BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 JACK MARTIN BLVD. PERMIT NO. 11-2022

CONSTRUCTION PERMIT APPLICATION

CN 8-000227

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

I. IDENTIFICATION

1. Proposed Work Site at: 425 Jack Martin BLVD Brick NJ 08724
2. Name of Owner in Fee: OCEAN MEDICAL CENTER - MERIDIAN HOSPITALS CORP.
   Tel. (732) 836-4077 e-mail MJAHODA@MERIDIANHEALTH.COM
   Address _____ (street) _____ (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: NJ TRANSIT CORP Tel. (973) 491-7000/7828
   Address ONE PENN PLZA EAST NEWARK, NJ 07105 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. _____ FAX: (_____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (_____) _____ FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 1		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZH	30		
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

IIa. PROPOSED WORK

- ☐ Minor Work — Gloss Bus Shelter
- ☐ 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		SL	11/5/08		6/16/11	MV			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		CW	1/24/08		1/24/08				
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
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 *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

COMPLETE

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

Wed 6/22/11
ILM 973-491-7000
732-836-4077
LM emailed mjahoda@meridianhealth.com (ES)

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 1/15/08

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/14/2011
Control Number C-08-000227
Permit Number 11-2022
Permit Issue Date 07/11/2011
Certificate Number 11-2022

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: %1350 CAMPUS PARKWAY NEPTUNE NJ 07753

Telephone: (732) 836-4077

Contractor NEW JERSEY TRANSIT CORP

Address ONE PENN PLAZA EAST NEWARK NJ 07105 - 7246

Telephone: (973) 491-7000 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: GLASS BUS SHELTER (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: 07/14/2011 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued
Control # C-08-000227
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
%1350 CAMPUS PARKWAY NEPTUNE NJ 07753

Telephone: (732) 836-4077

Contractor: NORTHERN OCEAN HOSPITAL SYSTEM INC
Address: %1350 CAMPUS PARKWAY NEPTUNE NJ 07753

Telephone: (732) 836-4077
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

GLASS BUS SHELTER (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 $1,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$40
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$30
Total	$71
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.

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 000227

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 425 Jack Martin

DATE REVIEWED: 1-24-08

REVIEWED BY: FN

CONTACT CALLED/FAXED: 491-7820 LEFT Message @ 11:30

No Details on Enclosure, Need To Comply with Code Regarding Architects Plans + wind speed Data

02-04-08 Called 973-491-7000 x7820
DAN - will resend copy of plans to Franks attention.

They will send Any plan They Have

2-6-08 spoke to John Cozza 75 mph wind

Resubmit 6/13/11

Wind speed in 08 ? Apply ASIS Resubmit ... 6/13/11 spoke to MJ

7/07/11 PIF

Frank/plan review template

17366

Check Number: 239902

INVOICE NUMBER	INVOICE DATE	P.O. NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
C-08-000227-PERMIT APP	06/28/11	0000	71.00	0.00	71.00

VENDOR NO.	VENDOR NAME	CHECK DATE	TOTAL AMOUNT
17366	BRICK TWP	07/07/11	$71.00

Louise Sampson

From: Louise Sampson
Sent: Monday, June 27, 2011 11:42 AM
To: 'Mjahoda@meridianhealth.com'
Subject: 425 Jack Martin Boulevard: Permit is Ready for Pick Up

Your permit application C- 08-000227 for the Glass Bus Shelter on property 425 Jack Martin Boulevard is ready for pick up. Please make the check payable to the Township of Brick in the amount of $71.00. Upon receipt of payment, kindly schedule an inspection to finalize the permit process.

Should you have further inquiries or need assistance, I can be reached at 72-262-1089. Thank you for your co-operation.

Much thanks,

Louise F. Sampson
Division of Inspections
Township of Brick

Louise Sampson

From: Louise Sampson
Sent: Wednesday, June 22, 2011 3:09 PM
To: 'Mjahoda@meridianhealth.com'
Subject: Open Permit Application C-08-000227 425 Jack Martin Blvd. (Hospital)

Dear Michael Jahoda:

Re: 425 Jack Martin Blvd – Glass Bus Shelter

Our records indicate that your permit application is ready for pick up. The amount due for said permit is $71.00. Should you have further inquiries or need further assistance, I can be reached at 732-262-1089 or 732-262-1026.

Sincerely,

Louise F. Sampson
Division of Inspections
Building Department - Township of Brick

Louise Sampson

From: Jahoda, Michael [MJahoda@meridianhealth.com]
Sent: Monday, July 18, 2011 5:12 PM
To: Louise Sampson
Subject: RE: 11-2022 425 Jack Martin Blvd

Thank you,
Mike Jahoda

-----Original Message-----
From: Louise Sampson [mailto:lsampson@twp.brick.nj.us]
Sent: Monday, July 18, 2011 4:31 PM
To: Jahoda, Michael
Subject: 11-2022 425 Jack Martin Blvd

Dear Mike:

Permit number **11-2022** for property 425 Jack Martin Blvd passed final building inspection on July 13, 2011. No further action is required.

Thank you for your prompt attention and remedy relative to the aforementioned property.

Sincerely,

Louise F. Sampson
Division of Inspections

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 7/11/11

Date Issued / Permit # 11-3022

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

Block 1170 Lot 18 Qualification Code

Work Site Location 425 JACK MARTIN BLVD BRICK, NJ 08724

INSTALL NEW 5'X10' BUS SHELTER ON EXISTING ISLAND

Owner in Fee OCEAN MEDICAL CENTER-MERIDIAN HOSPITALS CORP.

