BLOCK 1170 LOT 18 QUALIFICATION CODE ADDRESS (SITE) AT SCAN S. MILLSTONE 425 JACK MARTIN BLVD. BRICK TOWNSHIP, NJ PERMIT NO. 10-3177

CONSTRUCTION PERMIT APPLICATION

C-10-004019

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

I. IDENTIFICATION

1. Proposed Work Site at: 425 JACK MARTIN BLVD. BRICK TOWNSHIP, NJ
2. Name of Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC
   Tel. ( ) e-mail
   Address 425 JACK MARTIN BLVD (street), BRICK, NJ (municipality)
3. Ownership in Fee: Public ____ Private ✓ COMMERCIAL
4. Principal Contractor: GTC ASSOCIATES, 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. 22-3138786 FAX: (732) 933-9161
5. Architect or Engineer SANFORD ALBARRAN Contact ED ALBARRAN
   Address 12 W. MAIN ST. FRENCHTOWN, NJ e-mail
   Tel. (609) 737 5924 FAX: (609) 737-5929
6. Responsible Person in Charge once Work has Begun KARL F. KNIER
   Tel. (732) 672 3794 FAX: (732) 933-9161

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	2,826 ✓	
2.	Electrical		112 ✓	
3.	Plumbing		40 ✓	
4.	Fire Protection		60 ✓	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee		382	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
	TOTAL	$	3,420	

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	EXISTING	
2.	Height of Structure	" ft.	
3.	Area — Largest Floor	" sq. ft.	
4.	New Building Area	483 sq. ft.	
5.	Volume of New Structure	" cu. ft.	
6.	Construction Classification	1A - IBC	
7.	Total Land Area Disturbed	N/A sq. ft.	
8.	Flood Hazard Zone	N/A	
9.	Base Flood Elevation	N/A ft.	
10.	Wetlands yes	N/A	
	no	N/A	
11.	Max. Live Load	PER ISC/NC	
12.	Max. Occupancy Load	"	

II. PROPOSED WORK

OPTIONAL (for office use only)

		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		MD	10/20/10		DCA REVIEW		5/18/1-10		
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☑ c. Renovation	70,000								
	☐ d. Reconstruction									
5.	☑ Fire Protection	4000 -				11-10-10	OS			
6.	☑ Plumbing	5400 -				11/9/10	MJ			
7.	☑ Electrical	65000 -				11/16/10				
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☑ Demolition	3800 -								
	TOTAL COSTS	151,700 -								

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 - INSTITUTIONAL IBC-304
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

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓ Check if contractor.

Agent Name GJC ASSOCIATES, INC.

Address 312 SHREWSBURY AVE
RED BANK, NJ 07701

Telephone (732) 933 - 9166

Signature _____ KARL F. KNIEP

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

11-17-10
Contractor called to check status -
is ready for P/U -

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/01/2011
Control Number C-10-004019
Permit Number 10-3177
Permit Issue Date 11/17/2010
Certificate Number 10-3177

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 GJC ASSOCIATES

Address PO BOX 548 312 SHREWSBURY AVENUE RED BANK NJ 07701

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

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL Renovation of the CT Scan Room including demo elec. new light fixtures, ceilings, sink, millwork, ductwork, diffusers, wall and floor finishings. Per DCA plans.

Certificate Comments:

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

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 04/01/2011 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/05/2011
Control Number C-10-004019
Permit Number 10-3177
Permit Issue Date 11/17/2010
Certificate Number 10-3177

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

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

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

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

Telephone:

Contractor GJC ASSOCIATES

Address PO BOX 548 312 SHREWSBURY AVENUE RED BANK NJ 07701

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

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL Renovation of the CT Scan Room including demo elec. new light fixtures, ceilings, sink, millwork, ductwork, diffusers, wall and floor finishings. Per DCA plans.

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: 03/07/2011
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:
Final Building inspection

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 01/05/2011 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued
Control # C-10-004019
Permit #

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

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

ALTERATION - -COMMERCIAL Renovation of the CT Scan Room including demo elec. new light fixtures, ceilings, sink, millwork, ductwork, diffusers, wall and floor finishings. Per DCA plans.

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 $224,600

Construction Official

Date

PAYMENTS (Office Use Only)

Building	$2,826
Electrical	$112
Plumbing	$40
Fire Protection	$60
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$382
CO Fee	
Other	$0
Total	$3,420
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.

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

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

MERIDIAN HEALTH:
JERSEY SHORE UNIVERSITY MEDICAL CENTER
OCEAN MEDICAL CENTER
RIVERVIEW MEDICAL CENTER
PARTNER COMPANIES

www.meridianhealth.com • Meridian Health Line: 1.800.560.9990

GJC
ASSOCIATES, INC.

BUILDERS • DEVELOPERS • CONSTRUCTION MANAGEMENT

JOHN MARTIN
PROJECT SUPERINTENDENT

312 SHREWSBURY AVENUE, PO BOX 548, RED BANK, NJ 07701
732-933-9166 • CELL 732-673-1961 • 732-933-9161 FAX
jmartin@gjcassociates.com

BUILDING SUBCODE
TECHNICAL SECTION

Architect — Ed Alberon (609)737-5924

Date Received / Control # 11/17/10

Date Issued / Permit # 10-3177

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 OMC - CT SCAN SIMULATION
425 JACK MARTIN BLVD BRICK, NJ

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEMS

Tel. (732) 751-3400 e-mail

Address 425 JACK MARTIN BLVD (street) BRICK TOWNSHIP (municipality) NJ (zip code)

