private Well ____
Est. Cost of Plumbing Work $ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 2-16-09
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 12-22-09
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Slab	____	____	____	____
Rough	____	____	11/25/09	[signature]
Water	____	____	____	____
Sewer	____	____	____	____
Fixtures	____	____	____	____
Gas Equipment	____	____	____	____
Gas Piping	____	____	____	____
Solar	____	____	____	____
TCO Mech. Contr.	____	____	11/25/09	[signature]
FINAL 12/16/09	____	____	12-17-09	[signature]

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]
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	____
1	Sink	____
____	Dishwasher	____
____	Drinking Fountain	____
____	Washing Machine	____
____	Hose Bibb	____
____	Water Heater	____
____	Fuel Oil Piping	____
____	Gas Piping	____
____	Steam Boiler	____
____	Hot Water Boiler	____
____	Sewer Pump	____
____	Interceptor/Separator	____
____	Backflow Preventer	____
____	Greasetrap	____
____	Sewer Connection	____
____	Water Service Connection	____
____	Stacks	____
4	Other Medical Gas Outlets	____
____	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 Hard = Applicant Copy

12-16-09 PM

(1) NO COLD WATER → 12-17-09 PM OK

(2) HOT TOO HOT

CATH LAB 2ND FL

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-1684

Date Issued
Permit # 7/17/09

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 Systems Inc.

Address 1350 CAMPUS DRIVE
NEPTUNE, NJ.

Tel ( )

Contractor MONMOUTH ELECTRIC SERVICE INC.

Address PO Box 184
SHREWSBURY, N.J.

Tel (732) 741-5496 FAX (732) 5305171

Contractor License No. 6876

Federal Emp. No. 210682967

B. ELECTRICAL CHARACTERISTICS

Use Group Present 1-2 Proposed SAME

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

Building Occupied as HOSPITAL Utility Co.

Est. Cost of Elec. Work $ 19,300.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
36		Lighting Fixtures	
5		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
2		Communications Points	
		Alarm Devices/F.A.C. Panel	
48		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	200	AMP Subpanels 480/277 ✓	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	60 AMP	LIGHTING CONTROLLER	
1	125 AMP	480V SIEMANS IMAGER	

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

[X] Elec. Plans Approved
Date: 6-23-9
Approved by: A. Soares

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-16-9
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free	ABOVE CEILING			
Trench			11-25-09	PD
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-16-09	MP
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Cath lab 2nd floor

Date Received
Control # 09-1684

Date Issued
Permit # 7/17/09

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 SYSTEMS, INC

Tel. ( ) e-mail

Address 1350 CAMPUS DR. NEPTUNE NJ 07753
street municipality zip code

Contractor: ATLANTIC SPRINKLER CORP Tel. 732) 433-0643

Address P.O. BOX 50 LAKEWOOD NJ e-mail

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. P00209

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 22-1911981 FAX: (732) 892-3989

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ $20 1500 —

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (architect) (owner of record) and am authorized to make this application. Assistant Project Manager

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: RELOCATE 6 SPRINKLER HEADS INTO NEW CEILING CONFIGURATION PER PLANS

Water Supply Source

Method of Alarm/Suppression System Supervision

	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	60 (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

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 6/24/09

Approved by: RD

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 12/16/09

Approved by: KJO

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			12/16/09	KJO
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12/16/09	KJO
Other Rough			12/16/09	KJO

SC

GJC ASSOCIATES, INC.

BUILDERS • DEVELOPERS • CONSTRUCTION MANAGEMENT

Fax

To:	Brick Bldg Dept, Att: Mr Dan Newman/Ed	**From:**	Karl F. Knief
Fax:	1 732 262-8954	**Pages:**	0 incl. cover page
Phone:	1 732 262-1027	**Date:**	12/15/2009
Re:	OMC-Cath Lab Permit # 09-1684 FINALS	**CC:**	

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

• **Comments:**

Dan/Ed,

Pursuant to our phone conversation last week and your scheduling of tomorrow's FINAL inspections (Plumbing, Electric, Fire Sprinkler, Bldg.) @ Ocean Medical Center, 425 Jack Martin Blvd. Permit #09-1684.

With the hospital's Security pattern changed due to the # of H1N1 cases, I would like to suggest the following;

- For the convenience of your Inspectors, GJC's Field Supervisor (Glenn Meisse cell # 732 865-0696) will be available to meet them @ the Main Loading Dock as they arrive and then escort them to the Cath Lab, rather than the new pattern directing them thru the Main Atrium Entrance. If they would please call him from the Loading Dock area when arriving, Glenn will meet them (the Cath. Lab is on the same hallway as the Loading Dock area).

This will allow easy in/out hospital access for your inspectors when arriving & departing.

We appreciate your Departments efforts to schedule & inspect this work and if all is approved, a possible C of A late this week/early next week.

Once again, thank you.

Sincerely,

Karl F. Knief
Executive Vice President
GJC Associates, Inc.
732 933-9166

CATH LAB 2ND FL

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 7/17/09
Permit # 09-1684

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 SYSTEMS

Tel. ( ) e-mail

Address 1350 CAMPUS DR. NEPTUNE NJ 07753
street municipality zip code

Contractor: G.J.C. ASSOC. 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: (732) 933-9161

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 misc. modifications including new ACT ceiling, new flex & diffusers, lighting, flooring, millwork cabinetry, and room finishes. Fire sprinkler relocates. Room to be modified to accept new equipt supplied by owner.

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	6/24/09	

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/17/09
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~~ OC			11/25/09	MW
Mechanical				
TCO				
Other				
Final			12/16/09	MW
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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 $

B. BUILDING CHARACTERISTICS

Use Group	Present I-2	Proposed	SAME
Constr. Class	Present I-A	Proposed	SAME
No. of Stories	EXISTING		
Height of Structure	"	Ft.	
Area — Largest Floor	3231	Sq. Ft.	
New Bldg. Area/All Floors	"	Sq. Ft.	
Volume of New Structure	EXISTING	Cu. Ft.	
Total Land Area Disturbed	0	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Rehabilitation $ 37,500-
3. Total (1+ 2) $

GJC ASSOCIATES, INC.
GENERAL CONTRACTORS •
CONSTRUCTION MANAGERS
P.O. Box 548
Red Bank, NJ 07701
(732) 933-9166

LETTER OF TRANSMITTAL

DATE	JOB NO.
12/15/09	09-195

OMC Cath Lab
425 Jack Martin Blvd.
Brick, N.J.