Address 425 JACK MARTIN BLVD BRICK NJ 08724

Tel. (732) 836-4077

Contractor NEW JERSEY TRANSIT CORP

Address ONE PENN PLZA EAST NEWARK, NJ 07105-7246

Tel. 973) 491-7000/7820 FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	6/16/11	KW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

6/21/11 KA

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 7-14-11

Approved by: KA / JL

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7/13/11	KW
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. of Stories

Height of Structure Ft.

Area — Largest Floor Sq. Ft.

New Bldg. Area/All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Glass Bus Shelter In Front of Emergency Rm

COMMERCIAL

TYPE OF WORK:

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

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

7-13-11

(8)

CONFIDENTIAL

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 1/1/11

Date Issued / Permit # 11-0033

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

Block 1170 Lot 12 Qualification Code _____

Work Site Location 42 TECHNOLOGY BLVD BLOCK NJT 07114

INSTALL 2 (1) 5'X10' BUS SHELTER ON EXISTING EASEMENT

Owner in Fee NEW JERSEY TRANSIT CORP. - NEW JERSEY TRANSIT RAIL OPERATIONS

Address 1 PENN PLAZA EAST, 3RD FLOOR, NEWARK, NJ 07105

Tel. (973) 491-7877

Contractor NJ TRANSIT CORP

Address ONE PENN PLAZA EAST NEWARK, NJ 07105-2246

Tel. (973) 491-7000 / 7600 FAX (_____) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All 6/16/11		EV
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator
6/21/11 EV

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				

B. BUILDING CHARACTERISTICS

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

In front of Emergency Rm -

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

FEE (Office Use Only)
$ _____

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

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

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

BUILDING 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 _____

Address _____

Tel. (___) _____

Contractor _____

Address _____

Tel. (___) _____ FAX (___) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No _____

JOB SUMMARY (Office Use Only)

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

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

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

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

B. BUILDING CHARACTERISTICS

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

FEE (Office Use Only)
$ _____

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

NJ TRANSIT
One Penn Plaza East
Newark, New Jersey 07105-2246
973-491-7000

January 30, 2008

Frank Mizer
401 Chamber Bridge Road
Brick, New Jersey 08723

Subject: Bus Shelter Information

Dear Mr. Mizer:

Enclosed are the construction plans that NJ Transit has on file. These are the only plans that we have since a private contractor installs our shelters. I do not have any information on environmental issues pertaining to storms and winds over 100 mph. Listed below is our contractor name and number. They might have more detailed plans than we have.

Contractor:
Handi Hut Inc., John Cozza 973-614-1800

If you have any questions, please feel free to contact me at (973) 491-7820.

Thank you for your support of public transportation.

Sincerely,

Daniel O'Gorman
Field Representative

N:\word\spe\agreements\covermunicipal
3/6/02

1.09 CONSTRUCTION MATERIALS

1.09.1 BUS SHELTERS - GENERAL MATERIAL DESCRIPTION

Bus shelters will be manufactured by Handi-Hut Inc., Clifton, New Jersey, or Columbia Equipment Company, Inc., Jamaica, New York, or an approved equal.

See **Exhibit 1A** for a general depiction of a standard bus shelter.

1.09.2 **FRAME** - The bus shelters shall consist of a structural frame of approximately 4" x 4" extruded aluminum tubing for the corner posts with a wall thickness of 0.125 inches. The posts will have an adjustable leveling feature. The nominal dimensions of the shelter shall be 5' x 10'. The designed leg positions shall be such that a standard 4' x 6' two-sided, backlit advertising display case may be installed sometime in the future between the legs on the downstream side of the shelter.

Base flanges and reinforcing gussets used for the cantilever shelter will be of cast aluminum or aluminum welded fabricated assembly. The roof fascia and window frames shall be of extruded aluminum. The extruded aluminum members shall be of grade 6063-T5 or 6063-T6 aluminum.

Reinforcing aluminum gussets used for cantilever shelters, the roof of which protrudes beyond the middle support legs creating an overhang, will be installed at 45-degree angles between the roof fascia and the middle support legs on each side of the shelter for additional stability. A standard cantilever shelter will require two reinforcing gussets.

FRAME COLOR - Bus shelter frames will be provided in one of two finish colors:

- Dark bronze anodized 313 (or acceptable equal, powder coat in Pantone Black 5 U 2X.)
- Dark green powder coat (Pantone 3435 C).

Exact numbers of shelter frames to be provided in each

color will be determined by NJ TRANSIT. Quantities ordered can go up or down depending on NJ Transit's need. NJ Transit is under no obligation to provide a set amount of either color.

1.09.3 **ROOF** - A standard shelter will be provided with one of three roof designs. See **Exhibit 2** for roof designs. The interchangeable roofs will be:

A. Bubble Roof - The bubble roof will be constructed of a single piece of therm-formed 1/4" or 6mm translucent white acrylic or tinted bronze dome.

B. Peaked Roof - The peaked roof will be formed of 1/4" or 6 mm twin wall polycarbonate and will be offered in white or tinted bronze with light transmission at 54%.

C. Barrel Roof - The barrel roof will be formed of 2" x 1" aluminum framing with ¼" or 6mm white twin-wall polycarbonate or tinted bronze.

All roofs will consist of an aluminum fascia constructed to direct water away from the open front of the bus shelter.

Exact numbers of shelters to be provided with each roof design will be determined by NJ TRANSIT. Quantities ordered can go up or down depending on NJ Transit's need. NJ Transit is under no obligation to provide a set amount of roof designs.

1.09.4 **GLASS PANELS** - Tempered glass panels, 1/4 inch thick, mounted in individual frames, will be installed across the back of the shelter. The frame will attach to the rear corner legs and roof fascia, and contain four aluminum framed tempered glass window panels.

Two panels in individual frames will comprise one full side of the unit. The frame will attach to the front and rear legs and roof fascia, and contain two aluminum framed tempered glass window panels.