Contractor: G/C ASSOCIATES, INC. Tel. (732) 933-9146

Address 312 SHREWSBURY AVE (street) RED BANK, NJ 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

COMMERCIAL

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 EQUIPT UPGRADES TO CT SCAN ROOM INCLUDING DEMO, ELEC, NEW LIGHT FIXTURES, CEILINGS, SINK, MILLWORK, DUCTWORK & DIFFUSERS, WALL + FLOOR FINISHES PER SAPHIRE ACQUISITION DCA APPROVED PLANS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	N/A	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

DCA REVIEW 5181-10

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 3-29-11
Approved by: KA/JC

INSPECTIONS Type:	Failure	Failure	Approval (Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			*12/16/10 (Partial OC.)	
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO			*1/4/11	
Other				
Final			*3/28/11	
Barrier-Free				

*12/21/10

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 $

B. BUILDING CHARACTERISTICS

Use Group	Present 1A-IBC	Proposed SAME	
Constr. Class	Present 1-2	Proposed SAME	
No. of Stories	EXISTING 1		
Height of Structure			Ft.
Area — Largest Floor	493		Sq. Ft.
New Bldg. Area/All Floors			Sq. Ft.
Volume of New Structure	SAME		Cu. Ft.
Total Land Area Disturbed	N/A		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ -0-
2. Rehabilitation $ 151,700-
3. Total (1+ 2) $ 151,700-

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

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

Reorder From OCS Printing (609) 398-4375

12/16/10 MW – Frame/O.C. Req –
1) Additional hangers Coil –
2) Penetrations thru-out/Ductwork requires dampers
Note: Fire area indicated on plans is not what site shows –
Architect on Record to visit site and Comment.
For code compliance

OC Partial 12/21/10 MW –
*OK to close up –
1) Spot insp. For Ceiling Grid ties 48" O.C.
2) Arch to address Rated Assembly issues from above

1/4/11 MW – Recomend TCO
* Misc. Minor Finishes at both rooms –
# 2 and note from 12-16-10 not Addressed –

3/28/11 MW – Final Appd –
No Rated assemblies were involved for this project. ~~The condition~~ The "Statement of Condition plans" show all Rated assemblies of the Hospital and is updated Annully. The Architectural Drawings – and the Signage above the ceiling are simply incorrect and should not be considered.

1170 — 18

CT SIMULATOR ROOM

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/17/10
Date Issued
Control #
Permit # 10-3177

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

Block 1170 Lot [redacted] 18
Work Site Location OMC - CT SCAN S. MULLASON
425 JACK MARTIN BLVD BRICK TWNSHP NJ
Owner in Fee NORTHERN OCEAN HOSPITAL SYSTEMS
Address 425 JACK MARTIN BLVD
BRICK TOWNSHIP, NJ
Tele. (732) 751-3400 COMMERCIAL
Contractor CENTRAL JERSEY MECHANICAL, INC.
Address 379 BROADWAY
LONG BRANCH, NEW JERSEY 07740
Tele. (732) 571-4844 Fax (732) 571-3242
Lic. No. 9497
Federal Emp. No. 223-211-662

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 $ 5,900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 11/18/10
Approved by: MH

SUBCODE APPROVAL 11-9-10 2
[ ] CO [ ] CCO [✓] CA
Date: 12-23-10
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			12.07.10	PA
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO FINAL			12.22.10	PA

C. CERTIFICATION IN LIEU OF OATH

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

[signature] pres
Signature — Contractor's Seal

[X] 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	
	Other	
	Other	
	Other	

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

UCC/PRO F-130 (REV3/96)
Professional Printing
(856)468-7933

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

(E)

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 11/17/10
Date Issued
Control #
Permit # 10-3177

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 Ocean Medical Center - CT Simulator Scan Room
425 Jack Martin Blvd., Brick, NJ 08724

Owner in Fee Meridian Health Systems

Address 425 Jack Martin Blvd.
Brick, NJ 08724 - Attn: M. Jahoda

Tele. (732) 751-3400

Contractor Little Silver Electric Inc.

Address 68 Birch Avenue
Little Silver, New Jersey 07739

COMMERCIAL

Tele. ( ) (732) 741-1222 • Fax (732) 530-5925

Lic. No. 7760

Federal Emp. No. 22-1778092 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present 1-2 Proposed SAME

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

Building Occupied as Hospital Utility Co. JCP&L

Est. Cost of Elec. Work $ 63,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 11/16/10
Approved by: DJ

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-4-10
Approved By: DS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			12/10/10	DD
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/30/10	CD

Temp. Cut-in-Card Date Issued
Final Cut-In-Card Date Issued

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.

Wm. J. DeSpires V.P.
Signature — Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
32		Fixtures (1)	
15		Receptacles (2)	
13		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___hp	Dishwasher	
	___hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
1		~~Burglar Alarm~~ Key Pad	
2		~~Intercom Panel~~ Door Sws.	
		Smoke Detectors	
	___hp	Whirlpool/spa	
		Pool Bonding	
	___hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___hp	Heat Pump	
	___hp	Pump(s)	
	___Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___hp	Motors—Fractional H.P.	
	___hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
1	125 Amp	Service Entrance	
6		Other Tele/Data Outlets	
1	Lot	GE Equipment	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-120B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

1st Fl.
near radiation Oncology Site

FIRE SUBCODE TECHNICAL SECTION

Date Received 11/17/10
Date Issued
Control #
Permit # 10-3177

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 OMC - CT SCAN SIMULATOR
425 JACK MARTIN BLVD BRICK TWSP NJ
Owner in Fee NORTHERN OCEAN HOSPITAL SYSTEMS
Address 425 JACK MARTIN BLVD.
BRICK TOWNSHIP, NJ
Tele. (732) 751-3400
Contractor Central Jersey Mechanical
Address 379 Broadway
Long Branch NJ 07740
Tele. (732) 531 4844
Lic. No. P00389
Federal Emp. No. 227-211-6662 or Social Security No.

