BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin Blvd PERMIT NO. 11-01174

CONSTRUCTION PERMIT APPLICATION

C-11-000055

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

I. IDENTIFICATION

1. Proposed Work Site at: Ocean Med Center Cath Lab
2. Name of Owner in Fee: Ocean Med Center
   Tel. (732) 836 4077 e-mail _____
   Address 425 Jack Martin Blvd Brick
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: RDM Construction Tel. (732) 2913435
   Address PO Box 436 / 404A Nthop 310 Highlands 07732
   Atl Highlands NJ 07716
   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. 273629650 FAX: ( ) _____
5. Architect or Engineer Sapkin Elbarrawy Contact ED Albattin
   Address 12 N. Main St Pennsville, NJ e-mail _____
   Tel. (609) 737 5924 FAX: (609) 737-5929
6. Responsible Person in Charge once Work has Begun Richard Dibbold
   Tel. (732) 859 1420 FAX: (732) 291 3437

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 2,952	144	
2.	Electrical	1,332 ✓		
3.	Plumbing	48 ✓		
4.	Fire Protection	60 ✓	104 ✓	
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal	$ 305	10	
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 3,545	114	

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. - Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	160,-			N/A	STAGE REVIEW		#4 5224-10		
☑ Electrical	33,000				1-13-11	SJ			
☑ Plumbing	14,000				1-14-11	WCW			
☑ Fire Protection	5,700				1-18-11	OB			
☐ Eleavator	4,170,00								
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____
D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

☒ Check if contractor.

Agent Name Richard Diebold RDK Construction Corp II/S

Address PO Box 432 Sandy Hook Interim

Atl Highlands NJ

Telephone (732) 291 3435

Signature _____

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

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
11/24/11	Called Cert to Ft/y	KB

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/26/2011
Control Number C-11-000055
Permit Number 11-0174
Permit Issue Date 01/28/2011
Certificate Number 11-0174

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD. Cath Lab - 2nd floor 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 SANDY HOOK INTERIORS INC

Address PO BOX 43660 404A Highway 36 ATLANTIC HIGHLANDS NJ 07732

Telephone: (732) 291-3435 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-241-8974

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

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: 04/26/2011 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/17/2011
Control Number C-11-000055
Permit Number 11-0174
Permit Issue Date 01/28/2011
Certificate Number 11-0174

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 425 JACK MARTIN BLVD. Cath Lab - 2nd floor 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 SANDY HOOK INTERIORS INC

Address PO BOX 43660 404A Highway 36 ATLANTIC HIGHLANDS NJ 07732

Telephone: (732) 291-3435 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-241-8974

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

Certificate Comments: TEMP FOR PHASE 1 ONLY

☐ **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: 05/17/2011
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

60 DAYS

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 03/17/2011 U.C.C. F260 (rev. 08/05)

PERMIT UPDATE

Date Update Issued
Control # C-11-000055+A
Permit # +A

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Cath Lab - 2nd floor
Brick Township, NJ
Owner in Fee NORTHERN OCEAN HOSPITAL SYSTEM INC
425 JACK MARTIN BL%JAHODA BRICK NJ
08724
Telephone:

Contractor SANDY HOOK INTERIORS INC
Address PO BOX 43660 404A Highway 36 ATLANTIC
HIGHLANDS NJ 07732
Telephone: (732) 291-3435
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-241-8974

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:
WET/DRY SPRINKLER HEADS

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 $5,700

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$104
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$10
CO Fee	
Other	$0
Total	$114
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.