One individual frame will comprise one half of the opposite side of the shelter. The frame will attach to

the rear leg and the front leg of the unit which will be set back as shown in **Exhibit 1A**.

All frame mounting will be such that individual glass panels can be easily replaced. The bottom of the frames will be 6" to 10" above the surface.

All panels will be 1/4" thick tempered glass conforming to Federal Specifications DD-G-001403 and DD-G-451. All panels will be of uniform size and measure 25-3/8" x 70-7/8". Installation will be such that no panel edges are exposed.

1.09.5 **CANTILEVER STYLE** - A cantilever design, in which the roof extends beyond the front support legs creating an overhang, will be provided if deemed necessary by NJ TRANSIT in accordance with the location drawings. Reinforcing support gussets will be used between the roof and front legs and will be made of cast aluminum or aluminum welded fabricated assembly. The leg position of a cantilever shelter will be designed to accommodate a standard width, aluminum framed, glass panel on each side of the shelter. **See Exhibit 1B.**

1.09.6 **SHELTER INFORMATION DISPLAY CASE** - Each bus shelter will be equipped with a standard size, aluminum framed, schedule information display case that will be installed in the right rear panel frame when looking at the front of the shelter and will be the same color as the shelter frame as noted above in section 1.09.2.

The inside dimension of the frame case will allow for a visual image insert of 21" wide and 33" high.

Case access will be tamper resistant and designed for easy insertion and removal of informational display inserts. The upper, horizontal case frame bar will have a length of rubber cushion that when closed, will hold a paper insert in place. The bottom support bar will be snug against the rear panel window with no space between it and the window to prevent slippage of the paper insert. A universal key or Allen wrench used to open the case will be provided to NJ Transit's Project Manager.

1.09.7 **BENCH** - A pedestal bench will be included with each

shelter installation. It will be installed in the rear left corner when facing the shelter. The pedestal-bench will be of extruded aluminum, consisting of a flat bench without back support, and containing partitions, which will divide the bench into individual seats to prevent individuals from lying across the bench. The bench will be the same color as the shelter frame as per section 1.09.2 on page 5, Frame Color.

The bench will be approximately 6 feet in length and will allow a minimum of 2 1/2 feet of clearance inside the shelter on the right side for wheel chair accessibility in accordance with ADA requirements. The bench installation will be free standing and independent from the shelter frame and will be bolted to the shelter's concrete pad. **See Exhibit 1A.**

1.09.8 **SPARE PARTS** - Within 45 days of issuance of the Purchase Order, the Contractor will furnish a complete listing of spare parts, including pricing and any applicable discount, for the bus shelters.

2.00 MAINTENANCE DECAL ON FRONT FASCIA OF SHELTER

A maintenance decal will be made of 3M engineering grade Scotchal or approved equal. The decal will be two lines and will read:

THIS SHELTER MAINTAINED BY
SPONSOR'S NAME

The sponsor's name, typically a municipality, will be indicated on the installation diagram provided by NJ TRANSIT to the Contractor. The maintenance decal will be affixed to the frame on the upper front, right fascia on the day of installation. The letters will be white, Helvetica, upper case and will conform to construction details. **See Exhibits 4 and 5.**

2.01 CONCRETE PADS, FOOTINGS, AND CURBING

Concrete pads will include the construction of a 6-inch thick Portland Concrete cement pad with appropriate sub-grade.

Pads will be sloped for precipitation runoff, and complying with ADA standards, the slope will not exceed 1 inch for every

4 feet of pad where the grade can be achieved or where the grade is being altered. **See Exhibit 6.**

Approximately fifteen (15) shelter locations will receive concrete footings in lieu of a full size pad. The footings will be installed at locations where it has been decided to keep intact decorative brick walkways or other ornamental foundations. Footing installation will involve cutting the decorative foundations, pouring cement into footing holes 36" in depth, and bolting the shelter's legs and bench to the footings. The 36" depth provides a base below the frost line. Footing layouts for NJ Transit's standard and cantilever shelters are attached as Exhibits 7A and 7B.

A 9-inch x 18-inch white concrete vertical curb will be required for bus shelters installed on state highways where a curb is lacking. The curb will be constructed in front of the bus shelter pad and will have ten-foot, tapered sections on each end. The curb will be flush with the shelter pad. See **Exhibit 8** for curb construction.

Pads, curbs, and footings will be constructed in accordance with construction details. Site plans submitted to the Contractor will indicate the length and location of the concrete pads, curbs, and footings.

At times, it may be necessary for NJ Transit to have a bus shelter pad or an asphalt surface removed. The existing concrete or asphalt surfaces will be demolished, the rubbish hauled away, and the area restored where necessary as deemed by NJ Transit.

It will be assumed for bidding purposes that all concrete to be removed will be 6 inches in depth. This may also include the placement of topsoil and seed at the demolition site if deemed necessary by NJ Transit.