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present 1A-1BC Proposed SAME
Constr. Class. Present 1-2 Proposed SAME
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 4,000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 11-10-10
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 12-17-10
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval (Month/Day)	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other 1 Sprinkler Head reloc			12/17/10	RD
Other				
Other Final			12/17/10	RD

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 Relocate 8 sprinkler heads

Water Supply Source	existing
Method of Valve Supervision	/
Local Alarm Supervision	/
Central Supervision	/
Proprietary Supervision	/

Flammable Liquid Storage Tanks	( ) Capacity	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity	Fuel	
L.P.G. Storage Tanks	( ) Capacity	Fuel	
L.N.G. Storage Tanks	( ) Capacity	Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	8	
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

UCC FORM F-140 B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy PRO 205 B

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/17/10
Date Issued
Control #
Permit # 10-3177

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 Ocean Medical Center - CT Simulator Scan Room
425 Jack Martin Blvd., Brick, NJ 08724

Owner in Fee Meridian Health Systems

Address 425 Jack Martin Blvd.
Brick, NJ 08724 - Attn: M. Jahoda

Tele. (732) 751-3400

Contractor Little Silver Electric Inc.

Address 68 Birch Avenue
Little Silver, New Jersey 07739

Tele. (_____) (732) 741-1222 • Fax (732) 530-5925

Lic. No. 7760

Federal Emp. No. 22-1778092 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present 1-2 Proposed SAME

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

Building Occupied as Hospital Utility Co. JCP&L

Est. Cost of Elec. Work $ 63,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 11/16/10
Approved by: GJ

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved By: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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.

Wm. J. DeSpires V.P.
Signature — Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
32		Fixtures (1)	✓
15		Receptacles (2)	
13		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___hp	Dishwasher	
	___hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
1		Burglar Alarms Key Pad	
2		Intercom Panels Door Sws.	
		Smoke Detectors	
	___hp	Whirlpool/spa	
		Pool Bonding	
	___hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___hp	Heat Pump	
	___hp	Pump(s)	
	___Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___hp	Motors—Fractional H.P.	
	___hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
1	125 Amp	Service Entrance	
6		Other Tele/Data Outlets	
1	Lot	GE Equipment	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-120B 1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/17/10
Date Issued
Control #
Permit # 10-3177

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 Ocean Medical Center - CT Simulator Scan Room
425 Jack Martin Blvd., Brick, NJ 08724
Owner in Fee Meridian Health Systems
Address 425 Jack Martin Blvd.
Brick, NJ 08724 - Attn: M. Jahoda
Tele. (732) 751-3400
Contractor Little Silver Electric Inc.
Address 68 Birch Avenue
Little Silver, New Jersey 07739
Tele. ( ) (732) 741-1222 • Fax (732) 530-5925
Lic. No. 7760
Federal Emp. No. 22-1778092 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present I-2 Proposed SAME
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Hospital Utility Co. JCP&L
Est. Cost of Elec. Work $ 63,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 11/17/10
Approved by: JT

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Wm. A. St. Stites V.P.
Signature / Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
~~32~~		Fixtures (1)	
~~15~~		Receptacles (2)	
~~13~~		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___hp	Dishwasher	
	___hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
~~1~~		Burglar Alarms xxxxxxxx Key Pad	
~~2~~		Intercoms Panels xxxxxxxx Door Sys.	
		Smoke Detectors	
	___hp	Whirlpool/spa	
		Pool Bonding	
	___hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat:	
		oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___hp	Heat Pump	
	___hp	Pump(s)	
	___Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___hp	Motors—Fractional H.P.	
	___hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
~~1~~	125 Amp	Service Entrance	
~~6~~		Other Tele/Data Outlets	
~~1~~		Lot CE Equipment	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-120B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

1st Fl.
near radiation Oncology suite

FIRE SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Received 11/17/10
Date Issued /
Control #
Permit # 10-3177

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 OMC - CT SCAN SIMULATOR
425 JACK MARTIN BLVD BRICK TWSP NJ
Owner in Fee NORTHERN OCEAN HOSPITAL SYSTEMS
Address 425 JACKMARTIN BLVD.
BRICK TWNSHIP, NJ
Tele. (732) 751-3400
Contractor Central Jersey Mechanical
Address 399 Broadway
Long Branch NJ 07740
Tele. (732) 571 4844
Lic. No. P003899
Federal Emp. No. 223-211-6662 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present 1A - IBC Proposed SAME
Constr. Class. Present 1-2 Proposed SAME
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 4,000.00 [ ] Other

DCA REVIEW 4.1

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 11-10-10
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Relocate 8 sprinkler heads

Water Supply Source	existing
Method of Valve Supervision	/
Local Alarm Supervision	/
Central Supervision	/
Proprietary Supervision	/

Flammable Liquid Storage Tanks	( ) Capacity	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity	Fuel	
L.P.G. Storage Tanks	( ) Capacity	Fuel	
L.N.G. Storage Tanks	( ) Capacity	Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	8	
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

UCC FORM F-140 B — 1 White = Inspector Copy, 2 Canary = Office Copy, 3 Pink = Office Copy, 4 Gold = Applicant Copy — PRO 205 B

1st Fl.