Permit # 09-1864

To: Township of Brick
401 Chamberbridge Road
Brick, NJ 08723

Attention: Paul Auth – Plumbing Subcode Official

WE ARE SENDING YOU: ☐ Attached ☐ under separate cover via _____ the following items:
☐ Prints ☐ Shop Drawings X Plans ☐ Specifications ☐ Samples ☐ Change Order

☐ Copy of Letter ☐ _____

COPIES	DATE	NO.	DESCRIPTION
2	11/29/09		Medical Gas Inspection and Certification Reports
2			Certificate of Medical Gas Qualification for Steven A Szilvasi

THESE ARE TRANSMITTED AS CHECKED BELOW:

☒ for approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☒ for your use ☐ Approved as noted ☐ Submit _____ copies for distribution

☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐ _____

☐ FOR BIDS DUE _____ _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARK:

COPY TO: File

SIGNED: Pat Burke – Project Manager

If enclosures are not as noted, kindly notify us at once.

Medical Gas System Inspection and Certification

-PERFORMED ON-

Sunday, November 29, 2009

-AT-

The Ocean Medical Center

425 Jack Martin Boulevard

Brick, New Jersey 08724

-IN-

Cath Lab Procedure Room

-FOR-

United Plumbing

-AND-

G. J. C. Associates

-BY-

John J. Lupo

-OF-

Jo Tech, Incorporated

Ocean Medical Center

-Table of Contents-

Sunday, November 29, 2009
Cath Lab Procedure Room☞ Outlet Addition

TABLE OF CONTENTS	
Section	**Description**
One	*NFPA Criteria & Jo Tech Test Methods*
Two	*Inspection Findings*
Three	*Certification Comments*
Four	*Outlet Data*
Five	*Particulate Filter Data*
Six	*Zone Valve Box Data*
Seven	*Area Alarm Data*
Eight	*Purity Sample Data*
Nine	*Additional Comments*
Ten	*Contractor Deficiencies*
Eleven	*Facility Deficiencies*
Twelve	*Equipment Deficiencies*
Thirteen	*Installer Qualification*
Fourteen	*Verifier Qualification*

Ocean Medical Center

-NFPA 99C 1999 Criteria and Test Methods-

I. Station Outlets For Medical Gas (NFPA 99C-1999) 4-3.1.2.4 *(Page 21)*
Each station outlet for medical gases, whether threaded or noninterchangeable quick-coupler shall be gas-specific and shall consist of a primary and a secondary valve or assembly. Each outlet shall be legibly identified with the name or chemical symbol of the gas contained. Where chemical symbols are used, they shall be in accordance with CGA Pamphlet P-2, *Characteristics and Safe Handling of Medical Gases.*
Jo Tech Test Method **- Each outlet shall be inspected for compliance with the above Criteria and be checked for "Use No Oil!" labeling.**

II. Cross Connection (NFPA 99C-1999) Section 4-3.1.2.4 *(Page 21)*
Each station outlet, including those mounted in columns, hose reels, ceiling tracks, or other special installations, shall be designed so that parts or components that are required to be gas-specific for compliance with 4-3.1.2.4 cannot be interchanged between station outlets for different gases.
Jo Tech Test Method **- Each outlet shall be verified using a property indexed connecter, connected to a calibrated portable oxygen analyzer. Also, when required, a bag sample will be taken for laboratory analysis.**

III. Operational Pressure and Flow Test (NFPA 99C-1999) *(Page 33)*
Flow tests shall be performed at the station outlet. Piping systems, with the exception of nitrogen systems, shall maintain pressure at 50 +5/-0 psig at the maximum flow rate. A Nitrogen system shall be capable of delivering at least 160 psig to all outlets. Oxygen, nitrous oxide, and air outlets shall deliver 3.5 SCFM (100 LPM) with a pressure drop of no more than 5.0 psig and a static pressure of 50 psi. Oxygen and air outlets servicing critical care areas shall permit a transient flow rate of 6.0 SCFM (170 LPM) for three seconds. Nitrogen Outlets shall deliver 5.0 SCFM (145 LPM) with a pressure drop of no more than 5 psig and a static pressure of 160 psig.
Jo Tech Test Method **- Pressure and flows shall be measured at each outlet using a calibrated RT 200 or equivalent pressure / flow analyzer.**

IV. Medical Gases and Concentration Test (NFPA 99-1999) *(Page 58 health care facilities)*
After purging each system with the gas of system designation, the following shall be performed: 1. Each pressure gas source and outlet shall be analyzed for concentration volume. 2. Analysis shall be with instruments designed to measure the specific gas dispensed. 3. Allowable concentrations are listed on *page 59 in the health care facilities manual.*
Jo Tech Test Method **- Concentration test shall be performed at each outlet using a portable oxygen analyzer. Also, when required, a bag sample shall be taken for laboratory analysis.**

Ocean Medical Center

-NFPA 99C 1999 Criteria and Test Methods-

V. Medical Air Purity Test Compressor System (NFPA 99C-1999) *(Page 33)*
The Medical Air source shall be analyzed for concentration of contaminants by volume. Sample(s) shall be taken for the air system test at a sample point as specified in 4-3.1.1.9(h). The test results shall **not exceed** the following parameters:

Dew Point	+35°F @ 50 psig (2005)
Carbon Monoxide	10 ppm
Carbon Dioxide	500 ppm
Gaseous Hydrocarbons-Air	25 ppm (as methane)
Halogenated Hydrocarbons-Air	2 ppm

Jo Tech Test Method **- A calibrated portable dew point analyzer will be utilized for on site measurements. A bag or test tube sample shall be taken for laboratory analysis.**

VI. Vacuum System Performance (NFPA 99C-1999) 4-3.4.2.1 *(Page 35)*
The vacuum pumps and collection piping shall be capable of maintaining a vacuum of 12 in. of mercury (Hg) at the station farthest away from the central vacuum source when the calculated demand for the hospital is drawn into the system. Piping shall be sized such that 3 SCFM (85 LPM) can be evacuated through any one station inlet without reducing vacuum pressure below 12 in. HG at an adjacent station outlet.
Jo Tech Test Method **- Flow (wide open), static pressure and dynamic pressure (adjacent outlet wide open) shall be measured using a calibrated RT 200 or equivalent pressure / flow analyzer.**

Some **older existing** vacuum systems that **fail** to meet the 3 SCFM (85 LPM) criteria outlined in (VI) may substitute alternate performance criteria established by the AHA in 1989, if acceptable by the facilities manager.