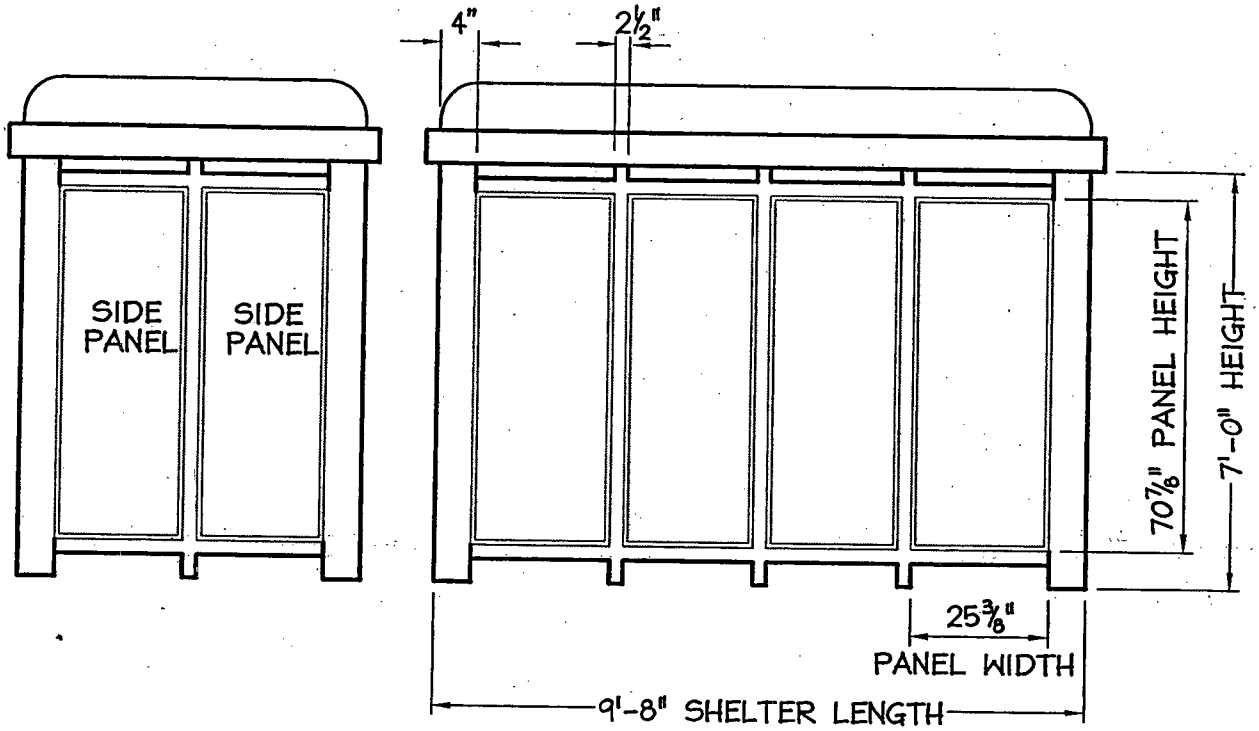
2.01.1 **MATERIALS** - Concrete pads and curbs will be identical to that as set forth in Section 405, New Jersey Department of Transportation (DOT) Specifications for Road and Bridge Construction.

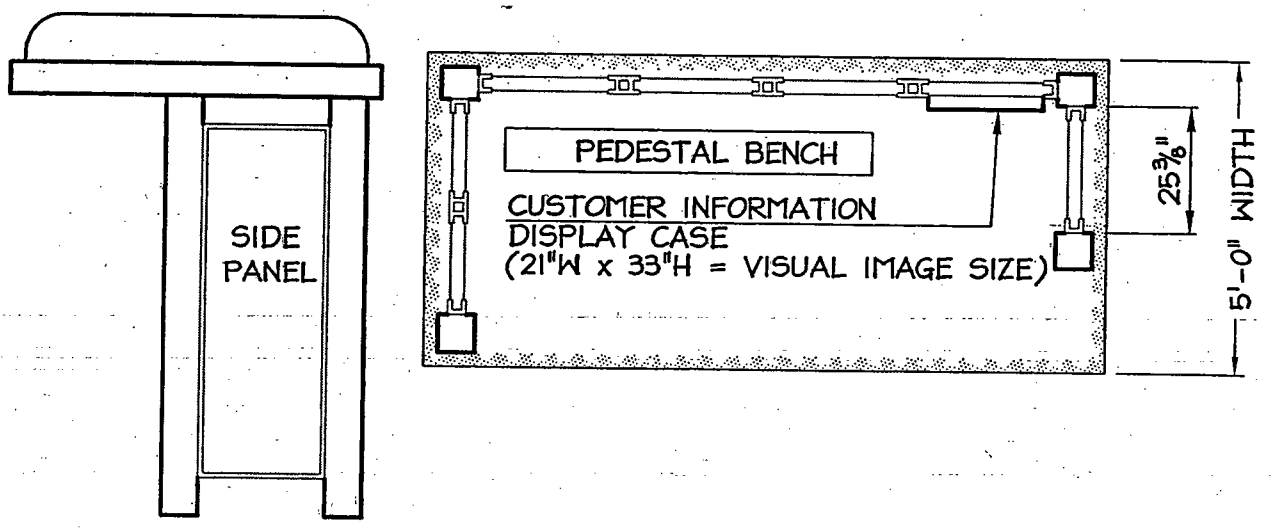
2.01.2 **METHODS OF CONSTRUCTION** - Construction of concrete pads and curbs will be identical to that used for concrete sidewalks in Section 405, New Jersey Department of

