1st Floor Radiology
Ocean Medical Center

BLOCK 1170 LOT 18 QUALIFICATION CODE C-11-004363 ADDRESS (SITE) 425 Jackmanton PERMIT NO. 11-3610

CONSTRUCTION PERMIT APPLICATION C11-004363

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: Ocean Medical Center
2. Name of Owner in Fee: Same
   Tel. (732) 836 4077 e-mail
   Address 425 Jackmanton Blvd (street) Brick (municipality) NJ (zip code)
3. Ownership in Fee: Public Sea Private ✓
4. Principal Contractor: RDM Construction Corp Tel. (732) 899 1420
   Address 21 W. Lincoln Ave e-mail AKA Sandy Hook
   Atlantic Highlands NJ 07716 Interiors
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date Pld
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Contract
   Federal Emp. ID No. 273 629660 FAX: ( ) _____
5. Architect or Engineer Sophia Algarra Contact Ed Algarra
   Address 12 North Main St Pennington NJ e-mail
   Tel. (609) 737 5924 FAX: (609) 737 5929
6. Responsible Person in Charge once Work has Begun Rick Dizbold
   Tel. (732) 899 1420 FAX: (732) 291 3437

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 120		
2. Electrical	100		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ 21		
11. Cert. of Occupancy			
12. Other	211		
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

Commercial Interior Alteration

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Req'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	4000	11	11/30/11		DCA REVIEW OK				
☒ Electrical	8000				12-1-11	JS			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)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 RDM Construction Corp Rich Diebold

Address 21 W. Lincoln Ave

Atlantic Highlands NJ 07716

Telephone (732) 291 0435 - 732 859 1420

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/8/2011
Control Number C-11-004363
Permit Number 11-3610
Permit Issue Date 12/2/2011
Certificate Number 11-3610

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD. 1st floor Radiology Brick Township, NJ Block: 1170 Lot: 18 Qual:

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone:

Contractor SANDY HOOK INTERIORS INC

Address PO BOX 43660 21 W. Lincoln Avenue 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: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL removal of old mammography machine and install new one, new flooring, new paint

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: 12/8/2011 U.C.C. F260 (rev. 08/05)

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	3301
DESTINATION ADDRESS	97322913437
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	12/08 15:03
USAGE T	00'49
PGS.	1
RESULT	OK

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/8/2011
Control Number C-11-004363
Permit Number 11-3610
Permit Issue Date 12/2/2011
Certificate Number 11-3610

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD. 1st floor Radiology Brick Township, NJ Block: 1170 Lot: 18 Qual:

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone:

Contractor SANDY HOOK INTERIORS INC

Address PO BOX 43660 21 W. Lincoln Avenue 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: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL removal of old mammography machine and install new one, new flooring, new paint

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.

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Conditions to be met:

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☐ Partial or limited time period (years); see file

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

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☐ 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**

CONSTRUCTION PERMIT

Date Issued
Control # C-11-004363
Permit #

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. 1st floor Radiology Brick Township, NJ
Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone:

Contractor: SANDY HOOK INTERIORS INC
Address: PO BOX 43660 21 W. Lincoln Avenue 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
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

ALTERATION - -COMMERCIAL removal of old mammography machine and install new one, new flooring, new paint

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 $12,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$120
Electrical	$100
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$21
CO Fee	
Other	$0
Total	$241
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.

- [x] 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.

M. J. 12/08/11

Rick from
Sandy Hook
732-859-1420

Looking for CA
for Acura Medical

Please call him

Anne Marie

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/2/11

Date Issued / Permit # 11-3610

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

Block 1170 Lot 16 Qualification Code

Work Site Location Ocean Medical Center

425 Jackmartin Blvd. Brick

Owner in Fee: Same

Tel. (732) 836 4077 e-mail

Address

Contractor: RDM Construction Corp (street, municipality) Tel. (732) 291 3435 (zip code)

Address 25 W. Lincoln Ave e-mail

Atlantic Highlands NJ 07716

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. 273 629660 FAX: (732) 291 3477

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	12/1/11	DGA

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 12-8-11

Approved by: KA/JM

SUBCODE APPROVAL for CERTIFICATE

[ ] 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 *	12/6/11		12/7/11	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:

State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 4000.00
3. Total (1+ 2) $ 4000.00

U.C.C. F110 (rev. 11/09)

* No Access / No 1 Present

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.

Sign here:

Print name here: Richard DiBaLo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal of old Equipment

Install New Flooring

paint walls

TYPE OF WORK:

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

1 White = Inspector Copy 2 Canary = Office Copy

3 Pink = Office Copy 4 Gold = Applicant Copy

11/20/61

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 12/2/11
Control #
Date Issued
Permit # 11-3610

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 -- Mammography Room (Phase II)
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee: Ocean Medical Center

Tel. ( ) e-mail

Address 425 Jack Martin Boulevard, Brick, NJ
street municipality zip code

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

Address 7 Debele Lane, Lincroft 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 $ 3,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required Approved 12/1/11

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-6-11
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			12-6-11	DD
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/6/11	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. Welgan
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Electric work per the drawings.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
11		Lighting Fixtures	
2		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
15		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	30	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Hook up Mammography machine.	

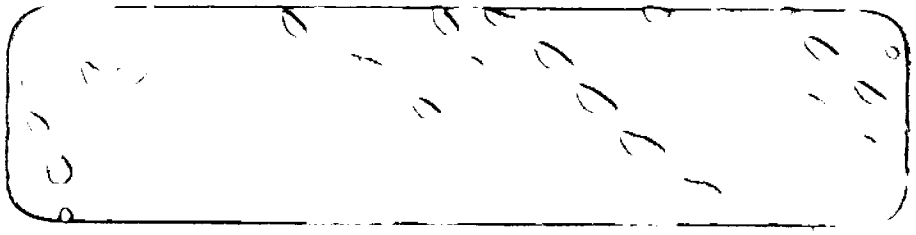
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

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
November 29, 2011
Ocean Medical Center
Stereotactic Mammography
DCA# 5158-11
FINAL RELEASE

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

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

November 29, 2011

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

RE: Ocean Medical Center
Stereotactic Mammography
DCA REF # 5158-11
FINAL RELEASE

Dear Mr. Saphire:

The Construction documents, which display the Department of Community Affairs, Health Care Plan Review, Final Release labels of **November 29, 2011** 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 system, as defined in IBC/NJ-2006, which are indicated in this construction document package, shall be submitted to this office for review and release prior to installation.