CONSTRUCTION PERMIT

Date Issued 01-28-11
Control # C-11-000055
Permit # 11-0174

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Cath Lab - 2nd floor
Brick Township, NJ
Owner in Fee NORTHERN OCEAN HOSPITAL SYSTEM INC
425 JACK MARTIN BL%JAHODA BRICK NJ 08724
Telephone:

Contractor SANDY HOOK INTERIORS INC
Address PO BOX 43660 404A Highway 36 ATLANTIC HIGHLANDS NJ 07732
Telephone: (732) 291-3435
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-241-8974

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

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 $207,500

Construction Official Date

PAYMENTS (Office Use Only)	
Building	$2,952
Electrical	$132
Plumbing	$48
Fire Protection	$60
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$353
CO Fee	
Other	$0
Total	$3,545
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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

110174 TA
01-28-11

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 2nd Fl Cath Lab
425 Jack Martin Blvd Brick Twp NJ 08724

Owner in Fee Meridian Healthcare

Address Rt 33
Neptune NJ

Tele. ( )

Contractor Rich Fire Protection

Address 34 Somerset Ave
Raritan NJ 08822

Tele. (908) 704-7776 Fax (609) 272-0711

Lic. No. 100503

Federal Emp. No. 22-225-3314

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

Heating Systems [ ] New [ ] Existing [ ] HVAC

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

[ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 5700.-

Fire Alarm System
New [ ] Existing [X]

Location of Panel: _____

Fire Suppression/Standpipe System
New [ ] Existing [X]

Location of Main Control Valve:
2nd Fl Stairwell

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 1-28-11
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Relocation of Existing Sprinklers for Relocation to Cath Lab

Water Supply Source Existing City

Method of Alarm/Suppression System Supervision Existing Tamper/Flow

	NUMBER	FEE (Office Use Only)
Storage Tanks Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	
Supervisory Devices (i.e., tampers, low/high air)	0	
Signaling Devices (i.e., horn/strobes, bells)	0	
Other Devices _____	0	
TOTAL	0	
Suppression Systems		
Fire Pump ___ GPM Type ___	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	26	
Standpipes	0	
Pre-engineered Systems		
Wet Chemical	0	
Dry Chemical	0	
CO_2 Suppression	0	
Foam Suppression	0	
Halon Suppression	0	
Other _____	0	
Kitchen Hood Exhaust System	0	
Smoke Control System	0	
Gas [ ] or Oil [ ] Fired Appliances	0	
Other _____	0	

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

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

1 White = Inspector Copy 2 Canary = Office Copy

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

11-0174 +A
01-28-11

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

Block 1110 Lot 18

Work Site Location Ocean Medical Center 2nd Fl Cath Lab
425 Jack Martin Blvd Brick Twp NJ 08724

Owner in Fee Meridian Healthcare

Address Rt 33
Neptune NJ

Tele. ( )

Contractor Rich Fire Protection

Address 34 Somerset Ave
Flemington NJ 08822

Tele. (609) 624-7776 Fax (609) 272-0711

Lic. No. P00503

Federal Emp. No. 22-225-3314

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

Heating Systems [ ] New [ ] Existing [ ] HVAC

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

[ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 5700.-

Fire Alarm System
New [ ] Existing [X]
Location of Panel: _____

Fire Suppression/Standpipe System
New [ ] Existing [X]
Location of Main Control Valve: 2nd Fl Sprinkler Room

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 1-28-11
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Relocation of Existing Sprinklers for Relocation to Cath Lab

Water Supply Source Existing Comp.

Method of Alarm/Suppression System Supervision Existing Tamper/Flow

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	
Supervisory Devices (i.e., tampers, low/high air)	0	
Signaling Devices (i.e., horn/strobes, bells)	0	
Other Devices _____	0	
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type ____	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	26	
Standpipes	0	
Pre-engineered Systems		
Wet Chemical	0	
Dry Chemical	0	
CO_2 Suppression	0	
Foam Suppression	0	
Halon Suppression	0	
Other _____	0	
Kitchen Hood Exhaust System	0	
Smoke Control System	0	
Gas [ ] or Oil [ ] Fired Appliances	0	
Other _____	0	

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

U.C.C. F140
(rev. 3/98)