EXHIBIT 1A

NJ TRANSIT

5'x10' (SAMPLE) STANDARD BUS SHELTER





NOTE:
DIMENSIONS ARE NOMINAL

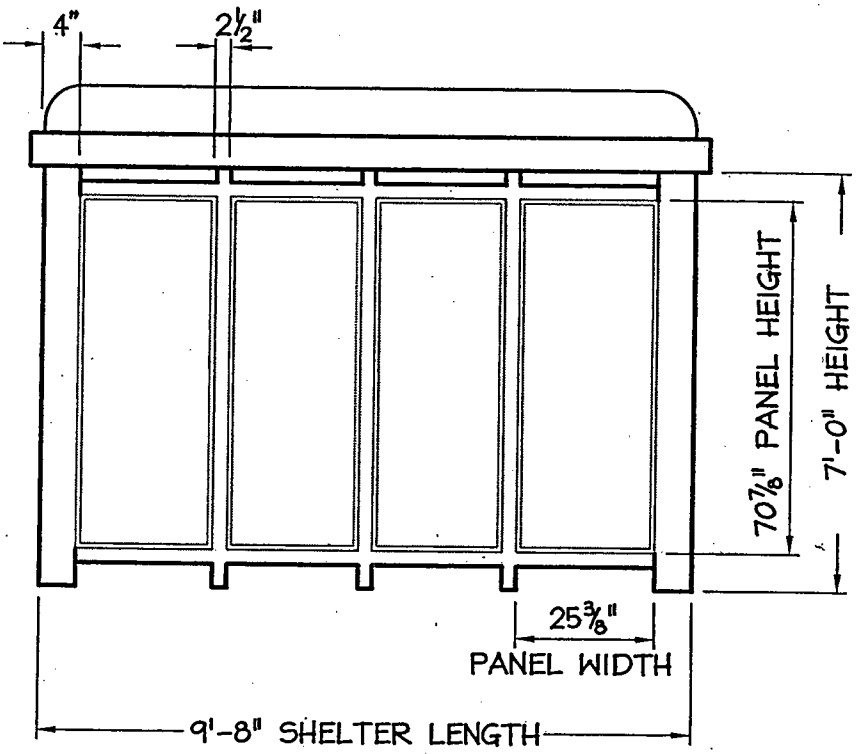
V:\CIVIL\DWG\BUSSHELT\BSHASP58.DWG, MODEL, 03/12/03 12:11:08 AM; GEDCJAK

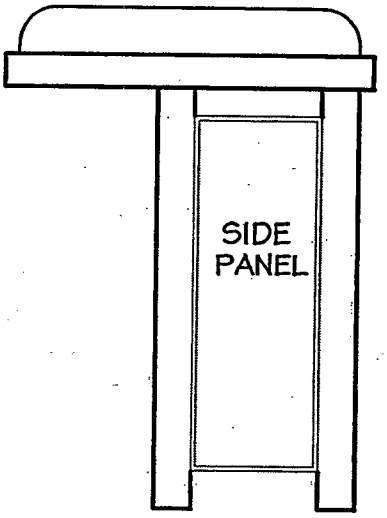
V:\CIVIL\DWG\BUSSHELT/BSHASP58.DWG

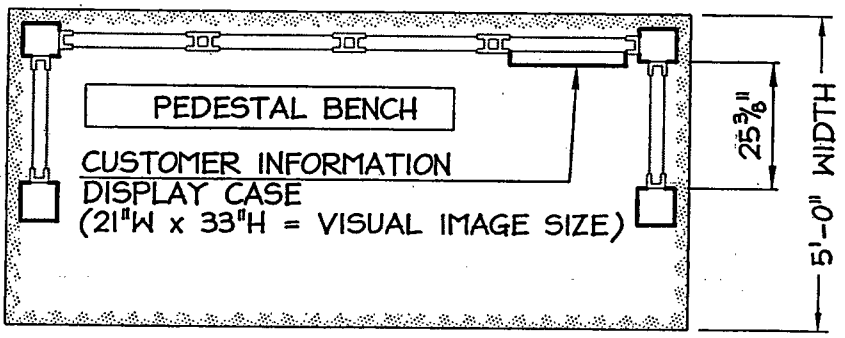
EXHIBIT 1B

NJ TRANSIT

5'x10' (SAMPLE) CANTILEVER BUS SHELTER







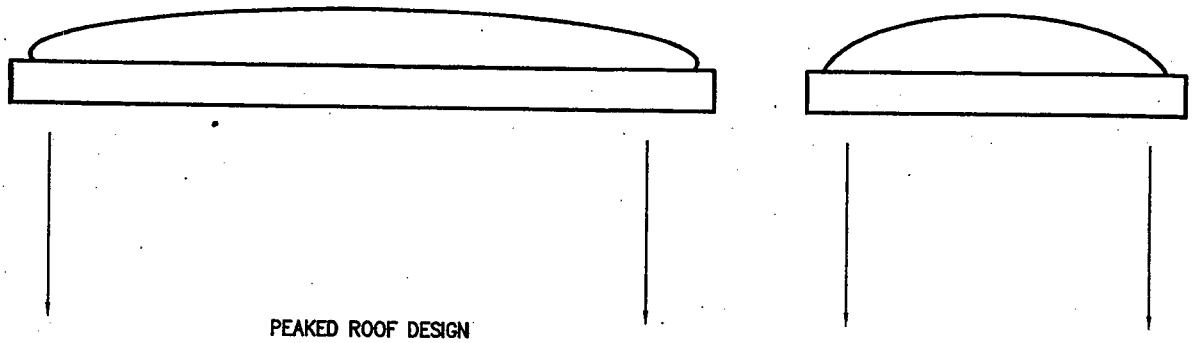
(TYPICAL FOR BOTH SIDES)