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

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

Sincerely,

Farivar Kiani, Supervisor
Construction Plans Approval
Health Care Plan Review

FK / EM
FILE:

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/2/11

Date Issued / Permit # 11-3610

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

Block 1170 Lot 16 Qualification Code

Work Site Location Ocean Medical Center

425 Jackmantin Blvd Brick

Owner in Fee: Same

Tel. (732) 836 4077 e-mail

Address

Contractor: RDM Construction Corp (street, municipality) Tel. (732) 291 3435 (zip code)

Address 21 W. Lincoln Ave e-mail

Atlantic Highlands NJ 07716

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. 273 629660 FAX: (732) 291 3477

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	12/2/11	DFA

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:

State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 4000.-
3. Total (1+ 2) $ 4000.00

U.C.C. F110
(rev. 11/09)

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.

Sign here:

Print name here: Richard DiSalvo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal of old Equipment
Install New Flooring
paint walls

TYPE OF WORK:

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 12/2/11
Control #

Date Issued
Permit # 11-3610

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 [illegible]
425 [illegible] BLD. [illegible]

Owner in Fee: [illegible]

Tel. (732) [illegible] 4077 e-mail

Address

Contractor: [illegible] Construction Corp. Tel. (732) 291 3435

Address [illegible] e-mail

[illegible] NJ 07716

(street / municipality / zip code)

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. 273 629660 FAX: (732) 291 3437

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	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				

(Dates (Month/Day))

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load
Max. Occupancy Load

Constr. Class Present ______ Proposed ______
If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 4000.-
3. Total (1+2) $ 4000.00

U.C.C. F110
(rev. 11/09)

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.

Sign here: [signature]

Print name here: [illegible]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Removal of all Equipment
Install New Flooring
paint walls

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

FEE (Office Use Only)
$

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 12/2/11

Date Issued / Permit # 11-3610

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 -- Mammography Room (Phase II)
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee: Ocean Medical Center

Tel. ( ) e-mail

Address 425 Jack Martin Boulevard, Brick, NJ
street municipality zip code

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

Address 7 Debele Lane, Lincroft 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 $ 3,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required 12-4-11

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

Date:
Approved by:

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.

Robert A. Walker
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Electric work per the drawings.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
11		Lighting Fixtures	
2		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
15		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	
1		AMP Service	
1	30	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Hook up Mammography machine.	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued 12/2/11
Permit # 11-3610

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 -- Mammography Room (Phase II)
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee: Ocean Medical Center

Tel. ( ) e-mail

Address 425 Jack Martin Boulevard, Brick, NJ
street municipality zip code

Contractor: R&A Electric, Inc., c/a MIDDLETOWN ELECTRIC Tel. (732) 495-5050

Address 7 Debele Lane, Lincroft 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 $ 3,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW [X] Date Initial
[ ] No Plans Required 12-14-11 VS

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

Date:
Approved by:

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 Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Electric work per the drawings.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
11		Lighting Fixtures	
2		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
15		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	
0		AMP Service	
1	30	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Hook up Mammography machine.	

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

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

HOLOGIC, INC.

MULTICARE PLATINUM
PRELIMINARY ROOM PLANS

OCEAN MEDICAL CENTER

BRICK, NJ

DRAWING LEGEND

SHEET	DESCRIPTION
1.0	COVER / TITLE
2.0	PRELIMINARY ROOM PLAN (OPTION 1)
2.1	PRELIMINARY ROOM PLAN (OPTION 2)
3.2	ELECTRICAL, GROUNDING NOTES
4.0	GENERAL NOTES

Hologic, Inc.,
35 Crosby Drive,
Bedford, MA 01730

HOLOGIC

PROPOSED

REV AUTHORIZED BY	DATE	DOCUMENT NUMBER	REV.
			0.1
REV DRAFTED BY	DATE	SIZE	B ARCH
REV RELEASE DATE			

OCEAN MEDICAL CENTER
PRELIMINARY ROOM PLAN
BRICK, NJ

THESE DRAWINGS ARE FOR REVIEWING PURPOSES ONLY

DATE: 08-11-11
SCALE: 3/8"=1'-0"
DRAWN BY: GRF
PURCHASE ORDER:

PROJECT NO: 11882P

SHEET NO: 1.0

EQUIPMENT LEGEND

N/A = NOT AVAILABLE

ITEM	DESCRIPTION	BTU/HR	WT/LBS	WIDTH	DEPTH	HEIGHT
1	LORAD MULTICARE PLATINUM GENERATOR	1,100	195 89kg	25" 64cm	15" 38cm	20" 51cm
2	LORAD MULTICARE PLATINUM BREAST BIOPSY TABLE		910 413kg	109" 277cm	61" 156cm	57" 145cm
3	LORAD MULTICARE PLATINUM VIEWING AND PROCESSING CONSOLE		253 115kg	36" 92cm	28" 71cm	62" 158cm
4	CUSTOMER SUPPLIED MOBILE X-RAY BARRIER – CUSTOMER INSTALLED	–	N/A	N/A	N/A	N/A
5	LORAD MULTICARE PLATINUM ACCESSORY CART	–	N/A	25.5" 65cm	42.9" 109cm	37" 94cm

NOTE 1: ALL RADIATION PROTECTION TO BE DESIGNED BY, OR APPROVED BY, CUSTOMER'S LICENSED RADIATION PHYSICIST.

NOTE 2: EQUIPMENT INSTALLERS WILL USE EXISTING WIREWAYS WHEREVER POSSIBLE. HOSPITAL ENGINEERING DEPARTMENT TO PROVIDE HOLOGIC SITE PLANNING OFFICE WITH AS BUILT DRAWINGS, SHOWING WIREWAY LOCATIONS AND ROUTING ABOVE CEILING AND BELOW FLOOR.