Static Pressure: 12 inches Hg
Flow: 35-70 LPM

VII. Gas Shutoff Valves (NFPA 99C-1999) Section 4-3.1.2.3 *(Page 20)*
Shutoff valves accessible to other than authorized personnel shall be installed in valve boxes with frangible or removable windows large enough to permit manual operation of valves.
Jo Tech Test Method **- Zone valves shall be tested for leaks, using a test solution, checked for mechanical operation, and proper labeling.**

Ocean Medical Center

-NFPA 99C 1999 Criteria and Test Methods-

VIII. Alarm Testing (NFPA 99C-1999) Section 4-3.1.2.2 *(Page 19)*
All local, master and area alarm panels used for medical gas systems shall provide: Separate visual indicators for each condition monitored. The alarm indicator shall produce a minimum of 80 dba measured at 3 feet. A means to visually indicate a lamp or LED failure. Each local or master alarm shall be labeled for its area of surveillance.
Jo Tech Test Method **- Digital alarms shall be electronically tested for +/- 20% indications. Where feasible, analog and digital alarms shall be functionally tested by rising and dropping line pressure +/-20%. Facility assistance may be required.**

IX. Cylinder Supply Systems (NFPA 99C-1999) Section 4-3.1.1.6 *(Page 11)*
A cylinder supply system with reserve supply shall consist of: A primary supply, which supplies the piping system. A secondary supply, which shall operate automatically when the primary supply is unable to supply the system. An actuating switch shall be connected to the master signal panel to indicate when, or just before, the reserve begins to supply the piping system.
Jo Tech Test Method **- Test shall be conducted by facility and recorded by Jo Tech. A bag sample may be taken for laboratory analysis.**

X. Medical Air Compressor (NFPA 99C-1999) Section 4-3.1.1.9 *(Page 14)*
Two or more compressors shall be installed that serve this system alternately or simultaneously on demand. The compressor(s) shall be sized to serve peak demand with the largest compressor out of service. The medical air compressor shall take its source from the outside atmosphere and shall not add contaminants in the form of particulate matter, odor or other gasses.
Jo Tech Test Method **- Test shall be conducted by facility and recorded by Jo Tech A bag sample may be taken for laboratory analysis.**

XI. Vacuum Pumps (NFPA 99C-1999) Section 4-3.2.1.1 *(Page 25)*
Two or more pumps shall be installed that serve this system alternately or simultaneously on demand. The pump(s) shall be sized to serve peak demand with the largest pump out of service. Each pump shall have an automatic means to prevent back flow through off-cycle units and a shutoff valve to isolate it from the centrally piped system and other pumps for maintenance or repair without loss of vacuum in the system.
Jo Tech Test Method **- Test shall be conducted by facility and recorded by Jo Tech**

Jo Tech, Incorporated follows criteria set in the NFPA 99C Gas and Vacuum Systems manuals and the NFPA 99 Health Care Facilities manuals.

Ocean Medical Center

-Inspection Findings-

Sunday, November 29, 2009

Cath Lab Procedure Room☞ Outlet Addition

Jo Tech, Incorporated, Located At 23 Manitoba Trail, Shamong, NJ 08088, Inspected The Cath Lab Procedure Room, On The Second Floor, Of The Ocean Medical Center, Located At 425 Jack Martin Boulevard, Brick, New Jersey 08724, For Compliance With N. F. P. A. 99C 1999/2002/2005 Standards, J. C. A. H. O. Standards, State And Local Departments of Health Standards.

The Oxygen, Medical Air And Medical Vacuum Systems Inspected And Tested, Met All Criteria Established By The N. F. P. A., The J. C. A. H. O., State And Local Departments Of Health, Except If Noted In The Deficiencies Section(s).

Jo Tech, Incorporated does not assumes any liability or consequences.

John J. Lupo

M. E. Lupo

Jo Tech, Incorporated Corporate Seal

Ocean Medical Center

-Certification Comments-

Sunday, November 29, 2009

Cath Lab Procedure Room☞ Outlet Addition

United Plumbing, Located At 36 Parkway, Point Pleasant Beach, New Jersey, 08747, Added One(1) Oxygen Ceiling Outlet, One(1) Medical Air Ceiling Outlet And One(1) Vacuum Ceiling Outlet To The Cath Lab Procedure Room, On The Second Floor, Of The Ocean Medical Center, Located At 425 Jack Martin Boulevard, Brick, New Jersey 08837.

Jo Tech, Incorporated, In Accordance With The N. F. P. A., The J. C. A. H. O., And State And Local Departments Of Health, Inspected The Oxygen, Medical Air, And Medical Vacuum, In The Cath Lab Procedure Room, For Proper Pressures, Flows, Indexing, Gas Sources, Leaks, Labeling, Cross Connections, Dew Points And Particulate Contamination.

All Systems Meet or Exceed Manufacturers Specifications And Comply With The N. F. P. A. 99, 1999/2002/2005 Criteria, J. C. A. H. O. Standards And State And Local Standards, Except If Noted In The Deficiencies Section(s) Of This Report.

If you should have any questions please contact our office immediately!
Telephone (609) 268-7580 Facsimile (609) 268-8001 Thank You!