1 White = Inspector Copy 2 Canary = Office Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-0174

Date Issued / Permit # 01-28-11

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

Block 1110 Lot 18 Qualification Code

Work Site Location Ocean Medical Center
2nd Floor Cardiac Cath Lab

Owner in Fee: Ocean Medical Center

Tel. (732) e-mail

Address 425 Jack Martin Blvd
street municipality zip code

Contractor: United Plumbing & Heating, Inc Tel. (732) 991-1704

Address 36 Parkway e-mail
Point Pleasant Boro, NJ 08742

Contractor License No. 11333 Exp. Date 6/11

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

Federal Emp. ID No. 31-1518409 FAX: (609) 228-4134

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 14,000 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 1-18-11 Approved by: WCM
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

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 sign/Contractor sign and seal here:

Print name here: Michael Casey

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installation of new water, waste and vent piping for new fixtures

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
5	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Flush Valve	

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ 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. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

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 sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
____	Water Closet	$ _____
____	Urinal/Bidet	_____
____	Bath Tub	_____
____	Lavatory	_____
____	Shower	_____
____	Floor Drain	_____
____	Sink	_____
____	Dishwasher	_____
____	Drinking Fountain	_____
____	Washing Machine	_____
____	Hose Bibb	_____
____	Water Heater	_____
____	Fuel Oil Piping	_____
____	Gas Piping	_____
____	LPGas Tank	_____
____	Steam Boiler	_____
____	Hot Water Boiler	_____
____	Sewer Pump	_____
____	Interceptor/Separator	_____
____	Backflow Preventer	_____
____	Greasetrap	_____
____	Sewer Connection	_____
____	Water Service Connection	_____
____	Stacks _____	_____
____	Other _____	_____

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Cath Lab

Date Received 11-0174
Control #

Date Issued 01-28-11
Permit #

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center - Cath Lab
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee Meridian Health

Address 425 Jack Martin Boulevard
Brick, NJ

Tel ( )

Contractor R&A Electric, Inc., t/a MIDDLETOWN ELECTRIC

Address 7 Debele Lane
Lincroft, NJ 07738

Tel (732) 495-5050 FAX (732) 495-7700

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

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

Fire Alarm Contractor No.

Federal Emp. No. 22-3282269

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 $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 1-18-11
Approved by:

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

INSPECTIONS

Type:	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				

Dates (Month/Day)

U.C.C. F140
(rev. 1/04)

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

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. Robert A. Wilson
Applicant's Signature/Contractor's Signature

[XX] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Hook up strobe lights to existing system.

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[XX] 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)	3	
Other Devices		
TOTAL	3	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	
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 $		75
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11-0174
Control #
Date Issued 01-28-11
Permit #

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

Block 1110 Lot 18 Qualification Code

Work Site Location Ocean Medical Center - Cath Lab
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee Meridian Health

Address 425 Jack Martin Boulevard
Brick, NJ

Tel ( )

Contractor R&A Electric, Inc., t/a MIDDLETOWN ELECTRIC

Address 7 Debele Lane
Lincroft, NJ 07738

Tel (732) 495-5050 FAX (732) 495-7700

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

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

Fire Alarm Contractor No.

Federal Emp. No. 22-3282269

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 $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 1-18-11
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[xx] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Hook up strobe lights to existing system.

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[xx] 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)	3	
Other Devices		
TOTAL	3	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
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 $	75
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 11-0174

Date Issued / Permit # 01-28-11

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

Block 1190 Lot 18 Qualification Code

Work Site Location Ocean Medical Center - Cath Lab
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee: Meridian Health

Tel. ( ) e-mail

Address 425 Jack Martin Boulevard, Brick, NJ

Contractor: R&A Electric, Inc., d/b/a MIDDLETOWN ELECTRIC Tel. (732) 495-5050
(street / municipality / zip code)

Address 7 Debele Lane, Lincroft, NJ 07738 e-mail

Contractor License No. 7246 Exp. Date 03-31-12

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

Federal Emp. ID No. 22-3282269 FAX: (732) 495-7700

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 33,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 1-31-11
Approved by: AS

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				

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.