NOTE 3: MULTICARE PLATINUM GENERATOR POWER IS TO BE PERMANENTLY WIRED ONLY. USE OF PLUG AND RECEPTACLE FOR GANTRY POWER IS NOT ALLOWED.

NOTE 4: THE ACCESSORY CART MAY NEED TO BE KEPT IN A CLOSET, OR PULLED OUT INTO THE ROOM TO ALLOW FOR TABLE TRAVEL.

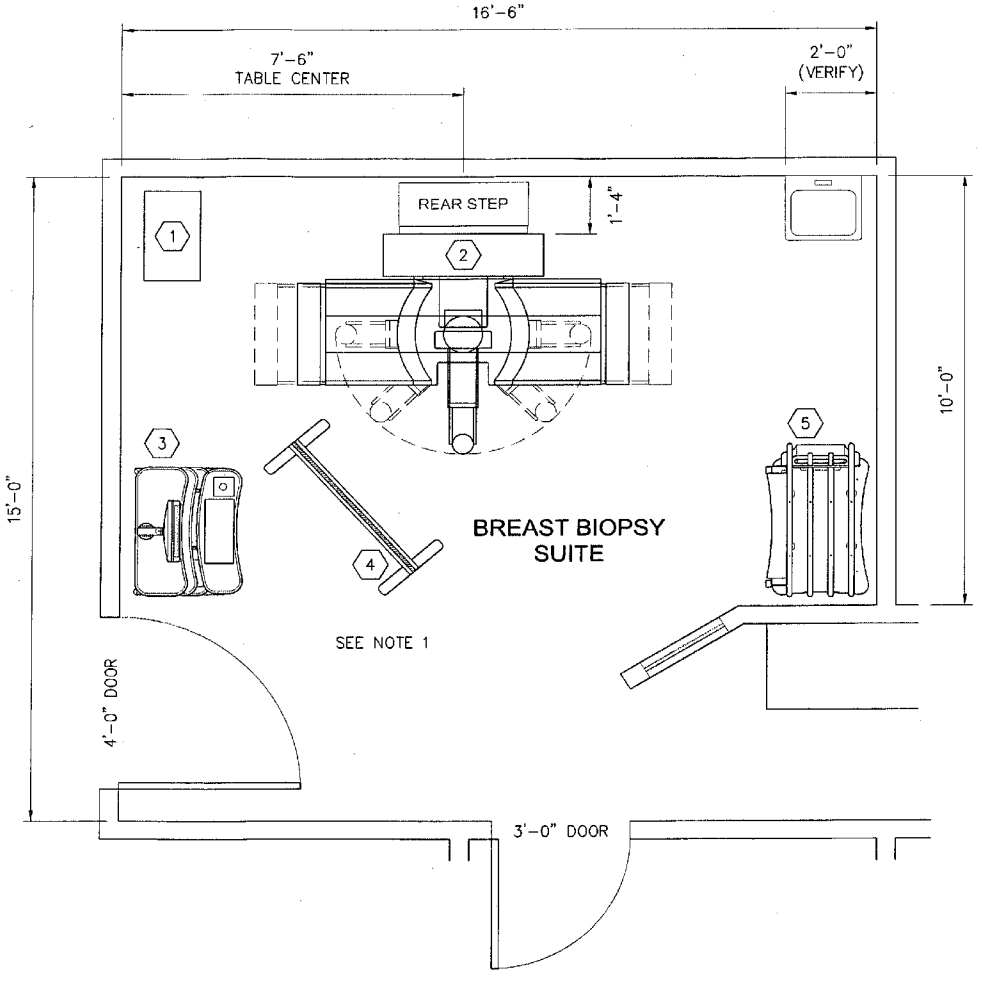
SITE CONDITIONS FOR MULTICARE PLATINUM SYSTEM

RECOMMENDED CEILING HEIGHT	8'–0" A.F.F.
MINIMUM RECOMMENDED ROOM SIZE	12'–0" X 12'–0"
AMBIENT CONDITIONS:	50 – 95 DEGREE F. (10–35°C)
OPERATING TEMPERATURE	MAXIMUM ALLOWABLE TEMPERATURE CHANGE OF 15 DEGREES (F)/HOUR.
RELATIVE HUMIDITY	20 – 80 %, NON CONDENSING. MAXIMUM ALLOWABLE CHANGE, 10% /HOUR

EQUIPMENT ENTRY REQUIREMENTS:

MINIMUM CORRIDOR WIDTH	5'–0" (183 cm)
MINIMUM DOOR WIDTH	2'–6" x 6'–8" (76 cm x 203 cm)
RECOMMENDED DOOR WIDTH	4'–0" x 7'–0" (122 cm x 213 cm)

NOTE: THE EQUIPMENT LAYOUT, ROOM DIMENSIONS, ELECTRICAL AND MECHANICAL DETAILS, ARE BASED ON THE BEST INFORMATION AVAILABLE FROM THE SITE, IN ADDITION TO THE CUSTOMER'S KNOWN REQUIREMENTS. ARCHITECTURAL OR ELECTRICAL CHANGES, INCLUDING RELOCATION OF EQUIPMENT ILLUSTRATED IN THIS DRAWING, ARE ALLOWED ONLY WITH NOTIFICATION IN WRITING, AND REVIEW BY HOLOGIC SERVICE DEPT.. HOLOGIC RESERVES THE RIGHT TO MAKE CHANGES BASED ON THE CUSTOMER'S WISHES, OR PROBLEMS WITH CONSTRUCTION, ETC.