John J. Lupo ***M. E. Lupo***

Jo Tech, Incorporated Corporate Seal

Ocean Medical Center

-Outlet Data-

Sunday, November 29, 2009

Cath Lab Procedure Room☞ Outlet Addition

OUTLET DATA
LEFT WALL OUTLETS

	OXYGEN					MEDICAL AIR					VACUUM			
Outlet	PSI	DYN	LPM	O2%	DEW	PSI	DYN	LPM	O2%	DEW	InHg	LPM	DYN	Status
1 From Left	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	23.0	140	-1.0	PASS
2 From Left	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	23.0	140	-1.0	PASS
3 From Left	n/a	n/a	n/a	n/a	n/a	54.5	-1.0	300+	21%	-33ºF	n/a	n/a	n/a	PASS
4 From Left	n/a	n/a	n/a	n/a	n/a	54.5	-1.0	300+	21%	-33ºF	n/a	n/a	n/a	PASS
5 From Left	55.0	-1.0	300+	99%	-55ºF	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	PASS

EXISTING OUTLETS

OUTLET DATA
CEILING OUTLETS

	OXYGEN					MEDICAL AIR					VACUUM			
Outlet	PSI	DYN	LPM	O2%	DEW	PSI	DYN	LPM	O2%	DEW	InHg	LPM	DYN	Status
1 From Left	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	23.0	145	-1.0	PASS
2 From Left	n/a	n/a	n/a	n/a	n/a	54.5	-1.0	300+	99%	-33ºF	n/a	n/a	n/a	PASS
3 From Left	55.0	-1.0	300+	99%	-55ºF	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	PASS

NEW OUTLETS

Ocean Medical Center

-Particulate Filter Data-

Sunday, November 29, 2009

Cath Lab Procedure Room☞ Outlet Addition

PARTICULATE FILTER DATA LEFT WALL OUTLETS					
Outlet	Service	Flow Rate	Sample Time	Result	Status
3 From Left	Oxygen	200 LPM	5 Minutes	< 1.0 mg/m³	PASS
5 From Left	Medical Air	200 LPM	5 Minutes	< 1.0 mg/m³	PASS

EXISTING OUTLETS

PARTICULATE FILTER DATA CEILING OUTLETS					
Outlet	Service	Flow Rate	Sample Time	Result	Status
3 From Left	Oxygen	200 LPM	5 Minutes	< 1.0 mg/m³	PASS
2 From Left	Medical Air	200 LPM	5 Minutes	< 1.0 mg/m³	PASS

NEW OUTLETS

Ocean Medical Center

-Zone Valve Box Data-

Sunday, November 29, 2009

Cath Lab Procedure Room☞ Outlet Addition

ZONE VALVE BOX DATA CATH LAB PROCEDURE ROOM						
Location	Controls	Service	Gauge	Leaks	Labeling	Comments
Outside of: Cath Lab Procedure Room	Cath Lab Procedure Room	Oxygen	55	NO	OK	
		Medical Air	55	NO	OK	
		Vacuum	23	NO	OK	

EXISTING ZONE VALVE BOX

Ocean Medical Center

-Area Alarm Panel Data-

Sunday, November 29, 2009

Cath Lab Procedure Room☞ Outlet Addition

AREA ALARM PANEL DATA CATH LAB PROCEDURE ROOM							
Location	Monitored	Service	Gauge	Low	High	Lights	Silent
Outside of: Cath Lab Procedure Room	Cath Lab Procedure Room	Oxygen	58 HIGH	39	61	OK	OK
		Medical Air	55	39	61	OK	OK
		Vacuum	23	12	N/A	OK	OK

EXISTING OHMEDA® AREA ALARM PANEL

Ocean Medical Center

-Purity Sample Data-

Sunday, November 29, 2009

Cath Lab Procedure Room☞ Outlet Addition

OXYGEN PURITY SAMPLE DATA CEILING OUTLET	
ANALYTE	SOURCE AIR/GAS
Oxygen (Volume %)	99+
Carbon Monoxide (ppmv)	< 1.0
Total Gaseous Hydrocarbons (ppmv) - Methane	< 5.0
Methane (ppmv)	< 20.0
Carbon Dioxide (ppmv)	< 25.0
Nitrogen (Volume %)	< 0.5
Halogenated Solvents (ppmv)	< 0.1

MEDICAL AIR PURITY SAMPLE DATA CEILING OUTLET	
ANALYTE	SOURCE AIR/GAS
Oxygen (Volume %)	20.9
Carbon Monoxide (ppmv)	< 1.0
Total Gaseous Hydrocarbons including Methane (ppmv)	< 2.0
Methane (ppmv)	< 2.0
Carbon Dioxide (ppmv)	< 25.0
Nitrogen (Volume %)	77.5
Total Gaseous Hydrocarbons - Methane (ppmv)	< 1.0

Ocean Medical Center

-Additional Comments-

Sunday, November 29, 2009

Cath Lab Procedure Room☞ Outlet Addition

The United Plumbing Installation, Meet Or Exceed Industry Standards.

The Parts Used In This Project Meet Or Exceed The Strictest NFPA Standards.

All Outlets Were Totally Particulate Free.

Don't hesitate to call us with any questions!
Telephone (609) 268-7580 Facsimile (609) 268-8001

Ocean Medical Center

-Contractor Deficiencies-

Sunday, November 29, 2009

Cath Lab Procedure Room☞ Outlet Addition

NONE

Ocean Medical Center

-Facility Deficiencies-

Sunday, November 29, 2009

Cath Lab Procedure Room☞ Outlet Addition

NONE

Ocean Medical Center

-Equipment Deficiencies-

Sunday, November 29, 2009

Cath Lab Procedure Room☞ Outlet Addition

NONE

Ocean Medical Center

-Installer Qualification-

Sunday, November 29, 2009

Cath Lab Procedure Room☞ Outlet Addition

Ocean Medical Center

-Verifier Qualification-

Sunday, November 29, 2009

Cath Lab Procedure Room ☞ Outlet Addition

NATIONAL NITC INSPECTION • TESTING • CERTIFICATION

Cert # 00044083

John J. Lupo

	Expires
ASSE 6010 Installer N.F.P.A. 99-2005	12/08/2010
ASME IX Brazer	12/06/2009
ASSE 6050 Instructor	12/08/2010
ASSE 6030 Verifier	07/18/2011

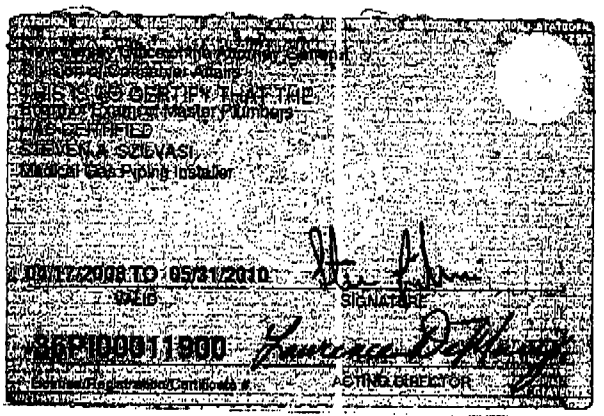
Medical Gas Professional
Healthcare Organization, Inc.
www.mgpho.org

This card certifies that the member listed below is an active member in good standing until 12/31/2009.