Robert A Weiden
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Renovations to the existing Cath Lab per the drawings.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
41		Lighting Fixtures	
12		Receptacles	
22		Switches	
		Detectors	
		Light Poles	
8		Motors—Fract. HP	
3		Emergency & Exit Lights	
10		Communications Points	
3		Alarm Devices/F.A.C. Panel	
99		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	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 11-0174

Date Issued / Permit # 01-28-11

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center - Cath Lab
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee: Meridian Health

Tel. ( ) e-mail

Address 425 Jack Martin Boulevard, Brick, NJ

Contractor: R&A Electric, Inc., t/a MIDDLETOWN ELECTRIC (street / municipality) Tel. (732) 495-5050 (zip code)

Address 7 Debele Lane, Lincroft, NJ 07738 e-mail

Contractor License No. 7246 Exp. Date 03-31-12

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

Federal Emp. ID No. 22-3282269 FAX: (732) 495-7700

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 33,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved

Date: 1/13/11

Approved by: JS

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) 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				

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

DESCRIPTION OF WORK

Renovations to the existing Cath Lab per the drawings.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
41		Lighting Fixtures	
12		Receptacles	
22		Switches	
		Detectors	
		Light Poles	
8		Motors—Fract. HP	
3		Emergency & Exit Lights	
10		Communications Points	
3		Alarm Devices/F.A.C. Panel	
99		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	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

HVAC Contractor

Architect - 609-737-5924

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 11-0174

Date Issued Permit # 01-28-11

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center - Cath Lab 2nd Floor
425 Jack Martin Blv. Brick NJ 8711

Owner in Fee Ocean Medical Center

Address Same Troy 908 902

Tel. (732) 836 4077

Contractor Sawdy Hook Interiors / RDH Contractors Manny - 732 Corp 977-3710

Address 404 A Hwy 36
Highland NJ

Tel. (732) 291 3435 FAX (732) 291 3437

Contractor License No. or Builder Registration No.

Federal Emp. No 273629660

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
Removal of Flooring, ceiling, Non Bearing walls, Reconstruct. as per Drawings

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other NO REVIEW KH		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/26/11 KH
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame See Back				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ CEILING OVER				
Mechanical				
TCO See Back				
Other				
Final			4/27/11	G.P.
Barrier-Free				

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
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 $ 160,000.-
3. Total (1+ 2) $ 160,000.-

U.C.C. F110 (rev. 07/03)

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

3-9-11 Open Ceiling
Partial Phase 1 Patient Holding Only

3/16/11 KW
Rec. TCO PHASE I Only
* Note: Conditionally Add Exit placards at locations for exit purposes-

3/29/11 KW- Frame App-
1) Nurses station Soffit
2) Stress Room-

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

2 West Cath Lab

Date Received 11-0174
Control #
Date Issued 01-28-11
Permit #

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

Block 110 Lot 18 Qualification Code

Work Site Location Ocean Medical Center - Cath Lab [illegible]
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee Meridian Health
Address 425 Jack Martin Boulevard
Brick, NJ

Tel ( )

Contractor R&A Electric, Inc., t/a MIDDLETOWN ELECTRIC
Address 7 Debele Lane
Lincroft, NJ 07738

Tel (732) 495-5050 FAX (732) 495-7700

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

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

Fire Alarm Contractor No.

Federal Emp. No. 22-3282269

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 $ 500.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[XX] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Hook up strobe lights to existing system.