FIRE SUBCODE TECHNICAL SECTION

Date Received 11/17/10
Date Issued
Control #
Permit # 10-3177

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 OMC - CT SCAN SIMULATOR
425 JACK MARTIN BLVD BRICK TWSP, NJ
Owner in Fee NORTHERN OCEAN HOSPITAL SYSTEMS
Address 425 JACK MARTIN BLVD.
BRICK TOWNSHIP, NJ
Tele. (732) 751-3400
Contractor Central Jersey Mechanical
Address 379 Broadway
Long Branch NJ 07740
Tele. (732) 571 4844
Lic. No. P00389
Federal Emp. No. 223-211-6602 or Social Security No. ______

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present 1A - 1BC Proposed SAME
Constr. Class. Present 1-2 Proposed SAME
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ______
Location: ______
Total Est. Cost of Fire Prot. Work $ 4,000.00 [ ] Other ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[✓] Fire Plans Approved
Date: 11-10-10
Approved by: ______
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work Relocate 8 sprinkler heads

Water Supply Source existing
Method of Valve Supervision /
Local Alarm Supervision /
Central Supervision /
Proprietary Supervision /

Flammable Liquid Storage Tanks ( ) Capacity ______ Fuel ______
Combustible Liquid Storage Tanks ( ) Capacity ______ Fuel ______
L.P.G. Storage Tanks ( ) Capacity ______ Fuel ______
L.N.G. Storage Tanks ( ) Capacity ______ Fuel ______

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	8	
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ ______
Paid [ ] Check # ______ Minimum Fee $ ______
DCA Training Fee $ ______
Collected by: ______ TOTAL FEE $ ______

UCC FORM F-140 B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy
PRO 205 B

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/17/10
Date Issued
Control #
Permit # 10-3177

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

Block 1170 Lot 14
Work Site Location OMC - CT SCAN S. MULLIGAN
425 JACK MARTIN BLVD BRICK TWNSHP NJ
Owner in Fee NORTHERN OCEAN HOSPITAL SYSTEMS
Address 425 JACK MARTIN BLVD
BRICK TWNSHP, NJ
Tele. (732) 751-3400
Contractor CENTRAL JERSEY MECHANICAL, INC.
Address 379 BROADWAY
LONG BRANCH, NEW JERSEY 07740
Tele. (732) 571-4844 Fax (732) 571-3242
Lic. No. 9497
Federal Emp. No. 223-211-662

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 $ 5,900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 11/8/10
Approved by: MH

SUBCODE APPROVAL 11-9-10 RJ
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[X] 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	
	Other _____	
	Other _____	
	Other _____	

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

UCC/PRO F-130 (REV3/96)
Professional Printing
(856)468-7933

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/17/10
Date Issued
Control #
Permit # 10-3177

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

Block 1170 Lot 17
Work Site Location OMC - CT SCAN SIMULATOR
425 JACK MARTIN BLVD BRICK TOWNSHIP NJ
Owner in Fee NORTHERN OCEAN HOSPITAL SYSTEMS
Address 425 JACK MARTIN BLVD
BRICK TOWNSHIP, NJ
Tele. (732) 751-3400
Contractor CENTRAL JERSEY MECHANICAL, INC.
Address 379 BROADWAY
LONG BRANCH, NEW JERSEY 07740
Tele. (732) 571-4844 Fax (732) 571-3242
Lic. No. 9497
Federal Emp. No. 223-211-662

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 $ 5,900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 11/18/10
Approved by: MH

SUBCODE APPROVAL 11-9-10 2
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[X] 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	
	Other _____	
	Other _____	
	Other _____	

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

UCC/PRO F-130 (REV3/96)
Professional Printing
(856)468-7933

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/17/10

Date Issued / Permit # ID-3177

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 OMC - CT SCAN SIMULATOR
475 JACK MARTIN BLVD BRICK, NJ

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM

Tel. (732) 751-3000 e-mail

Address 475 JACK MARTIN BLVD BRICK TOWNSHIP NJ
street municipality zip code

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

Address 312 SHREWSBURY AVE RED BANK, NJ 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	N/A	
[ ] All		
[ ] Footing		
[ ] Foundation	DCA REVIEW	
[ ] Frame	5/31-10	
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure (Month/Day)	Approval (Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11/18/10	MH
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present 1A-IBC	Proposed SAME
Constr. Class	Present 1-2	Proposed SAME
No. of Stories	EXISTING	
Height of Structure	"	Ft.
Area — Largest Floor	"	Sq. Ft.
New Bldg. Area/All Floors	443	Sq. Ft.
Volume of New Structure	SAME	Cu. Ft.
Total Land Area Disturbed	N/A	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ -0-
2. Rehabilitation $ 151,700-
3. Total (1+ 2) $ 151,700-

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 EQUIPT UPGRADES TO CT SCAN ROOM - INCLUDING DEMO, ELEC, NEW LIGHT FIXTURES, CEILINGS, SINK, MILLWORK, DUCTWORK & DIFFUSERS, WALL + FLOOR FINISHES PER SAPPHIRE NEIGHBORN DCA APPROVED PLANS

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 # 11/17/10

Date Issued / Permit # P-3177

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

Block 1176 Lot 15 Qualification Code

Work Site Location [illegible]

425 John Martin Blvd Brick NJ

Owner in Fee: [illegible]

Tel. (732) 751-3000 e-mail

Address 425 John Martin Blvd Brick Township NJ
street municipality zip code

Contractor: [illegible] Tel. (732) 987-[illegible]

Address [illegible] 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) 933-2261

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 [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	N/A	
[ ] Footing		
[ ] Foundation	N/A	
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) 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				