NOTE:
DIMENSIONS ARE NOMINAL

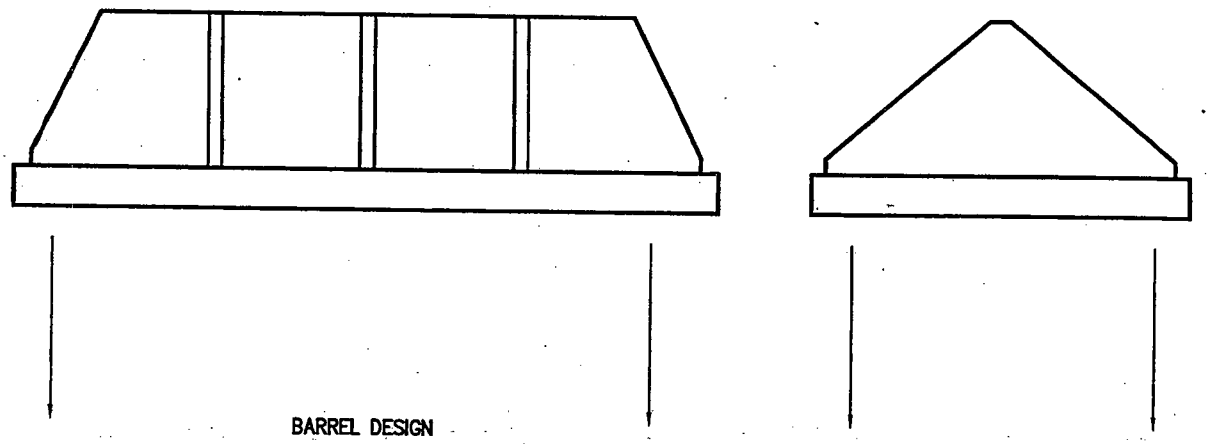
V:\CIVIL\DWG\BUSSHELT\BSHASP58.DWG

EXHIBIT 2

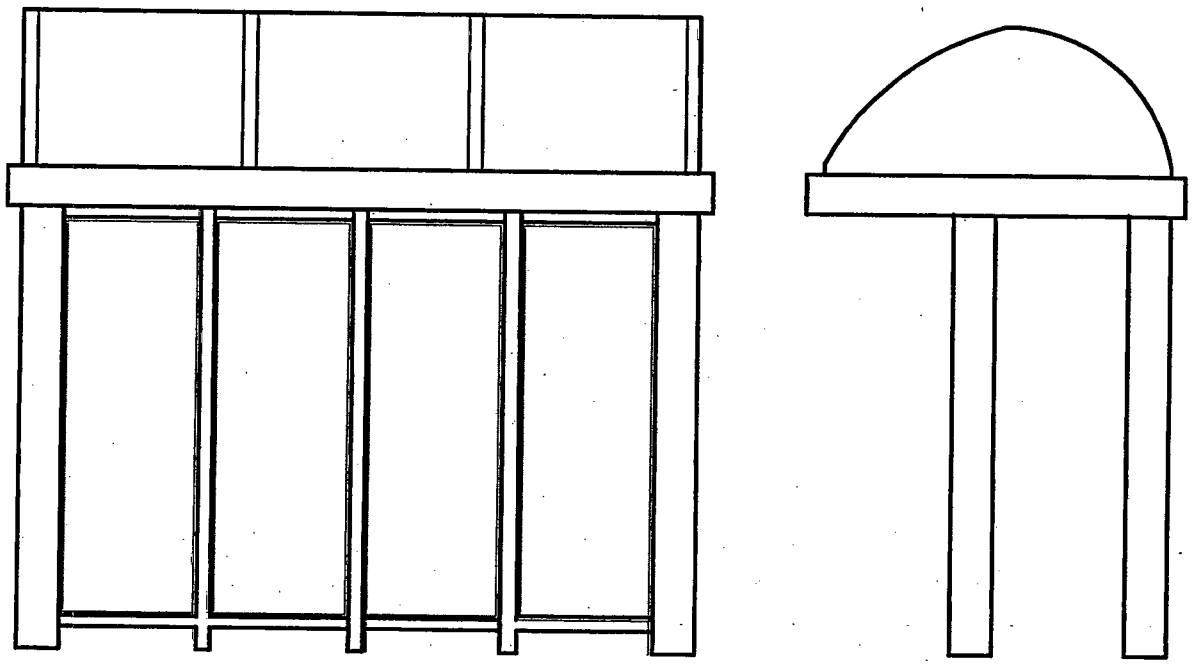
BUBBLE ROOF DESIGN



PEAKED ROOF DESIGN



BARREL DESIGN

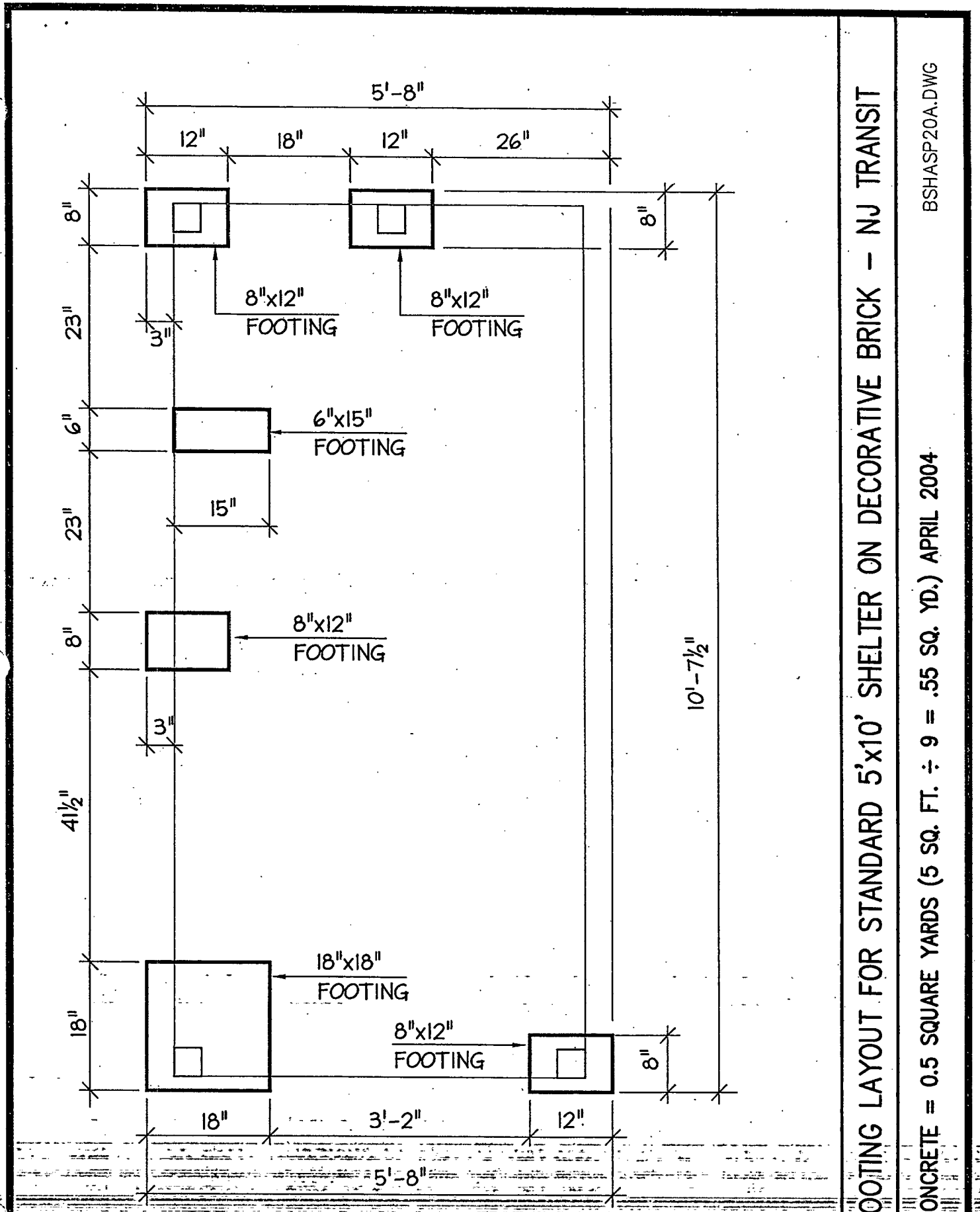


NJ TRANSIT

Alternate Roof Designs

FILE: V:\CIVIL\DWG\BUSSHELT\BSHASP106A.DWG

EXHIBIT 7A

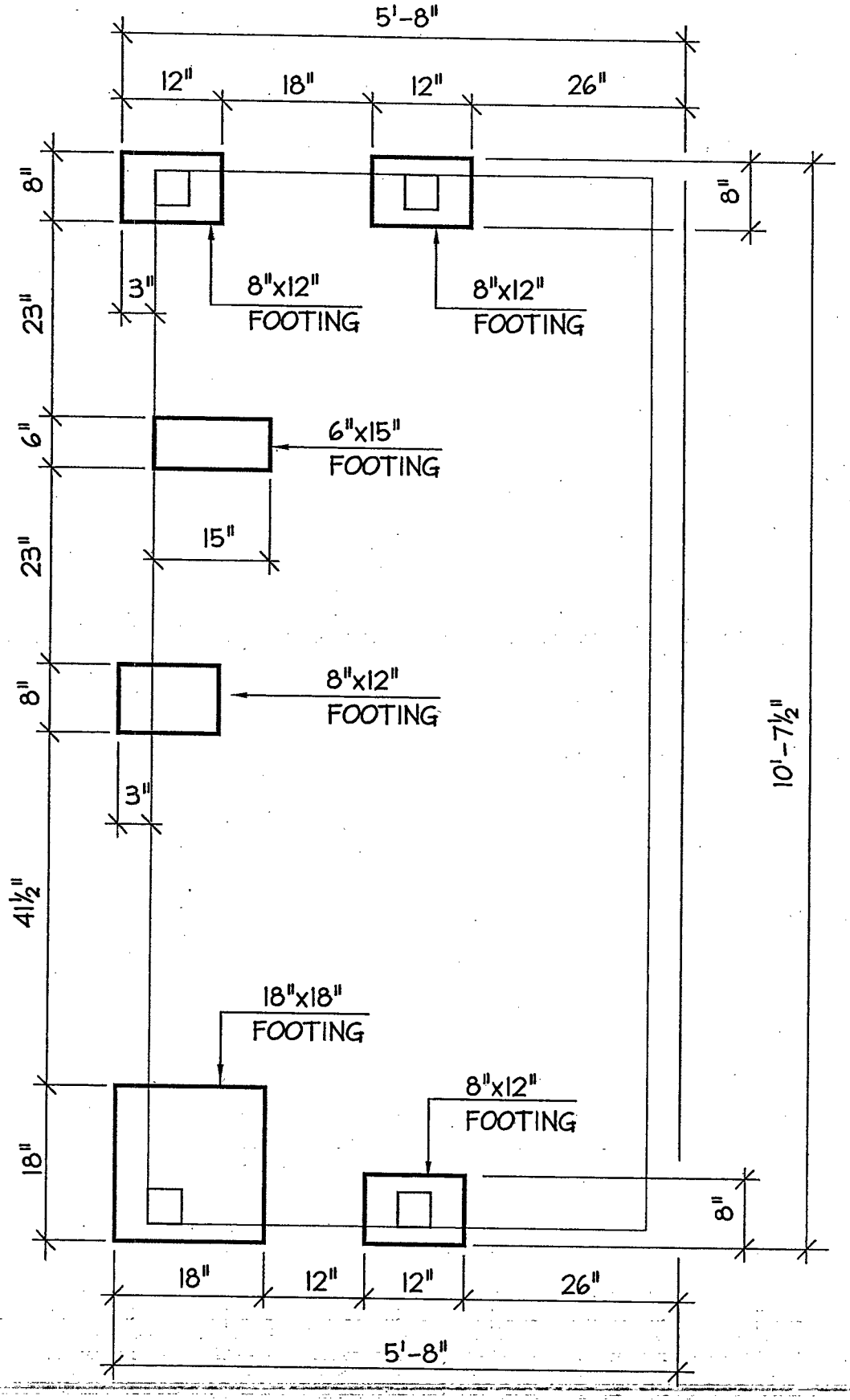


FOOTING LAYOUT FOR STANDARD 5'x10' SHELTER ON DECORATIVE BRICK – NJ TRANSIT

CONCRETE = 0.5 SQUARE YARDS (5 SQ. FT. ÷ 9 = .55 SQ. YD.) APRIL 2004

BSHASP20A.DWG

EXHIBIT 7B



FOOTING LAYOUT FOR STANDARD 5'x10' CANTILEVER SHELTER ON DECORATIVE BRICK – NJ TRANSIT

CONCRETE = 0.5 SQUARE YARDS (5 SQ. FT. – 9 = .55 SQ. YD.) APRIL 2004

BSHASP20A.DWG

TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Department of Engineering

Date: 1/15/08

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 1170 Lot: 18

Property Address: 425 Jack Martin BLVD. Brick, NJ 08724

I, Michael Jahoda (name) of Ocean Medical Center 425 Jack Martin Blvd. (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Applicant's Signature

The following shall be submitted with this request:

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

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

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

COMMERCIAL

FOR OFFICE USE ONLY

Approved on: 1/24/08 Signed:

Rejected on: Signed:

Comments:

311 ACCESS BRICK TOWNSHIP

Township of Brick
Zoning Permit

Approved: Thursday, January 17, 2008 **Number:** 2008-32

Block 1170 **Lot** 18 **Zone:** H-S, Hosp. Support

Property Address: 425 Jack Martin Blvd.

Applicant: Mike Jahoda, Facility Mgr. Ocean Medical Center

Property Owner: Ocean Medical Center-Meridian Hospitals Corp.

Existing Use: Hospital

Proposed Use: Hospital

Proposed Construction: Metal and Glass Bus Shelter, 5' x 10'.