John Lupo
Membership ID No. 273

ACTIVE MEMBER

Jo Tech, Incorporated
Medical Gas Certifications
John J. Lupo
NITC Certified 6010/6030/6050
*Joint Commision Yearly Inspections
*Qutlet and Alarm Repairs
*Medical Gas Parts and Valves
Office: (609) 268-7580
Cellular: (609) 234-0120
Facsimile: (609) 268-8001
jjlupo@hotmail.com



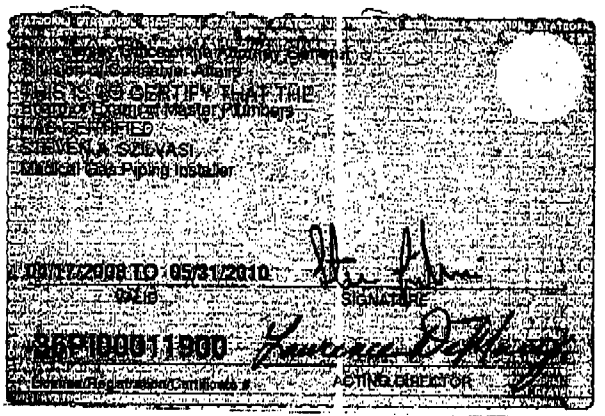
United Association

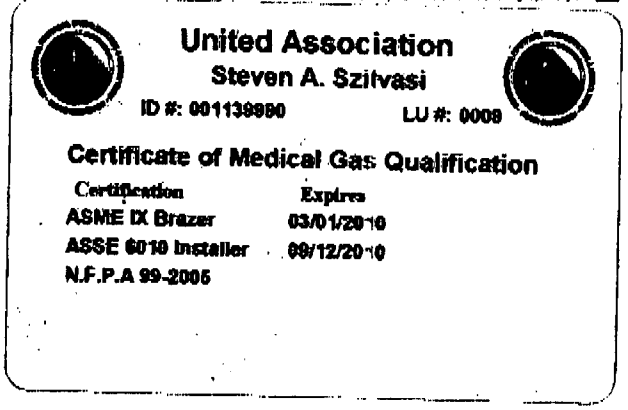
Steven A. Szilvasi

ID #: 001139990 **LU #: 0009**

Certificate of Medical Gas Qualification

Certification	Expires
ASME IX Brazer	03/01/2010
ASSE 6010 Installer	09/12/2010
N.F.P.A 99-2005	


CERTIFIED
STEVEN A. SZILVASI
Medical Gas Piping Installer
05/31/2010
SIGNATURE
ACTING DIRECTOR


United Association
Steven A. Szilvasi
ID #: 001139990
LU #: 0009
Certificate of Medical Gas Qualification
Certification
Expires
ASME IX Brazer
03/01/2010
ASSE 6010 Installer
09/12/2010
N.F.P.A 99-2005

CRTN LABS.
2ND FL.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-1684
Date Issued
Permit # 7/17/09

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 495 JACK MINGTH BLVD
BRICK NJ

Owner in Fee NORTHERN CENTRAL HOSPITAL SYSTEMS INC.

Address 1550 CHINDS DRIVE
NEPTUNE, NJ.

Tel ( )

Contractor MONMOUTH ELECTRIC SERVICE INC.

Address PO Box 184
SHREWSBURY, N.J.

Tel (732) 741-5496 FAX (732) 530 5191

Contractor License No. 6876

Federal Emp. No. 210682967

B. ELECTRICAL CHARACTERISTICS

Use Group Present 1-2 Proposed SAME

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

Building Occupied as HOSPITAL Utility Co.

Est. Cost of Elec. Work $ 18,300.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
36		Lighting Fixtures	
5		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
2		Communications Points	
		Alarm Devices/F.A.C. Panel	
48		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	200	AMP Subpanels 480/277V	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	60 AMP	LIGHTING CONTROLLER	
1	125 AMP	480V SIEMANS IMAGO	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

[X] Elec. Plans Approved

Date: 6-23-9

Approved by: A. Santo

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-1	
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 # 09-1684

Date Issued
Permit # 7/17/09

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel (_____) _____

Contractor _____

Address _____

Tel (_____) _____ FAX (_____) _____

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

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)
36		Lighting Fixtures	
5		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
2		Communications Points	
		Alarm Devices/F.A.C. Panel	
		_____	
45		TOTAL NUMBERS	$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	200	AMP Subpanels # 1/277V	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		LIGHTING FIXTURES	
1		EMERGENCY LIGHTS	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

[X] Elec. Plans Approved

Date: 6-25-09

Approved by: A. Santo

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS — Dates (Month/Day)

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

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Cath. Lab
2nd Floor

Date Received
Control # 09-1684

Date Issued
Permit # 7/17/09

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 435 JACK MARTIN BLVD. BRICK NJ.

Owner in Fee: NORTHERN CLINIC HOSPITAL SYSTEMS, INC

Tel. ( ) e-mail

Address 1350 CAMPUS DR. NEPTUNE NJ 07753
street municipality zip code

Contractor: ATLANTIC SPRINKLER CORP Tel. 732) 433-0643

Address P.O. BOX 50 LAKEWOOD NJ e-mail

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. P00209

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 22-1911981 FAX: (732) 892-3939

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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 $ 1500

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

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: RELOCATE 6 SPRINKLER HEADS INTO NEW CEILING FOR FUTURE W.O. PER PLANS

Water Supply Source

Method of Alarm/Suppression System Supervision

	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

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 6/24/09

Approved by: RAD

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				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 09-1684

Date Issued
Permit # 7/17/09

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 435 JACK HANLIN BLVD. BRICK NJ.