MULTICARE PLATINUM EQUIPMENT PLAN

OPTION 1

Hologic, Inc., 35 Crosby Drive, Bedford, MA 01730

PROPOSED

REV AUTHORED BY	DATE	DOCUMENT NUMBER	REV 0.1
REV DRAFTED BY	DATE		
REV RELEASE DATE		SIZE B ARCH	

OCEAN MEDICAL CENTER
PRELIMINARY ROOM PLAN
BRICK, NJ

THESE DRAWINGS ARE FOR REVIEWING PURPOSES ONLY

DATE: 08-11-11
SCALE: 3/8"=1'-0"
DRAWN BY: CRF
PURCHASE ORDER:

PROJECT NO: 11882P

SHEET NO: 2.0

EQUIPMENT LEGEND
N/A = NOT AVAILABLE

ITEM	DESCRIPTION	BTU/HR	WT/LBS	WIDTH	DEPTH	HEIGHT
1	LORAD MULTICARE PLATINUM GENERATOR	1,100	195 89kg	25" 64cm	15" 38cm	20" 51cm
2	LORAD MULTICARE PLATINUM BREAST BIOPSY TABLE		910 413kg	109" 277cm	61" 156cm	57" 145cm
3	LORAD MULTICARE PLATINUM VIEWING AND PROCESSING CONSOLE		253 115kg	36" 92cm	28" 71cm	62" 158cm
4	CUSTOMER SUPPLIED MOBILE X-RAY BARRIER * EXISTING SHIELD WALL TO BE USED *	–	N/A	N/A	N/A	N/A
5	LORAD MULTICARE PLATINUM ACCESSORY CART	–	N/A	25.5" 65cm	42.9" 109cm	37" 94cm

NOTE 1: ALL RADIATION PROTECTION TO BE DESIGNED BY, OR APPROVED BY, CUSTOMER'S LICENSED RADIATION PHYSICIST.

NOTE 2: EQUIPMENT INSTALLERS WILL USE EXISTING WIREWAYS WHEREVER POSSIBLE. HOSPITAL ENGINEERING DEPARTMENT TO PROVIDE HOLOGIC SITE PLANNING OFFICE WITH AS BUILT DRAWINGS, SHOWING WIREWAY LOCATIONS AND ROUTING ABOVE CEILING AND BELOW FLOOR.

NOTE 3: MULTICARE PLATINUM GENERATOR POWER IS TO BE PERMANENTLY WIRED ONLY. USE OF PLUG AND RECEPTACLE FOR GANTRY POWER IS NOT ALLOWED.

NOTE 4: THE ACCESSORY CART MAY NEED TO BE KEPT IN A CLOSET, OR PULLED OUT INTO THE ROOM TO ALLOW FOR TABLE TRAVEL.

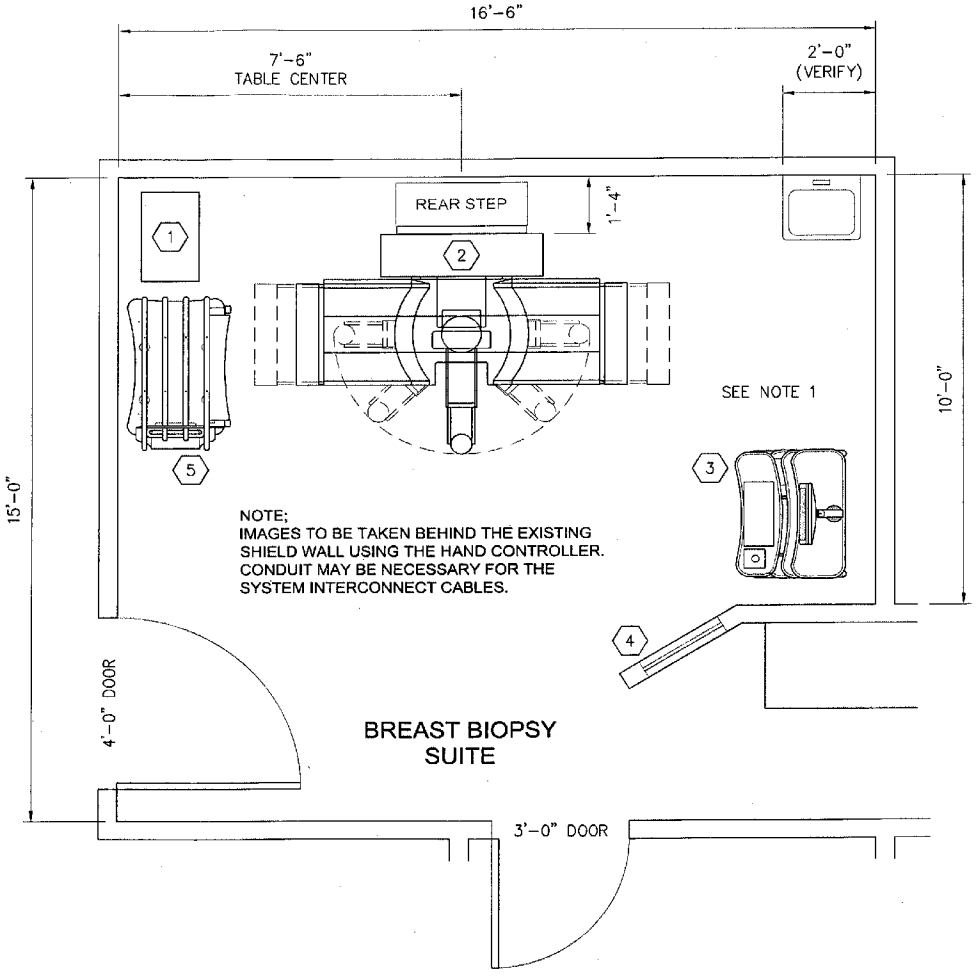
SITE CONDITIONS FOR MULTICARE PLATINUM SYSTEM

RECOMMENDED CEILING HEIGHT	8'–0" A.F.F.
MINIMUM RECOMMENDED ROOM SIZE	12'–0" X 12'–0"
AMBIENT CONDITIONS:	50 – 95 DEGREE F. (10–35°C)
OPERATING TEMPERATURE	MAXIMUM ALLOWABLE TEMPERATURE CHANGE OF 15 DEGREES (F)/HOUR.
RELATIVE HUMIDITY	20 – 80 %, NON CONDENSING. MAXIMUM ALLOWABLE CHANGE, 10% /HOUR