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 _____
- [x] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group	Present IA-IBC	Proposed Same	
Constr. Class	Present 1-2	Proposed Same	
No. of Stories	Existing		
Height of Structure	"		Ft.
Area — Largest Floor	"		Sq. Ft.
New Bldg. Area/All Floors	425		Sq. Ft.
Volume of New Structure	Same		Cu. Ft.
Total Land Area Disturbed	N/A		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ -0-
2. Rehabilitation $ 151,700
3. Total (1+ 2) $ 151,700

Date Issued 11/17/10
Control #
Permit # 10-3177

CONSTRUCTION PERMIT NOTICE

Block 1170 Lot 18 Qualification Code

Work Site Location: 425 Jack Martin

AUTHORIZED FOR:

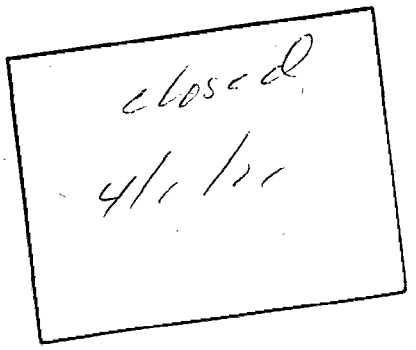
- [x] BUILDING
- [x] PLUMBING
- [ ] ELEVATOR DEVICES
- [ ] OTHER
- [x] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION

INSPECTIONS
Please Call
732-262-4627

Description of Work: CT Room Alt.

This notice shall be posted conspicuously at the work site and shall remain so until issuance of a certificate.

U.C.C. F180
(rev. 3/03)


closed
4/1/22

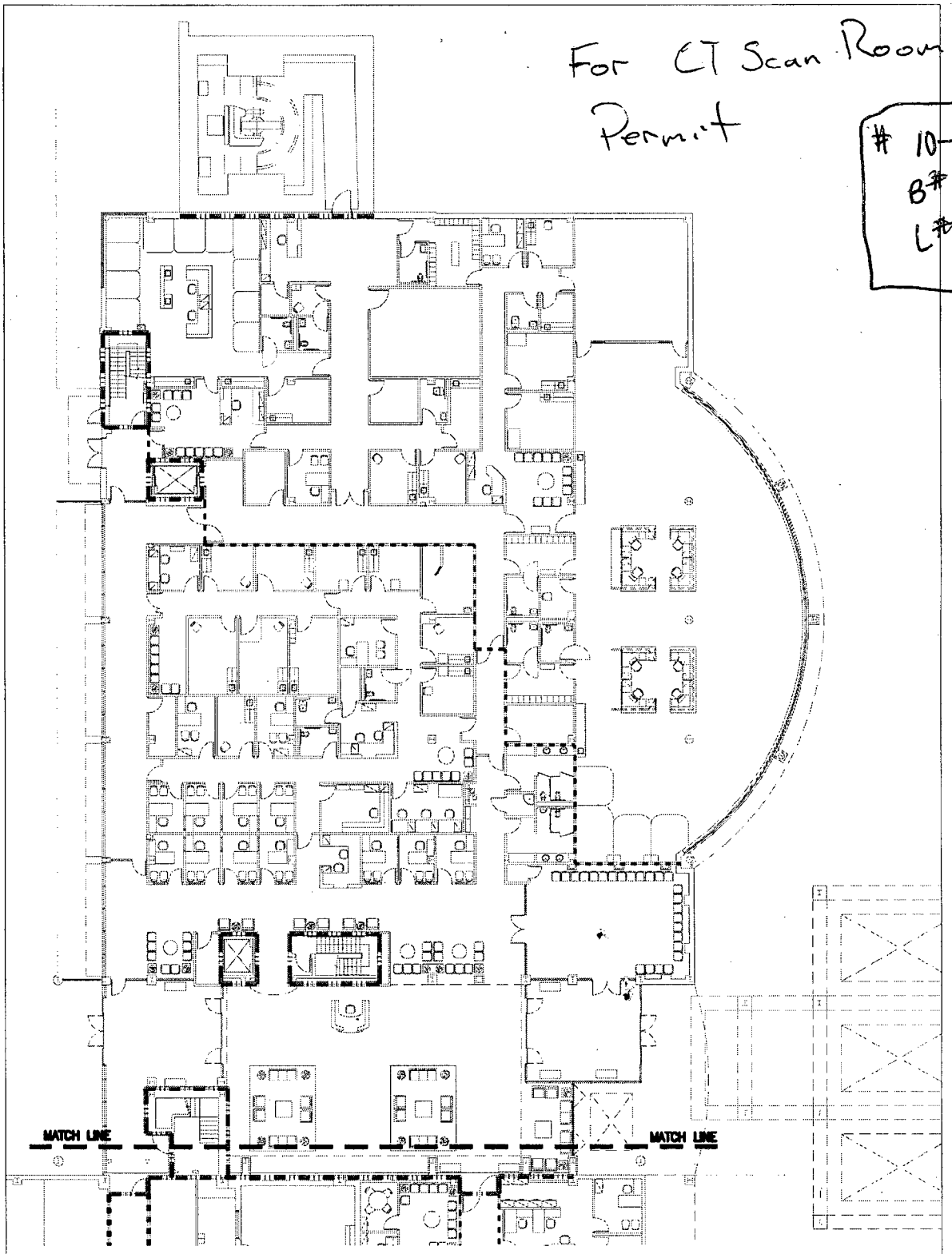
Please Attach
to Building
Permit 10-3177
Tech