Owner in Fee: NEWBORN ELENA HOSPITAL SYSTEMS, INC

Tel. ( ) e-mail

Address 1340 HAMBURG TPK. NEPTUNE NJ 07753
street municipality zip code

Contractor: ATLANTIC SPRINKLER CORP Tel. 732) 433-0643

Address P.O. BOX 50 LAKEWOOD NJ e-mail

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. P002209

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 22-1911751 FAX: (732) 592-7757

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

[ ] Other

Location:

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 32 1500 —

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

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: RELOCATE 6 SPRINKLER HEADS INTO NEW CEILING CONFIGURATION FOR PLANS

Water Supply Source

Method of Alarm/Suppression System Supervision

	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

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 6/24/09

Approved by: RSD

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				

CNTL. LNDS
2ND FL.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 09-1684
7/17/09

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 SYSTEMS

Tel. ( ) e-mail

Address 1350 COMMERCE DR NEPTUNE NJ 07753
street municipality zip code

Contractor: G.J.C. ASSOC. 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: (732) 933-9161

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	6/24	

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer			7/17	
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present 1-2 Proposed SAME
Constr. Class Present I-A Proposed SAME
No. of Stories EXISTING
Height of Structure " Ft.
Area — Largest Floor 3231 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure EXISTING Cu. Ft.
Total Land Area Disturbed " Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Rehabilitation $ 37,500 -
3. Total (1+ 2) $

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 MISC. modifications including new ACT ceilings, new Elec & Data/Security Lighting, Plumbing millwork cabinets in 2 Exam Rooms, Finishes, Fire Sprinkler Relocations. Room to be modified to accept new Equipment by Owner.

TYPE OF WORK:
[ ] New Building
[ ] 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 #

Date Issued
Permit # 89-1639 7/17/89

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

_____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (_____) _____

Address _____ 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. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] 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 _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

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

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

TYPE OF WORK:
[ ] New Building
[ ] 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 $ _____

CATH LAB
2ND FL.

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

09-1684
7/17/09

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 Meridian Health Hospital Systems, Inc
Address 1350 Campus Drive
Neptune, NJ 07753
Tele. ( )
Contractor [illegible]
Address [illegible]
[illegible] NJ [illegible]
Tele. ([illegible]) [illegible] Fax (609) 223-4134
Lic. No. [illegible]
Federal Emp. No. [illegible] 5407

B. PLUMBING CHARACTERISTICS

Use Group Present I-2 Proposed Same
Building Sewer Size Existing Public Sewer ____ Private Septic ____
Water Service Size Existing Public Water ____ Private Well ____
Est. Cost of Plumbing Work $ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 2-16-09
Approved by: [illegible]

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

Dates (Month/Day)

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

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

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

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

CATH LAB
2ND FL.

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

09-1684
7/17/09

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 MEDITERRANEAN / CENN HOSPITAL SYSTEMS, INC
Address 185a CAMPUS DRIVE
NEPTUNE, NJ 07753
Tele. ( ) _____
Contractor [illegible]
Address [illegible]
Tele. ( ) [illegible] Fax (609) 22[illegible]
Lic. No. [illegible]
Federal Emp. No. [illegible]

B. PLUMBING CHARACTERISTICS

Use Group Present I-2 Proposed same
Building Sewer Size EXISTING Public Sewer _____ Private Septic _____
Water Service Size EXISTING Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 7,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 7.16.09
Approved by: [signature]

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

saphire + albarran
ARCHITECTURE LLC

Responses to Comments by Mr. Robert Wennlund, Subcode Official, Brick Township, 401 Chambersbridge Road, Brick, NJ 08723. Plumbing Subcode, Block: 1170, Lot: 18, Qual: Ocean Medical Center, Catheterization Lab, 425 Jack Martin Boulevard, Permit Number: Control Number: C-09-002173. Last Submit Date: Wednesday, June 24, 2009.
S+A Project #0826

July 13, 2009

Mr. Robert Wennlund,
Subcode Official
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

Project: Ocean Medical Center
Catheterization Lab
S+A Project #0826

This is in response to your letter of June 25, 2009 regarding the plumbing subcode review of the above referenced project. The following responses are provided:

Comments:

1. The following comments were made during the Plan Review process:

   a. No solder joints on med gas sheet, P1.1.

Response: *The following note was added to Drawing P1.1:*

All nitrogren, oxygen and medical air distribution piping shall be hard drawn, pre-cleaned, seamless copper tubing type "L". Fittings shall be wrought copper. Copper tubing and piping shall be made up with socket fittings, with silver solder brazed joints (ASTM B88).

   b. Need installer certification.

Response: *A note was added to P1.1 indicating that "The Contractor shall have all appropriate certifications.*

twelve north main street
pennington. new jersey. 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com

saphire + albarran
ARCHITECTURE LLC

Should you require any additional information, please do not hesitate to contact this office.

Sincerely,

Joseph E. Saphire, AIA, Principal
NJ License No. AI08932

JES/eds

twelve north main street
pennington, new jersey. 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com

GENERAL CONTRACTORS • CONSTRUCTION MANAGERS

GJC ASSOCIATES, INC.
P.O. Box 548
Red Bank, NJ 07701
(732) 933-9166
(732) 933-9161 Fax

LETTER OF TRANSMITTAL

DATE	JOB NO.
07/16/09	

OMC Cath Lab
425 Jack Martin Blvd.
Brick, N.J.