EQUIPMENT ENTRY REQUIREMENTS:

MINIMUM CORRIDOR WIDTH	6'–0" (183 cm)
MINIMUM DOOR WIDTH	2'–6" x 6'–8" (76 cm x 203 cm)
RECOMMENDED DOOR WIDTH	4'–0" x 7'–0" (122 cm x 213 cm)

NOTE: THE EQUIPMENT LAYOUT, ROOM DIMENSIONS, ELECTRICAL AND MECHANICAL DETAILS, ARE BASED ON THE BEST INFORMATION AVAILABLE FROM THE SITE, IN ADDITION TO THE CUSTOMER'S KNOWN REQUIREMENTS. ARCHITECTURAL OR ELECTRICAL CHANGES, INCLUDING RELOCATION OF EQUIPMENT ILLUSTRATED IN THIS DRAWING, ARE ALLOWED ONLY WITH NOTIFICATION IN WRITING, AND REVIEW BY HOLOGIC SERVICE DEPT.. HOLOGIC RESERVES THE RIGHT TO MAKE CHANGES BASED ON THE CUSTOMER'S WISHES, OR PROBLEMS WITH CONSTRUCTION, ETC.



MULTICARE PLATINUM EQUIPMENT PLAN
OPTION 2

PROPOSED

Hologic, Inc., 35 Crosby Drive, Bedford, MA 01730

HOLOGIC

REV AUTHORED BY: DATE: DOCUMENT NUMBER: REV: 0.1

REV DRAFTED BY: DATE: SIZE: B ARCH

REV RELEASE: DATE:

OCEAN MEDICAL CENTER
PRELIMINARY ROOM PLAN
BRICK, NJ

THESE DRAWINGS ARE FOR REVIEWING PURPOSES ONLY

DATE: 08-11-11
SCALE: 3/8"=1'-0"
DRAWN BY: CRF
PURCHASE ORDER:

PROJECT NO: 11882P

SHEET NO: 2.1

ELECTRICAL USE REQUIREMENTS

REQUIREMENT	GENERATOR	DSM
INPUT LINE VOLTAGE	200,208, 220, 230, 240 VAC	120VAC
INPUT CURRENT	35 AMP BREAKER	20 AMP, DUPLEX OUTLET
FREQUENCY	50-60 HZ, SINGLE PHASE	
	GENERATOR IS TO BE PERMANENTLY WIRED. USE OF PLUG AND RECEPTACLE ARE NOT ALLOWED.	HOSPITAL GRADE RECEPTACLE IS REQUIRED

PHYSICAL AND ENVIRONMENTAL REQUIREMENTS

OPERATING TEMPERATURE RANGE	50 – 95 DEGREE F. (10–35°C)
OPERATING HUMIDITY RANGE	20 – 80 % , NON CONDENSING.

MAMMOGRAPHY SYSTEM SPECIFICATIONS

SYSTEM

INPUT LINE . . . . . 200-240 VAC SINGLE PHASE, (±10%), 35 AMP BREAKER, 50-60HZ

RADIATION SHIELD CUSTOMER SUPPLIED

CUSTOMER MUST CONTACT A QUALIFIED RADIATION PHYSICIST TO DETERMINE IF PROTECTION IS NEEDED FOR ROOM.

DICOM, PACS, LANS/WANS, ETHERNET, MODEMS

NETWORKING NOTES: SUPPLYING AND INSTALLING NETWORK CONNECTIONS BETWEEN DIAGNOSTIC IMAGING EQUIPMENT AND OTHER NODE CONNECTIONS SHALL BE THE CUSTOMER'S RESPONSIBILITY. CUSTOMER MUST SPECIFY, SUPPLY AND INSTALL PROPER RECEPTACLES, AUI TRANSCEIVERS, CABLING, REPEATERS, ROUTERS, MODEMS, ETC. WHICH ARE CONSISTENT WITH THE SITE NEEDS AND SOUND NETWORK IMPLEMENTATION PRACTICES. ALSO INCLUDED, BUT NOT LIMITED TO, THE CUSTOMER'S RESPONSIBILITY IS THE PURCHASE AND INSTALLATION OF CONDUITS AND / OR RACEWAYS FOR CONTAINMENT AND ROUTING OF NETWORKING CABLES, AS DETERMINED BY SITE CONDITIONS OR REQUIRED BY PREVAILING CODES.

SUPPLEMENTAL NOTES

ALL ITEMS LISTED BELOW ARE TO BE PROVIDED / DESIGNED BY THE ARCHITECT.
THE ARCHITECT SHALL CONSULT WITH THE CUSTOMER FOR ANY ADDITIONAL INFORMATION.