Conditions: Capital Project Review Resolution R-6-08, adopted 1/9/08 by the Planning Board.

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

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

Township of Brick
Zoning Permit

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Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
JAN 17 2008

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

BLOCK 1170 LOT 18 QUALIFIER ———

PROPERTY ADDRESS 425 Jack Martin Blvd. Brick, NJ 08724

PERSONAL NAME OF APPLICANT Mike Jahoda - Facility Mgr. Ocean Medical Center

BUSINESS NAME OF APPLICANT Ocean Medical Center - Meridian Hospitals Corp.

MAILING ADDRESS OF APPLICANT 425 Jack Martin Blvd. Brick 08724

PROPERTY OWNER'S FULL NAME Ocean Medical Center - Meridian Hospitals Corp.

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

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

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) 5'x10' Metal & Glass Bus Shelter

CHECKLIST

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

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

COMMERCIAL

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

SIGNATURE OF APPLICANT _____ Date 1/15/08

Reviewed by Zoning Office _____ Date 1/17/08 (X) Approved ( ) Denied

ICB 1/15/08

R-6-08

BRICK TOWNSHIP PLANNING BOARD

CAPITAL PROJECT REVIEW RESOLUTION

File 2
App
Zoning
Eng 2
MPF

RESOLUTION R- 6 -08

January 9, 2008

WHEREAS, the **NJ TRANSIT CORPORATION** located at One Penn Plaza East, Newark, NJ wishes to install a bus shelter a the Emergency Driveway of the **OCEAN MEDICAL CENTER**, (Block 1170, Lot 18 & 18.01) located at 425 Jack Martin Blvd., Brick Township, New Jersey;

WHEREAS, N.J.S.A. 40:55D-31, provides that whenever a Master Plan has been adopted any public agency expending public funds shall first refer the action to the Planning Board for its review and recommendation in conjunction with such Master Plan: and