To: Plumbing Subcode Official – Robert Wennlund
401 Chamberbridge Road
Brick
NJ 08723
Attention: Robert Wennlund

WE ARE SENDING YOU: ☐ Attached ☐ under separate cover via _____ the following items:
☐ Prints ☐ Shop Drawings X Plans ☐ Specifications ☐ Samples ☐ Change Order

☐ Copy of Letter ☐ _____

COPIES	DATE	NO.	DESCRIPTION
2	07/08/09	P1.1	Plumbing Partial Floor Plan (Signed and Sealed) Permit Comments
3	07/13/09		S+A Comments Response letter to Brick Twp. Subcode Official. Mr. Wennlund

THESE ARE TRANSMITTED AS CHECKED BELOW:

☒ for approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☒ for your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE ☐ PRINTS RETURNED AFTER LOAN TO US

REMARK:

COPY TO: _____

SIGNED: Pat Burke – Project Manager

If enclosures are not as noted, kindly notify us at once.

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

Subcode Official Review

To: 425 JACK MARTIN BL%JAHODA BRICK, NJ 08724

CC:

RE: Plumbing Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD.
Permit Number: Control Number: C-09-002173
Last Submit Date: Monday, July 13, 2009

Date: Tuesday, July 14, 2009

Dear NORTHERN OCEAN HOSPITAL SYSTEM INC,

The following comments were made during the Plan Review process:

no solder joints on med gas sheet p.1.1

need installer certification

7-14-09 do not have revised sheets p1.1

07-16-09
fax # 732-933-9160
Attn: Art

Sincerely,

Robert Wennlund, Subcode Official

07-16-09
Resubmit

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

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

P.1 Jul 16 2009 8:58

Telephone Number	Mode	Start	Time	Page	Result	Note
7329339161	NORMAL	16, 8:57	0'24"	1	* O K	

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

Subcode Official Review

To: 425 JACK MARTIN BL%JAHODA BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD.
Permit Number: Control Number: C-09-002173
Last Submit Date: Monday, July 13, 2009

Date: Tuesday, July 14, 2009

Dear NORTHERN OCEAN HOSPITAL SYSTEM INC,

The following comments were made during the Plan Review process:

no solder joints on med gas sheet p.1.1

need installer certification

7-14-09 do not have revised sheets p1.1

07-16-09
fax #732-
933-9160
Attn: Art

Sincerely,

Robert Wennlund, Subcode Official

saphire + albarran
ARCHITECTURE LLC

FACSIMILE

DATE: 13 July 2009

TO: Mr. Robert Wennlund
Subcode Official
Township of Brick

FAX#: (732) 262-8954

FROM: Joseph E. Saphire, AIA, Principal

PAGES: 3

PROJECT: Ocean Medical Center
Catheterization Lab
Control Number: C-09-002173
S+A Project #0826

Attached please find Saphire+Albarran Architecture comment response letter dated today. The original signed & sealed copy of the letter and plans will be hand-carried to your office.

Thank-you.

twelve north main street
pennington, new jersey, 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com

saphire + albarran
ARCHITECTURE LLC

Responses to Comments by Mr. Robert Wennlund, Subcode Official, Brick Township, 401 Chambersbridge Road, Brick, NJ 08723. Plumbing Subcode, Block: 1170, Lot: 18, Qual: Ocean Medical Center, Catheterization Lab, 425 Jack Martin Boulevard, Permit Number: Control Number: C-09-002173. Last Submit Date: Wednesday, June 24, 2009.
S+A Project #0826

July 13, 2009

Mr. Robert Wennlund,
Subcode Official
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

Project: Ocean Medical Center
Catheterization Lab
S+A Project #0826

This is in response to your letter of June 25, 2009 regarding the plumbing subcode review of the above referenced project. The following responses are provided:

Comments:

1. The following comments were made during the Plan Review process:

   a. No solder joints on med gas sheet, P1.1.

Response: *A note was added to P1.1 indicating that "The Contractor shall have all appropriate certifications.*

   b. Need installer certification.

Response: *The following note was added to Drawing P1.1:*

All nitrogren, oxygen and medical air distribution piping shall be hard drawn, pre-cleaned, seamless copper tubing type "L". Fittings shall be wrought copper. Copper tubing and piping shall be made up with socket fittings, with silver solder brazed joints (ASTM B88).

twelve north main street
pennington, new jersey, 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com

saphire + albarran
ARCHITECTURE LLC

Should you require any additional information, please do not hesitate to contact this office.

Sincerely,

Joseph E. Saphire, AIA, Principal
NJ License No. AI08932

JES/eds

twelve north main street
pennington, new jersey. 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com

saphire + albarran
ARCHITECTURE LLC

FACSIMILE

DATE: 13 July 2009

TO: Mr. Robert Wennlund
Subcode Official
Township of Brick

FAX#: (732) 262-8954

FROM: Joseph E. Saphire, AIA, Principal

PAGES: 3

PROJECT: Ocean Medical Center
Catheterization Lab
Control Number: C-09-002173
S+A Project #0826

Attached please find Saphire+Albarran Architecture comment response letter dated today. The original signed & sealed copy of the letter and plans will be hand-carried to your office.

Thank-you.

twelve north main street
pennington, new jersey, 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com

saphire + albarran
ARCHITECTURE LLC

Responses to Comments by Mr. Robert Wennlund, Subcode Official, Brick Township, 401 Chambersbridge Road, Brick, NJ 08723. Plumbing Subcode, Block: 1170, Lot: 18, Qual: Ocean Medical Center, Catheterization Lab, 425 Jack Martin Boulevard, Permit Number: Control Number: C-09-002173. Last Submit Date: Wednesday, June 24, 2009.
S+A Project #0826

July 13, 2009

Mr. Robert Wennlund,
Subcode Official
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

Project: Ocean Medical Center
Catheterization Lab
S+A Project #0826

This is in response to your letter of June 25, 2009 regarding the plumbing subcode review of the above referenced project. The following responses are provided:

Comments:

1. The following comments were made during the Plan Review process:

   a. No solder joints on med gas sheet, P1.1.

Response: *A note was added to P1.1 indicating that 'The Contractor shall have all appropriate certifications.*

   b. Need installer certification.

Response: *The following note was added to Drawing P1.1:*

All nitrogren, oxygen and medical air distribution piping shall be hard drawn, pre-cleaned, seamless copper tubing type "L". Fittings shall be wrought copper. Copper tubing and piping shall be made up with socket fittings, with silver solder brazed joints (ASTM B88).

twelve north main street
pennington, new jersey, 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com

saphire + albarran
ARCHITECTURE LLC

Should you require any additional information, please do not hesitate to contact this office.