1. ALL DIAGNOSTIC ROOMS INCLUDING X-RAY, MAMMO, R/F ETC... SHALL HAVE INCANDESCENT AS WELL AS FLORESCENT LIGHT FIXTURES. THE INCANDESCENT FIXTURES ARE TO BE DISTRIBUTED AROUND THE ROOM. INCANDESCENT FIXTURES SHOULD BE PROVIDED WITH DIMMER CONTROLS. THE DIMMER CONTROLS SHOULD BE LOCATED NEAR THE ROOM ENTRANCES AND IN THE CONTROL AREAS.
2. IT IS RECOMMENDED THAT ALL DIAGNOSTIC ROOMS AND DARKROOMS SHOULD HAVE TILE OR VINYL FLOORING. THIS SHOULD INCLUDE ANY AREA THAT IS LOCATED NEAR A FILM PROCESSOR LOCATED IN A DARK AREA OR LIGHT AREA.
3. THE DARKROOM SHALL BE VENTED AT A RATE OF 10 AIR CHANGES PER HOUR. THIS IS IN ADDITION TO ANY DIRECT EQUIPMENT VENTING THAT MAY BE SPECIFIED.
4. A TILE DROP CEILING IS RECOMMENDED FOR ANY DIAGNOSTIC ROOMS AND SOLID DRYWALL CEILING IS REQUIRED FOR ALL DARK ROOMS. THE DRYWALL OR GYPSUM BOARD CEILING SHOULD BE COATED WITH A CHEMICAL RESISTANT SURFACE COVER SUCH AS AN APPROPRIATE RESISTANT PAINT.
5. ALL CABINETRY WORK IS TO BE DESIGNED AND PROVIDED BY THE ARCHITECT WITH THE FOLLOWING IN MIND.
   A. PROVIDE HINGED OR REMOVABLE COVERS OVER REPLENTISHER TANKS AND SINKS THAT ARE LOCATED INSIDE OR NEAR THE DARKROOM.
   B. ALL COUNTERS SHALL HAVE ROUNDED CORNERS.
   C. ANY CABINETRY LOCATED IN THE DARKROOM SHOULD NOT HAVE DRAWERS.
6. IF A DARKROOM LAYOUT IS PROVIDED THEN A CHEMICAL DRAIN LOCATION WILL BE GIVEN, IT IS THE ARCHITECT AND CUSTOMERS RESPONSIBILITY TO DETERMINE A SUITABLE CHEMICAL DISPOSAL PROCEDURE. THE ONLY INFORMATION THAT WILL BE SPECIFIED ON THIS PRINT IS AN APPROXIMATE DRAIN LOCATION AND A MINIMUM DRAIN SIZE.

GROUNDING NOTES

* FIELD VERIFY ACTUAL APPLICATION WITH HOLOGIC'S FIELD REP.

THE SOURCE GROUND CONNECTION FOR THIS SYSTEM WILL BE THE GROUND SIDE OF THE NEUTRAL TO GROUND BONDING POINT FOR THE POWER DELIVERED TO THIS SYSTEM. THE SOURCE WILL BE EITHER THE MAIN SERVICE ENTRANCE PANEL OR A SEPARATELY DERIVED SOURCE, SUCH AS AN ISOLATION TRANSFORMER. SYSTEM LOCALIZED COLD WATER PIPING OR BUILDING STEEL ARE NOT ACCEPTABLE GROUND SOURCE CONNECTION POINTS. THE SOURCE GROUND CONDUCTOR SHALL BE OF THE SAME SIZE AND TYPE AS THE PHASE CONDUCTORS SUPPLYING THE SYSTEM. REFER TO LOCAL AND NATIONAL ELECTRICAL CODES FOR GROUNDING REQUIREMENTS.

WIRING NOTES

ELECTRICAL CONTRACTOR SHALL FURNISH AND INSTALL ALL CONDUITS, WIRE, WIREWAYS, DISTRIBUTION TRANSFORMERS, JUNCTION BOXES, ENCLOSURES, CIRCUIT BREAKERS, ETC. ALL WIRES TO BE THHN TYPE, STRANDED COPPER UNLESS OTHERWISE SPECIFIED. THE ELECTRICAL CONTRACTOR SHALL SUPPLY LUG PAIRS OF #8 OR GREATER FOR ALL CABLES LISTED WITHIN THE SCOPE OF THIS WORK. CONDUIT AND DUCT RUNS ARE SHOWN SCHEMATICALLY. ACTUAL BUILDING CONDITIONS WILL DETERMINE CONDUIT AND DUCT ROUTES. CONDUIT TURNS TO HAVE LARGE SWEEPING BENDS WITH MINIMUM RADIUS AS SPECIFIED IN NEC ART. 346-10. IF LARGE BENDS IN CONDUIT ARE NOT POSSIBLE, USE SERVICE ENTRANCE ELBOW CONNECTORS TO AVOID DAMAGE TO CABLE. ELECTRICAL CONTRACTOR TO PROVIDE 10'-0" TAILS FOR ALL WIRES UNLESS OTHERWISE SPECIFIED AND IDENTIFY BOTH ENDS OF ALL WIRES. ELECTRICAL CONTRACTOR SHALL MAKE EVERY EFFORT TO ENSURE THAT POINT TO POINT CONDUIT RUNS ARE AS SHORT AS FIELD CONDITIONS ALLOW. LEAVE PULL WIRE IN EMPTY CONDUITS. WORK SHALL COMPLY WITH REGULATORY AGENCIES OF JURISDICTION ALL SUCH AGENCIES SUPERSEDE THESE DRAWINGS AND MUST BE ADHERED TO. THE ELECTRICAL CONTRACTOR SHALL BE RESPONSIBLE FOR SCRUTINIZING THESE DRAWINGS AND SHALL MAKE CORRECTIONS ACCORDING TO PREVAILING CODES. NOTE: CONDUITS MAY BE INCREASED IN SIZE BUT NEVER DECREASED WITHOUT CONSENT FROM THE EQUIPMENT REPRESENTATIVES. ELECTRICAL CONTRACTOR SHALL BE RESPONSIBLE FOR INSTALLING THE PATIENT GROUNDING NETWORK PER NATIONAL ELECTRIC CODE ARTICLE 517 AND NFPA 70. ALL CONDUIT SHALL BE RIGID TYPE UNLESS SPECIFIED OTHERWISE IN THIS DRAWING SET. ALL CONDUIT RUNS EXPOSED TO WET ENVIRONMENTS SHALL BE MADE LIQUID TIGHT. (e.g. UNDERGROUND, ETC.) ALL FLUSH MOUNTED ELECTRICAL BOXES AND WIRE TROUGHS SHALL HAVE OVERSIZED COVER PLATES. ALL FLUSH MOUNTED ELECTRICAL BOXES AND WIRE TROUGHS EXPOSED TO A WET ENVIRONMENT SHALL BE MADE LIQUID TIGHT. (e.g. IN FLOOR, ETC.) THE ELECTRICAL CONTRACTOR SHALL INSTALL, PROVIDE POWER TO AND CONNECT THE FOLLOWING IF REQUIRED: THE "X-RAY IN USE" WARNING SIGN; THE 120VAC, 15AMP RECEPTACLE; THE DOOR INTERLOCK SWITCH; THE EMERGENCY OFF SWITCH; ANDTHE 120VAC, DUPLEX OUTLETS FOR SERVICE AND HOUSEKEEPING DESCRIBED IN THE GENERAL NOTES ITEM #6.