WHEREAS, OCEAN MEDICAL CENTER has made application to the **NJ TRANSIT CORPORATION** requesting that a shelter be installed at its Emergency Driveway;

WHEREAS, OCEAN MEDICAL CENTER, through its Facility Manager, Michael Jahoda, presented to the Board the nature and substance of the bus shelter proposed, including documents reciting the shelter's location and construction particulars; at its January 2, 2008 Meeting;

NOW, THEREFORE, the Board does, upon the foregoing information, make the following findings:

1. The proposal of **NJ TRANSIT CORPORATION** to construct a bus shelter at the Emergency Driveway of the **OCEAN MEDICAL CENTER**, is

consistent with the Master Plan and in particular those aspects of the Master Plan relating to the development of public facilities and the location thereof.

2. A certified copy of this Resolution shall be forwarded to the **NJ TRANSIT CORPORATION;**

NOW, THEREFORE, be it resolved by the Brick Township Planning Board on this 9th day of January, 2008, that it favorably recommends the undertaking and completion of this project by the **NJ TRANSIT CORPORATION**.

MOVED BY: Councilwoman Scaturro

SECONDED BY: Mr. Palmieri

VOTING IN THE AFFIRMATIVE: Mr. Underwood, Mr. Aiello, Mr. Dockery, Mr. Liloia, Councilwoman Scaturro, Mr. Catalano, Mr. Rappoccio, Mr. Palmieri, Mr. Hahn

VOTING IN THE NEGATIVE:

INELIGIBLE TO VOTE:

PRESENT BUT NOT VOTING ABSTAINING: Ms. Tabor, Mr. Marra

ABSENT:

I, **JUDITH FOX NELSON**, Clerk of the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that the foregoing Resolution was duly **ADOPTED** by the said Planning Board of the Township of Brick at a regular meeting held on the 9th day of January, 2008.

IN WITNESS WHEREOF, I have set my hand this 10th day of January, 2008.

Judith Fox Nelson

JUDITH FOX NELSON
Clerk of the Planning Board