BLOCK 1170 LOT 18.4 QUALIFICATION CODE ____ ADDRESS (SITE) 425 Jack Martin Blvd PERMIT NO. 07-2856

CONSTRUCTION PERMIT APPLICATION

C07-002757

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

I. IDENTIFICATION

1. Proposed Work Site at: Ocean Medical Center 425 Jack Martin Blvd
2. Name of Owner in Fee: Ocean Medical Center Tel. (732) 836 4077
   Address 425 Jack Martin Blvd (street) Brick NJ (municipality) (zip code)
3. Ownership in fee: Public ____ Private X
4. Principal Contractor: Sandy Hook Interiors Tel. (732) 291 3435
   Address PO Box 436 Atl. Highlands NJ 07716
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 222 41 8974 FAX: ( )
5. Architect or Engineer Saphiro Associates Tel. (609) 921 3935
   Address 20 Nassau St Princeton NJ Contact ED Alberson
6. Responsible Person in Charge once Work has Begun Richard Dietz
   Tel. (732) 291 3435 FAX: (732) 291 3437

interior renovation patient fitness center

called 9/11/07 [illegible]

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 1380		
2.	Electrical	175		
3.	Plumbing	90		
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$ 1355		
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 1645		

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		

plans file #9

COMMERCIAL

II. PROPOSED WORK

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
		[initials]	6/8/07		9-7-07	[initials]	11/28/07		
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☒ b. Alteration	60,000								
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☒ Plumbing	19,800				7/3/07	[initials]	12-24-07		
7. ☒ Electrical	20,000				7/6/07	[initials]	12-24-07		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8	//////								
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition	4500								
TOTAL COSTS	104300								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction
   After Construction
   Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group: I-2
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

LDS BR-B 10678592

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.vii:

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. 5:32-2.15(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 Sandy Hook Interiors

Address PO Box 436

Atlantic Highlands NJ 07716

Telephone (732) 291-3435

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		*Name of Code & Edition*		
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

ANY BUILDING QUESTIONS
CALL 732-262-1027

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	12/13/2007
Control Number	C-07-002757
Permit Number	07-2856
Permit Issue Date	09/11/2007
Certificate Number	07-2856

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Owner Address: 425 JACK MARTIN BLVD. BRICK NJ

Telephone: (732) 836-4077

Contractor SANDY HOOK INTERIORS INC

Address PO BOX 43660 ATLANTIC HIGHLANDS NJ 07732

Telephone: (732) 291-3435 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Used: INTERIOR ALTERATION(S) REMOVAL OF WALLS, CABINETS, CEILING, INSTALLATION OF NEW AND 2-SHOWER .....

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: 12/13/2007

CONSTRUCTION PERMIT

Date Issued 9/11/2007
Control # C-07-002757
Permit # 07-2856

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. , NJ
Owner in Fee NORTHERN OCEAN HOSPITAL SYSTEM INC
425 JACK MARTIN BLVD. BRICK NJ
Telephone: (732) 836-4077

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

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INTERIOR ALTERATION(S) REMOVAL OF WALLS, CABINETS, CEILING, INSTALLATION OF NEW AND 2-SHOWER .....

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $99,800

Construction Official Date

PAYMENTS (Office Use Only)

Building	$1,380
Electrical	$40
Plumbing	$90
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$135
CO Fee	
Other	$0
Total	$1,645
Check No.	6673
Cash	$0
Credit	$0
Collected By	Inspection Account

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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-2856

Date Issued / Permit # 9-11-07

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

Block 1170 Lot 18.01 Qualification Code

Work Site Location Ocean Medical Center

425 Jackmartin Blvd. Brick NJ

Owner in Fee: Same

Tel. (732) 836 4077 e-mail

Address

Contractor: Sandy Kook Interiors (street, municipality) Tel. (732) 291 3435 (zip code)

Address PO Box 436 Atl. Highlands e-mail

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

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

Federal Emp. ID No. 222 41 8974 FAX: (732) 291 3437

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	9-7-07	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 11-26-07
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame - OVER				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free			11/28/07	

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present X Proposed

Constr. Class Present X 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 $ 60,000
3. Total (1+ 2) $ 60,000

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal of walls, cabinets ceiling, installation of New and 2- shower Rms

See Revised Plans

TYPE OF WORK:

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

FEE (Office Use Only)

$

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

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

10/09/07 Partial Frame Insp. - (2) B.F. Baths - Int. shower walls
soffit @ Phys. Therapy Area