Thanx
Mike

#10-3177

For CT Scan Room Permit

10-3177
B# 1170
L# 18



LEGEND
2HR FIRERATED WALL
SMOKE BARRIER

KEY PLAN
AMBULATORY CARE
PROJECT NORTH

Ocean Medical Center

PROJECT #	9315.19	BY	MAL	REF. DRAWING #	
SUBJECT	STATEMENT OF CONDITIONS	DATE	AUG. 2009		
PROJECT NAME	OCEAN MEDICAL CENTER	SHEET	4 OF 21	SKETCH	1-AC

B# 1170 L# 18 POT 11-10 Rev 2

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

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

LORI GRIFA
Commissioner

received
12/15/10

December 15, 2010

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

RE: Ocean Medical Center Equipment Upgrades
To CT Simulator Scan Room
DCA Ref. # 5181-10
Fire Protection-Sprinkler Release

Dear Saphire:

The documents that display the Department of Community Affairs Fire Protection-Sprinkler release labels dated **December 15, 2010** are for the above referenced project.

These documents shall be a matter of record and shall be affixed to those documents previously approved for this project.

Sincerely,

Farivar Kiani, Supervisor
Construction Plans Approval
Health Care Plan Review

FK/CM
FILE:

State of New Jersey
Department of Community Affairs

December 15, 2010

Ocean Medical Center Equipment Upgrade
To CT Simulator Scan Room
DCA REF # 5181-10
Fire Protection-Sprinkler Release

N.J.S.A. 55:27D-119
ET SEQ., AS AMENDED

Farivar Kiani Construction Official

#1002-11

SHOP DRAWING REVIEW

PROJECT NO. – 21015 **DATE – December 1, 2010**

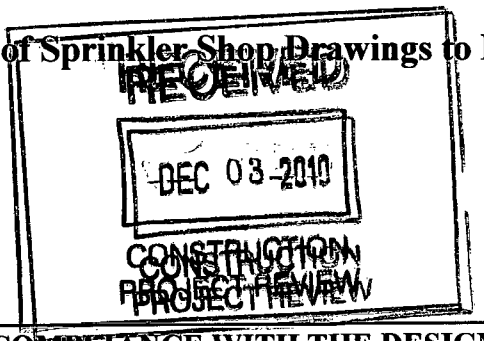
PROJECT NAME – Ocean Medical Center - CT Simulator Scan Room
Brick, NJ

SUBMITTAL: SPRINKLER DRAWINGS AND HYDR. CALCUALATIONS

XXXX - APPROVED
- APPROVED AS NOTED
- REVISE AND RESUBMIT
- NOT APPROVED - RESUBMIT
- REVIEW

COMMENTS -

1. Submit copies of Sprinkler Shop Drawings to NJ DCA for review and approval.



REVIEW IS FOR COMPLIANCE WITH THE DESIGN CONCEPT OF THE PROJECT AND COMPLIANCE WITH THE INFORMATION GIVEN IN THE CONTRACT DOCUMENTS. CONTRACTOR IS RESPONSIBLE FOR DIMENSIONS TO BE CONFIRMED AND CORRELATED AT THE JOB SITE; FOR INFORMATION THAT PERTAINS SOLELY TO THE FABRICATION PROCESS OR TO THE MEANS, METHODS, TECHNIQUES, SEQUENCES, AND PROCEDURES OF CONSTRUCTION; & FOR THE COORDINATION OF THE WORK OF ALL TRADES.

SIGNATURE: Charles P. Buckley, PE

Charles P. Buckley, P.E., 500 Depot St., Rumney, N.H. 03266

Telephone: (603)786-9992 **Fax: (603)786-2365**

☒ REVIEWED ☐ REVISED AND RESUBMIT

☐ REJECTED ☐ REVIEWED AS NOTED

Corrections or comments made on the shop drawings during this review do not relieve Contractor from compliance with requirements of the drawings and specifications, This check is only for review of general compliance with the design concept of the project and general compliance with the information given in the contract documents. The Contractor is responsible for confirming and correlating all quantities and dimension, selecting fabrication processes and techniques of construction, coordinating his work with that of all other trades; and performing his work in a safe and satisfactory manner.

Project OMC CT SIMULATOR SD# 1002-11

Date 12/2/10 By SS

SAPHIRE + ALBARRAN ARCHITECTURE LLC
12 North Main Street Pennington, NJ 08534
T - 609.737.5924 F - 609-737-5929 sa@saphirealbarran.com

State of New Jersey
Department of Community Affairs

Ocean Medical Center Equipment Upgrade
To CT Simulator Scan Room
December 15, 2010
DCA REF # 5181-10
Fire Protection-Sprinkler Release

N.J.S.A. 55:27D-119
ET SEQ., AS AMENDED

Farivar Kiani Construction Official

HYDRAULIC CALCULATION SUMMARY

TECHNICAL FIRE SERVICES
163 Fordham drive
Aberdeen, NJ
(732) 441-9406

FOR: OCEAN MEDICAL CENTER
CT Simulator Scan Room
425 Jack Martin Blvd.
Brick, NJ

WATER SUPPLY INFORMATION:

Fire Booster Pump: 1000 GPM @ 100 psi Test date: March 29, 2010

SYSTEM DESIGN:

Demand: (Head Relocations)
Wet-pipe System
Required @ Base of Riser: 212.7 gpm @ 59.8 psi
Outside Hose Demand: 100 gpm
Density: .29 gpm/sq.ft. over room area.

Max Coverage/head: 100 sq.ft.