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[XX] 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)	3	
Other Devices		
TOTAL	3	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
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 $	75
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 1-18-11

Approved by: [initials]

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 4-20-11

Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System			4/20/11	[initials]
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	3/31/11		4/20/11	[initials]
Other			3/4/11	[initials]

4-1-11

phase 1 Above Ceiling Sprinkler Work

U.C.C. F140 (rev. 1/04)

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

Troy (908) 902 9116

C-11-000055+A 11-01744A 01-28-11

FIRE SUBCODE TECHNICAL SECTION (F)

Date Received
Date Issued
Control #
Permit #

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

Block 1110 Lot 18

Work Site Location Ocean Medical Center - 2nd Fl Cath Labs
475 Jack Martin Blvd Brick Twp NJ 08724

Owner In Fee Meridian Health Care

Address Rt 33
Neptune NJ

Tele. ( )

Contractor Rich Fire Protection

Address 34 Somerset Ave
Hackettstown NJ 08232

Tele. (908) 684-7776 Fax (609) 222-0711

Lic. No. 100503

Federal Emp. No. 22-225-3314

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

Heating Systems [ ] New [ ] Existing [ ] HVAC

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

[ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 5700.-

Fire Alarm System
New [ ] Existing [X]
Location of Panel: _____

Fire Suppression/Standpipe System
New [ ] Existing [X]
Location of Main Control Valve:
2nd Fl Sprinkler Room

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 1/18/11
Approved by: DB

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/20/11
Approved by: DB MB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final	3/4/11		4/20/11	DB
Other Pressure Reducing Valve only	3/8		3/4/11	DB

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: Relocation of Existing Sprinklers for Relocation To Cath Labs

Water Supply Source Existing City

Method of Alarm/Suppression System Supervision Existing Tamper/Flow

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	
Supervisory Devices (i.e., tampers, low/high air)	0	
Signaling Devices (i.e., horn/strobes, bells)	0	
Other Devices _____	0	
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type ____	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	26	
Standpipes	0	
Pre-engineered Systems		
Wet Chemical	0	
Dry Chemical	0	
CO_2 Suppression	0	
Foam Suppression	0	
Halon Suppression	0	
Other _____	0	
Kitchen Hood Exhaust System	0	
Smoke Control System	0	
Gas [ ] or Oil [ ] Fired Appliances	0	
Other _____	0	
		130.-

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

U.C.C. F140
(rev. 3/98)

1 White = Inspector Copy 2 Canary = Office Copy

Phase I

3/4/11 Sprinkler Above ceiling only

3/5/11 Penetrations - i

3/16/11 TCO ok

3/30/11 Not ready

4/1/11 Phase II

above ceiling ok

TROY G.C. 908-902-9261

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-0174

Date Issued / Permit # 01-2871

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center 425 JACK MARTIN BLVD
2nd Floor Cardiac Cath Lab HOSPITAL

Owner in Fee: Ocean Medical Center

Tel. (732) e-mail

Address 425 Jack Martin Blvd
street municipality zip code

Contractor: United Plumbing & Heating, Inc Tel. (732) 991-1704

Address 36 Parkway e-mail
Point Pleasant Beach, NJ 08742

Contractor License No. 11922 Exp. Date 6/11

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

Federal Emp. ID No. 31-1818409 FAX: (609) 228-4124

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ X 14,000 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 1-18-11 Approved by: WEW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 4-21-11
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			03.28.11	PA
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	04.12.11	04.13.11	04.14.11	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.

Applicant sign/Contractor sign and seal here:

Print name here: Michael Casey

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installation of new water, waste and vent piping for new fixtures

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
5	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Flush Valve	

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

02.02.11 PA

① PHASE #1 ONLY (1-EYE WASH SINK) + 1-REPLACEMENT (PATIENT HOLDING AREA)
SINK PICKING UP AN ICE MACHINE PARTIAL ROUGH OF ONLY ROOM

03.10.PA

① FINAL FOR SINK IN PHASE #1 ONLY 25 OCT OK-04.12.11 PA
② CHECK ICE MACHINE RECEPTACLE IN PHASE #1
PHASE #2 TUBE TO COUNTER TOP IN PHASE #1