Hologic, Inc., 35 Crosby Drive, Bedford, MA 01730
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OCEAN MEDICAL CENTER
PRELIMINARY ROOM PLAN
BRICK, NJ

THESE DRAWINGS ARE FOR REVIEWING PURPOSES ONLY

DATE: 08-11-11
SCALE: 3/8"=1'-0"
DRAWN BY: CRF
PURCHASE ORDER:
PROJECT NO: 11882P
SHEET NO: 3.2

GENERAL NOTES

THE DRAWINGS AND SPECIFICATIONS CONTAINED IN THIS PACKAGE ARE DESIGNED TO CONFORM TO STRUCTURAL FEATURES AND EQUIPMENT REQUIREMENTS PRESENTED AT THE TIME OF THEIR PREPARATION. HOWEVER, SINCE THESE FACTORS ARE SUBJECT TO DESIGN MODIFICATIONS, THE DRAWINGS ARE NOT TO BE USED AS CONSTRUCTION DOCUMENTS. CONSTRUCTION PLANS ARE THE RESPONSIBILITY OF THE CUSTOMER'S ARCHITECT OR ENGINEER, WHO SHALL SEE THAT ALL APPLICABLE CODES AND REGULATIONS ARE COMPLIED WITH. ANY CHANGES MUST BE BROUGHT TO THE ATTENTION OF THE HOLOGIC PLANNING OFFICE OR THE OFFICE OF THE MANUFACTURER'S REPRESENTATIVE SUPERVISING THE PRE-INSTALLATION WORK SITE. ALL FINAL DRAWINGS MUST BE SUBMITTED TO HOLOGIC FOR REVIEW.

ALL DIMENSIONS ARE GIVEN FROM FINISHED SURFACES. WHERE DIMENSIONS ARE NOT GIVEN, FIELD MEASUREMENTS SHOULD BE TAKEN. ALL EXISTING CONDITIONS ARE TO BE VERIFIED BY THE CUSTOMER'S CONTRACTOR, AND ANY DISCREPANCIES SHOULD BE BROUGHT TO THE ATTENTION OF THE HOLOGIC PLANNING OFFICE.

EQUIPMENT PURCHASER SHALL; AT HIS EXPENSE, PROVIDE THE NECESSARY LABOR AND MATERIAL FOR ANY PLUMBING, CARPENTRY, STRUCTURAL AND ELECTRICAL WORK SUCH AS REINFORCEMENT, CONDUITS, WIREWAYS, SWITCHES, ETC., WHICH MAY BE REQUIRED FOR THE INSTALLATION OF X-RAY ROOM EQUIPMENT. HOLOGIC ASSUMES NO RESPONSIBILITY FOR ANY CONSTRUCTION COSTS WHETHER OR NOT RELATED TO THE INSTALLATION OF OUR EQUIPMENT NO WORK MAY BE PERFORMED OR MATERIALS FURNISHED AT OUR EXPENSE, UNLESS AUTHORIZED BY A SIGNED, FORMAL HOLOGIC PURCHASE ORDER

THE CUSTOMER, AT HIS EXPENSE, SHALL EMPLOY A REGISTERED PHYSICIST TO SPECIFY RADIATION PROTECTION.

THE CUSTOMER'S ARCHITECT SHALL VERIFY THAT ALL DOOR AND PASSAGE SIZES ARE ADEQUATE FOR DELIVERY OF EQUIPMENT FROM EXTERIOR, INTO THE ROOM. IF PROFESSIONAL RIGGING SERVICES ARE REQUIRED, THESE SHALL BE PROVIDED AT THE CUSTOMER'S EXPENSE.

ALL NEW FINISHED FLOOR SURFACES SHOULD BE LEVEL. THE FLOOR AREA UNDER THE EQUIPMENT BASES, EXTENDING 3'-0" IN ALL DIRECTIONS AROUND EACH BASE, MUST BE LEVELLED, USING A CARPENTER'S LEVEL OF APPROPRIATE LENGTH, TO WITHIN 1/16".

THE CUSTOMER'S CONTRACTOR SHALL OBTAIN ALL PERMITS NECESSARY FOR CONSTRUCTION.

THE DELIVERY AND INSTALLATION OF RADIOLOGY EQUIPMENT, SHALL NOT COMMENCE UNTIL HOLOGIC HAS RECEIVED NOTIFICATION BY THE CUSTOMER OR HIS ARCHITECT, THAT THE CONSTRUCTION PHASE HAS BEEN COMPLETED AND THE ENVIRONMENT IS CLEAN AND DUST FREE.

ALL BUILDING UTILITIES SERVICING THE SITE SHALL BE OPERATIONAL.

THE CUSTOMER AND A HOLOGIC REPRESENTATIVE SHALL INSPECT AND ACCEPT THE ROOM BEFORE WORK BEGINS ON THE INSTALLATION OF EQUIPMENT. IF ROOM PREPARATION IS INCOMPLETE OR INCORRECT, THE CUSTOMER'S CONTRACTOR IS RESPONSIBLE FOR THE COST OF CORRECTING ANY PROBLEMS.