Sincerely,

Joseph E. Saphire, AIA, Principal
NJ License No. AI08932

JES/eds

twelve north main street
pennington, new jersey, 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com

saphire + albarran
ARCHITECTURE LLC

FACSIMILE

DATE: 13 July 2009

TO: Mr. Robert Wennlund
Subcode Official
Township of Brick

FAX#: (732) 262-8954

FROM: Joseph E. Saphire, AIA, Principal

PAGES: 3

PROJECT: Ocean Medical Center
Catheterization Lab
Control Number: C-09-002173
S+A Project #0826

Attached please find Saphire+Albarran Architecture comment response letter dated today. The original signed & sealed copy of the letter and plans will be hand-carried to your office.

Thank-you.

twelve north main street
pennington, new jersey, 08534
t 609.737.5924 f 609.737.5929

e-mail saf@saphirealbarran.com
website www.saphirealbarran.com

saphire + albarran
ARCHITECTURE LLC

Responses to Comments by Mr. Robert Wennlund, Subcode Official, Brick Township, 401 Chambersbridge Road, Brick, NJ 08723. Plumbing Subcode, Block: 1170, Lot: 18, Qual: Ocean Medical Center, Catheterization Lab, 425 Jack Martin Boulevard, Permit Number: Control Number: C-09-002173. Last Submit Date: Wednesday, June 24, 2009.
S+A Project #0826

July 13, 2009

Mr. Robert Wennlund,
Subcode Official
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

Project: Ocean Medical Center
Catheterization Lab
S+A Project #0826

This is in response to your letter of June 25, 2009 regarding the plumbing subcode review of the above referenced project. The following responses are provided:

Comments:

1. The following comments were made during the Plan Review process:

   a. No solder joints on med gas sheet, P1.1.

Response: *A note was added to P1.1 indicating that "The Contractor shall have all appropriate certifications.*

   b. Need installer certification.

Response: *The following note was added to Drawing P1.1:*

All nitrogren, oxygen and medical air distribution piping shall be hard drawn, pre-cleaned, seamless copper tubing type "L". Fittings shall be wrought copper. Copper tubing and piping shall be made up with socket fittings, with silver solder brazed joints (ASTM B88).

twelve north main street
pennington, new jersey, 08534
t 609.737.5924 f 609.737.5929
e-mail sa@saphirealbarran.com
website www.saphirealbarran.com

saphire + albarran
ARCHITECTURE LLC

Should you require any additional information, please do not hesitate to contact this office.

Sincerely,

Joseph E. Saphire, AIA, Principal
NJ License No. AI08932

JES/eds

twelve north main street
pennington, new jersey, 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com

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

Subcode Official Review

To: 425 JACK MARTIN BL%JAHODA BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD.
Permit Number: Control Number: C-09-002173
Last Submit Date: Wednesday, June 24, 2009

Date: Thursday, June 25, 2009

Dear NORTHERN OCEAN HOSPITAL SYSTEM INC,

The following comments were made during the Plan Review process:

no solder joints on med gas sheet p.1.1

need installer certification

Sincerely,

Robert Wennlund, Subcode Official

Resubmit
07-13-09

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

March 20, 2009

Mr. Joseph E. Saphire, AIA
Saphire & Albaran Architecture
12 North Main Street
Pennington, NJ 08534

RE: Meridean Health Care System/ Ocean Medical Center
Equipment Upgrade, Cardiac Cath Lab

Dear **Mr. Saphire**;

I have reviewed letter dated March 4, 2009 and received in this office on March 6, 2009 regarding the above referenced subject.

Currently, we are allowing local construction department to perform the review of certain projects, as long as there are no State licensure or AIA Guidelines requirements to be met in those areas or if the work is very minor in nature. Having looked at the submitted information, it has been determined that **local review of this project is appropriate**. This is with the understanding that this is strictly limited to the review of **Equipment Upgrade, Cardiac Cath Lab** and all work necessary to accomplish this project at the above referenced facility.

Prior to occupying the project area, a copy of the Certificate of Occupancy must be provided to the New Jersey Department of Health and Senior Services, Inspections, Compliance and Complaints (ICC) unit by mail or fax, (609) 943-3013. You must also contact that unit to arrange for an inspection of the completed work. The NJHSS ICC can be reached at (609) 292-9900.

Should you have any questions, you may call me at (609) 633-8151.

Sincerely,

Farivar Kiani, Supervisor
Health Care Plan Review
Construction Plan Approval

saphire + albarran
ARCHITECTURE LLC

Responses to Comments by Mr. Robert Wennlund, Subcode Official, Brick Township, 401 Chambersbridge Road, Brick, NJ 08723. Plumbing Subcode, Block: 1170, Lot: 18, Qual: Ocean Medical Center, Catheterization Lab, 425 Jack Martin Boulevard, Permit Number: Control Number: C-09-002173. Last Submit Date: Wednesday, June 24, 2009.
S+A Project #0826

July 13, 2009

Mr. Robert Wennlund,
Subcode Official
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

Project: Ocean Medical Center
Catheterization Lab
S+A Project #0826

This is in response to your letter of June 25, 2009 regarding the plumbing subcode review of the above referenced project. The following responses are provided:

Comments:

1. The following comments were made during the Plan Review process:

   a. No solder joints on med gas sheet, P1.1.

Response: *The following note was added to Drawing P1.1:*

All nitrogren, oxygen and medical air distribution piping shall be hard drawn, pre-cleaned, seamless copper tubing type "L". Fittings shall be wrought copper. Copper tubing and piping shall be made up with socket fittings, with silver solder brazed joints (ASTM B88).

   b. Need installer certification.

Response: *A note was added to P1.1 indicating that "The Contractor shall have all appropriate certifications.*

twelve north main street
pennington. new jersey. 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com

saphire + albarran
ARCHITECTURE LLC

Should you require any additional information, please do not hesitate to contact this office.

Sincerely,

Joseph E. Saphire, AIA, Principal
NJ License No. AI08932

JES/eds

twelve north main street
pennington. new jersey. 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com