03.16.11 PA

① RECOMMEND TOO GO ONLY FOR PHASE #1

03.28.11 PA

PHASE #2 (2-SINKS) ROUGH OK
FOR STRESS ROOM + LOCKER ROOMS ONLY

04.12-11 PA

① EYE WASH TEMP: NOT 65°-95° OK
② " " SINK NOT 24" KNEE CLEARANCE OK
③ PHASE #1 SAME AS #1 + #2 OK

PHASE #2 04.14.11 PA

04.13.11 PA

NOT READY OK

ELECTRICAL SUBCODE
TECHNICAL SECTION

Tony 732-754-6132
Tim 732-902-9711
906

Date Received / Control # 11-0174

Date Issued / Permit # 01-28-11

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center - Cath Lab
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee: Meridian Health

Tel. ( ) e-mail

Address 425 Jack Martin Boulevard, Brick, NJ

Contractor: R&A Electric, Inc., t/a (street / municipality) MIDDLETOWN ELECTRIC Tel. (732) 495-5050 (zip code)

Address 7 Debele Lane, Lincroft, NJ 07738 e-mail

Contractor License No. 7246 Exp. Date 03-31-12

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

Federal Emp. ID No. 22-3282269 FAX: (732) 495-7700

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 33,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved 2-10-11

Date: 2/23/11
Approved by: DS

SUBCODE APPROVAL
[ ] ICO [ ] ICCO [ ] CA

Date: 4-14-11
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			See Back	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO			Phase I 3-16-11	DD
Other				
Service				
Final			4-13-11	DD
Barrier-Free				

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

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.

Robert A Weiss
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Renovations to the existing Cath Lab per the drawings.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
41		Lighting Fixtures	
12		Receptacles	
22		Switches	
		Detectors	
		Light Poles	
8		Motors—Fract. HP	
3		Emergency & Exit Lights	
10		Communications Points	
3		Alarm Devices/F.A.C. Panel	
99		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	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

2-7-11

Walls only Room

Prep up. Phase (1)

3-8-11

Above Ceiling

Phase (1)

3-31-11

Above Ceiling

Phase II

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-0174

Date Issued / Permit # 01-28-11

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center - Cath Lab 2nd Floor
423 Jack Martin Blvd. Brick NJ

Owner in Fee Ocean Medical Center

Address Same

Tel. (732) 836 4077

Contractor Sandy Hook Interiors / RDH Contracting Corp

Address 404A Hwy 36
Highland NJ

Tel. (732) 291 3435 FAX (732) 291 3437

Contractor License No. or Builder Registration No.

Federal Emp. No 273629660

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
Removal of Flooring, ceiling, Non Bearing walls, Reconstruct. as per Drawing

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 $ 160,000
3. Total (1+ 2) $ 160,000

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

FEE (Office Use Only)
$

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-0174

Date Issued / Permit # 01-28-11

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center - Cath Lab 2nd Floor
425 Jack Martin Blvd. Brick NJ

Owner in Fee Ocean Medical Center

Address Same

Tel. (732) 836 4077

Contractor Sandy Hook Interiors / RDH Contractors Corp

Address 404A NJ Rt 34
Highland NJ

Tel. (732) 291 3431 FAX (732) 291 3437

Contractor License No. or Builder Registration No.

Federal Emp. No 223629660

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
Removal of Flooring, ceiling, Non Bearing walls, Reconstruct. as per Drawings

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				

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

FEE (Office Use Only)
$

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

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 $ 160,000.
3. Total (1+ 2) $ 160,000

U.C.C F110 (rev 07/03)

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

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
December 22, 2010
Ocean Medical Center-Cath Lab
DCA REF # 5224-10
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

December 22, 2010

RE: Ocean Medical Center
Catheterization Lab.
425 Jack Martin Boulevard
Brick, New Jersey
DCA Ref # 5224-10
FINAL RELEASE

Dear Mr. Saphire:

The Construction documents, which display the Department of Community Affair Health Care Plan Review Final Release labels of **December 22, 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/ S.K.

Farivar Kiani,
Supervisor
Construction Plans Approval
Health Care Plan Review

FK: SK