Head/Cover Type: 165/135°F , 1/2in. orifice; K Factor: 5.60
Manufacturer: Reliable Model G4A Quick Response

Design Standard: NFPA 13
Hazard: Light Hazard

PATRICK J. EGAN
PROFESSIONAL ENGINEER
License No. 39701

☒ REVIEWED ☐ REVISED AND RESUBMIT

☐ REJECTED ☐ REVIEWED AS NOTED

Corrections or comments made on the shop drawings during this review do not relieve Contractor from compliance with requirements of the drawings and specifications, This check is only for review of general compliance with the design concept of the project and general compliance with the information given in the contract documents. The Contractor is responsible for confirming and correlating all quantities and dimension, selecting fabrication processes and techniques of construction, coordinating his work with that of all other trades; and performing his work in a safe and satisfactory manner.

Project OMC CT SIMULATOR SD# 1002-11

Date 12/2/10 By SS

SAPHIRE + ALBARRAN ARCHITECTURE LLC
12 North Main Street Pennington, NJ 08534
T - 609.737.5924 F - 609-737-5929 sa@saphirealbarran.com

State of New Jersey
Department of Community Affairs

Ocean Medical Center 15, 2010
To CT Simulator Equipment Upgrade
DCA REF # 5181-10
Fire Protection-Sprinkler Release

N.J.S.A. 55:27D-119
ET SEQ., AS AMENDED

Farivar Kiani Construction Official

HYDRAULIC CALCULATION CONTENTS

Sprinkler System Data Report

Sprinkler System Results

Water Supply Graph and Demand

State of New Jersey
Department of Community Affairs
December 15, 2010
Ocean Medical Center Equipment Upgrade
To CT Simulator Scan Room
DCA REF # 5181-10
Fire Protection-Sprinkler Release

N.J.S.A. 55:27D-119
ET SEQ., AS AMENDED

Farivar Kiani Construction Official

Input data file name - C:\NODES\FILE\OCEANMED
CT Scan Head relocations

DATA VERIFICATION REPORT (2.1)

WATER SUPPLY DATA

NODE DATA

NODES	OPEN HEADS
19	7

NODE A	NODE B	DIAMETER	LENGTH	ELEVATION	AREA	HW COEFF	K FACTOR
1	8	1.049	12.50	9.00	100.00	120.00	5.60
2	8	1.049	14.50	9.00	100.00	120.00	5.60
3	10	1.049	15.50	9.00	100.00	120.00	5.60
4	10	1.049	13.50	9.00	100.00	120.00	5.60
5	12	1.049	13.50	9.00	100.00	120.00	5.60
6	13	1.049	14.50	9.00	100.00	120.00	5.60
7	13	1.049	18.50	9.00	100.00	120.00	5.60
13	14	1.049	4.00	9.00	0.00	120.00	0.00
8	9	1.049	5.50	9.00	0.00	120.00	0.00
10	11	1.049	6.50	9.00	0.00	120.00	0.00
9	11	1.610	11.00	9.00	0.00	120.00	0.00
11	15	1.610	24.00	9.00	0.00	120.00	0.00
12	14	1.610	10.50	9.00	0.00	120.00	0.00
14	16	1.610	26.00	9.00	0.00	120.00	0.00
15	16	3.260	13.00	9.00	0.00	120.00	0.00
16	17	3.260	114.00	9.00	0.00	120.00	0.00
17	18	3.260	30.00	9.00	0.00	120.00	0.00
18	19	4.260	200.00	0.00	0.00	120.00	0.00
19	18	4.260	200.00	0.00	0.00	120.00	0.00