ARCHITECTURAL NOTES

1. THIS SET OF DRAWINGS ARE FOR THE PURPOSE OF A LAYOUT PLAN ONLY - NOT FOR CONSTRUCTION. THESE DRAWINGS ARE FOR THE BENEFIT OF PURCHASER'S ARCHITECT OF CHOICE. THE ARCHITECT AND BUILDING CONTRACTORS SHALL CONVERT THIS LAYOUT INTO WORKING AND CONSTRUCTION DRAWINGS OBSERVING ALL PREVAILING CODES. THESE DRAWINGS ARE INTENDED TO PROVIDE THE CONSTRUCTION PARTICIPANTS WITH SPECIFICATION AND CONCEPTUAL INFORMATION ONLY. EVERY EFFORT HAS BEEN MADE TO CONFORM DETAILS TO THE ACTUAL EQUIPMENT EXPECTED TO BE INSTALLED. THIS FLOOR PLAN WAS SCALED FROM PRINTS DRAWN BY OTHERS. ALL CONSTRUCTION PARTICIPANTS SHALL VERIFY AND ADJUST DIMENSIONS. CRITICAL DIMENSIONAL RELATIONSHIPS HAVE BEEN SUPPLIED. IT IS THE RESPONSIBILITY OF ALL CONSTRUCTION PARTICIPANTS TO ADHERE TO THESE DISTANCES. ALL DIMENSIONS ARE FROM FINISHED SURFACES UNLESS OTHERWISE NOTED. ARCHITECT SHALL VERIFY THAT ALL DOOR AND PASSAGEWAY SIZES ARE ADEQUATE FOR TRANSPORTING EQUIPMENT FROM EXTERIOR OF BUILDING INTO RESPECTIVE ROOMS. RECOMMEND COVERING OR REMOVING THRESHOLDS. THE EQUIPMENT REPRESENTATIVES OR THEIR DESIGNER ARE NOT RESPONSIBLE OR LIABLE FOR ANY ERRORS OR OMISSIONS. THOSE MAKING USE OF OR RELYING ON THIS MATERIAL ASSUMES ALL RISKS AND LIABILITY ARISING FROM SUCH USE OR RELIANCE. ALL CONSTRUCTION SHALL COMPLY WITH BUILDING CODES AND REGULATIONS THAT HAVE JURISDICTION.
2. ALL SUPPLY DIFFUSERS SHALL NOT CAUSE DIRECT AIR CURRENTS ON PATIENTS OR OPERATORS. RECOMMEND 2' x 4' LAY-IN CEILING PANELS OF MATERIAL ACCEPTABLE TO CUSTOMER AND APPROVED BY PREVAILING CODES. LIGHTING FIXTURES, VENTS, ETC. TO BE FLUSH WITH FINISHED CEILING. DIMMERS SHOULD BE USED TO CONTROL LIGHT LEVELS, ESPECIALLY IN CONTROL AND EXAM AREAS. LOCATE DIMMERS CONVENIENT TO CONTROL AREA.
3. ARCHITECT AND ENGINEERS SHALL USE EXISTING ELECTRICAL AND STRUCTURAL ITEMS WHEN FEASIBLE.
4. ALL WORK EXCEPT INSTALLATION OF DIAGNOSTIC IMAGING EQUIPMENT IS TO BE DONE BY OTHERS THAN THE EQUIPMENT REPRESENTATIVES.
5. SOME CONVENIENCES MAY BE REQUIRED BY CODE OR DESIRED BY CUSTOMER IN EACH RESPECTIVE ROOM (i.e., CASSETTE STORAGE, ILLUMINATORS, CABINETS, SINKS AND COUNTER SPACE). PLEASE CONSULT WITH CUSTOMER WITH REGARDS TO DESIRED CONVENIENCES.
6. ELECTRICAL POWER FOR X-RAY EQUIPMENT REQUIRES VERY LARGE CURRENTS FOR EXTREMELY SHORT TIMES WHILE THE SUPPLY VOLTAGE MUST REMAIN RELATIVELY STABLE. REFER TO ELECTRICAL NOTES. GROUNDING MUST CONFORM TO THE CURRENT REQUIREMENTS FOR ELECTRICALLY SUSCEPTIBLE PATIENT AREAS.
7. VIEWING WINDOW (IF APPLICABLE) TO BE 1/16" LEAD EQUIVALENT. RECOMMEND LARGE VIEWING WINDOWS TO BE TILTED 7° TO HELP ELIMINATE GLARE. IF VIEWING WINDOW IS ACRYLIC, PROVIDE A SINGLE SHEET OF PLATE GLASS ON BOTH SIDES TO HELP PREVENT SCRATCHING.
8. NO ATTENTION HAS BEEN GIVEN TO SPECIFIC PLUMBING OR HVAC CONSIDERATIONS AFFECTED BY THE SCOPE OF THIS WORK. ENGINEERING DRAWINGS TO BE DONE BY OTHERS. ELECTRICAL AND MECHANICAL DESIGNERS SHALL BE REQUIRED TO REVIEW THESE DRAWINGS TO HELP THEM GAIN AN UNDERSTANDING OF THE CONCEPT OF THIS WORK AND TO HELP MINIMIZE CONFLICTING CONSTRUCTION EFFORTS. NO ATTENTION HAS BEEN GIVEN TO SPECIFIC BUILDING STRUCTURAL INTEGRITY. A PROFESSIONAL STRUCTURAL ENGINEER SHALL INSPECT FIELD CONDITIONS TO ENSURE THAT THE FACILITY SUPPORT STRUCTURE (e.g. WALLS, FLOORS, CEILINGS) CAN PROVIDE ADEQUATE SUPPORT FOR THE DIAGNOSTIC IMAGING EQUIPMENT DESCRIBED IN THE EQUIPMENT SCHEDULE. NO ATTENTION HAS BEEN GIVEN TO SPECIFIC SEISMIC ANCHORAGE CONSIDERATIONS AFFECTED BY THE SCOPE OF THIS WORK. ALL EXPENSES ASSOCIATED WITH SEISMIC TESTING AND COMPLIANCE SHALL BE THE RESPONSIBILITY OF THE CUSTOMER (END USER) OR THEIR RESPECTIVE CONTRACTORS OF CHOICE. IT IS STRONGLY RECOMMENDED THAT THE CUSTOMER CONSULTS WITH A PROFESSIONAL STRUCTURAL ENGINEER FAMILIAR WITH ALL PREVAILING SEISMIC REQUIREMENTS. ENGINEERING DRAWINGS BY OTHERS.
9. THE EQUIPMENT REPRESENTATIVES PRIOR TO CHANGES MUST APPROVE DEVIATION FROM THESE PLANS IN WRITING.

Hologic, Inc., 35 Crosby Drive, Bedford, MA 01730

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