Input data file name - C:\NODES\FILE\OCEANMED
CT Scan Head relocations

SPRINKLER NETWORK ANALYSIS RESULTS

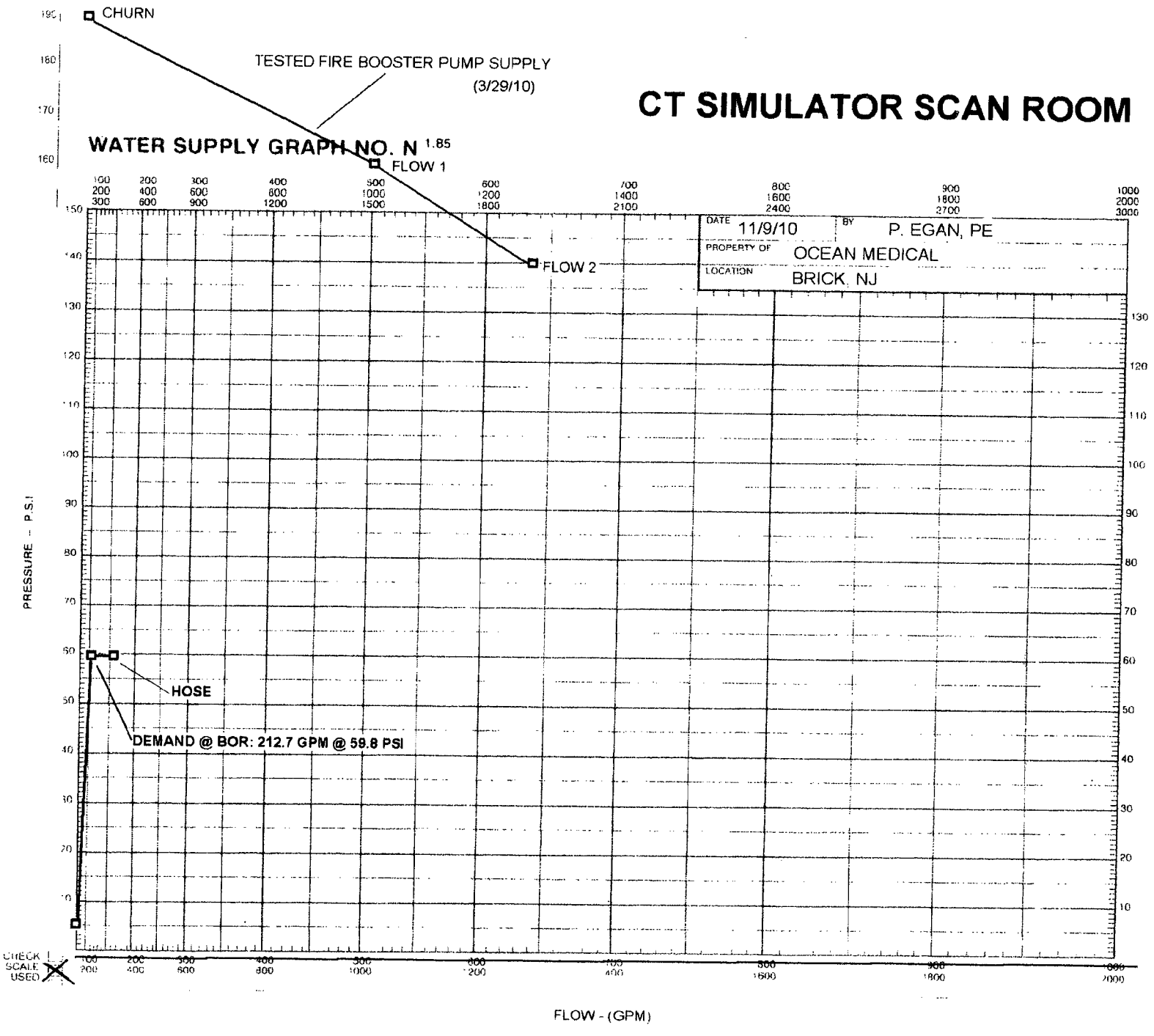
WATER SUPPLY DATA

NODE	PRESSURE	FLOW	DENSITY
1	27.5	29.4	0.29
2	27.1	29.1	0.29
3	27.1	29.2	0.29
4	27.6	29.4	0.29
5	35.2	33.2	0.33
6	31.5	31.4	0.31
7	30.5	30.9	0.31
8	30.8		
9	36.1		
10	31.2		
11	37.4		
12	39.7		
13	35.9		
14	40.1		
15	47.6		
16	47.7		
17	52.5		
18	57.6		
19	59.8		

AVERAGE TOLERANCE = 0.026 PSIG
SPRINKLER DISCHARGE = 212.7 GPM
AVERAGE DENSITY = 0.304 GPM/SQ-FT
NO. OF ITERATIONS = 9

DEMAND AREA = 700.00 SQ FT

MINIMUM PRESSURE = 27.1 PSIG at node 2
MINIMUM DENSITY = 0.29 GPM/SQ-FT at node 2


CHURN
TESTED FIRE BOOSTER PUMP SUPPLY
(3/29/10)
CT SIMULATOR SCAN ROOM
WATER SUPPLY GRAPH NO. N 1.85
FLOW 1
FLOW 2
DATE 11/9/10
BY P. EGAN, PE
PROPERTY OF OCEAN MEDICAL
LOCATION BRICK, NJ
HOSE
DEMAND @ BOR: 212.7 GPM @ 59.8 PSI
PRESSURE - P.S.I
FLOW - (GPM)
CHECK SCALE USED

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
BUREAU OF CONSTRUCTION PROJECT REVIEW
PO BOX 817
TRENTON NJ 08625-0817

State of New Jersey
Department of Community Affairs
October 12, 2010
Ocean Med Ctr-CT Scan Room
DCA REF # 5181-10
FINAL RELEASE

ET SEQ., AS AMENDED
N.J.S.A. 55:27D-119

Farivar Kiani Construction Official

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

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

LORI GRIFA
Commissioner

Mr. Joseph E. Saphire
Saphire + Albarran Architecture
12 North Main Street
Pennington, N.J. 08534

October 12, 2010

RE: Ocean Medical Center
CT Simulator Scan room
425 Jack Martin Blvd
Brick, New Jersey
DCA Ref # 5181-10
FINAL RELEASE

Dear Mr. Saphire:

The Construction documents, which display the Department of Community Affair Health Care Plan Review Final Release labels of **October 12, 2010**, are released for the referenced Project. Therefore, you have the authorization of this office to apply for a construction permit.

The construction documents are released with the understanding that all comments relative to codes have been met and that the documents are in compliance with NJAC 5:23-2.15 (e) 4 vi. Shop-drawings for fire protection systems, as defined in IBC/NJ-2006, which are indicated in this construction document package, shall be submitted to this office for review and release prior to installation.

Please be advised that this release is valid for a period of six months from the date of this letter. Failure to acquire a construction permit within that time period will void the release and will require that the applicant to submit revised contract documents conforming to the current codes for our review and release.

At the completion of the project and prior to occupying the area or areas, a copy of the Certificate of Occupancy, Continued Occupancy or Release shall be sent to Farivar Kiani, Supervisor –DCA Health Care Plan Review and request for an inspection shall be sent to the Department of Health and Senior Services.

Sincerely,

Farivar Kiani,
Supervisor
Construction Plans Approval
Health Care Plan Review

FK: SK

State of New Jersey
Department of Community Affairs
October 12, 2010
Ocean Med Ctr-CT Scan Room
DCA REF # 5181-10
FINAL RELEASE

ET SEQ., AS AMENDED
N.J.S.A. 55:27D-119

Farivar Kiani Construction Official