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-2556

Date Issued / Permit # 9-11-07

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

Block 1170 Lot 18.01 Qualification Code

Work Site Location Ocean Medical Center

425 Jackmartin Blvd. Brick NJ

Owner in Fee: Same

Tel. (732) 836 4077 e-mail

Address

Contractor: Sandy Kook Interiors (street, municipality) Tel. (732) 291 3435 (zip code)

Address Po Box 436 Atl. Highlands e-mail

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

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

Federal Emp. ID No. 222 41 8974 FAX: (732) 291 3437

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [X] All 9-7-07 MV
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

Joint Plan Review Required:

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

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

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				

B. BUILDING CHARACTERISTICS

Use Group Present X Proposed

Constr. Class Present X 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 $ 60,000
3. Total (1+ 2) $ 60,000

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal of walls, cabinets ceiling, installation of New and 2- Shower Pans

See Revised Plans

TYPE OF WORK:

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-2856

Date Issued / Permit # 9-11-07

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

Block 1170 Lot 18.01 Qualification Code

Work Site Location Ocean Medical Center, Life Fitness Center
425 Jack Martin Boulevard, Brick

Owner in Fee Ocean Medical Center

Address 425 Jack Martin Boulevard 9089029711
Brick, NJ

Tel (732) 836 4077 MIKE 785 6022

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

Address 7 Debele Lane
Lincroft, NJ 07738

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

Contractor License No. 7246

Federal Emp. No. 22-3282269

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 20,000.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
30		Lighting Fixtures
33		Receptacles
6		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
1		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
70		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
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

$ COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

Date: 7/1/07

Approved by: MW

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 11/29/07

Approved by: MW

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough CEILING			10/22/07	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/28/07	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 07-2856
Control #

Date Issued 9-11-07
Permit #

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

Block 1170 Lot 18.01 Qualification Code

Work Site Location Ocean Medical Center, Life Fitness Center
425 Jack Martin Boulevard, Brick

Owner in Fee Ocean Medical Center

Address 425 Jack Martin Boulevard
Brick, NJ

Tel (732) 836 4077

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

Address 7 Debele Lane
Lincroft, NJ 07738

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

Contractor License No. 7246

Federal Emp. No. 22-3282269

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 20,000.

C. CERTIFICATION IN LIEU OF OATH:

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
30		Lighting Fixtures	
33		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
1		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
70		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	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

[X] Elec. Plans Approved
Date: 7/10/07
Approved by: JW

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			7	
Final				
Barrier-Free				

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 07-2856

Date Issued
Permit # 9-11-07

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

Block 1170 Lot 18.01 Qualification Code

Work Site Location Ocean Medical Center
425 Jack Martin Blvd Brick NJ

Owner in Fee Same

Address

Tel (732) 836-4077

Contractor United Plumbing & Heating, Inc.

Address 36 Parkway
Point Pleasant Beach, NJ 08742

Tel (732) 991-1704 FAX (609) 228-4124

Contractor License No. 11922

Federal Emp. No. 31-1818409

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 19,800.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 7/3/07

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 9.11.07

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initials
Slab	9/07/07		10/1/07	
Rough			10/9/07	
Water				
Sewer				
Fixtures	11/26/07		12/3/07	
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
1	Lavatory
4	Shower
2	Floor Drain
2	Sink
	Dishwasher
1	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
	Other
	Other

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

CHECK - TRAP PRIMERS
FLOOR DRAINS - PAID-CK

U.C.C. F130 (rev. 01/04)

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

9/27/07

① — TRAP PRIMER REQUIRED

11/28/07

① FCC/DNS-A117 — 602.4 SPOUT OUTLET/RIGHT

② HOT + COLD WATER CROSSED MARKS SWITCHED

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-2856

Date Issued / Permit # 9-11-07

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

Block 1170 Lot 18.01 Qualification Code

Work Site Location Ocean Medical Center
425 Jack Martin Blvd Brick NJ

Owner in Fee Same

Address

Tel (732) 836-4077

Contractor United Plumbing & Heating, Inc.

Address 36 Parkway
Point Pleasant Beach, NJ 08742

Tel (732) 991-1704 FAX (609) 228-4124

Contractor License No. 11932

Federal Emp. No. 31-1818409

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 19,800.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 2/3/07

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

C. CERTIFICATION (JULIED OATH)

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
4	Shower	
2	Floor Drain	
2	Sink	
	Dishwasher	
1	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

CHECK - TRAP PRIMERS
FLOOR DRAINS - BACK-BACK

U.C.C. F130 (rev. 01/04)

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

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 00 2757

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 425 Jack Martin

DATE REVIEWED: 6-21-07

REVIEWED BY: FM.

CONTACT CALLED/FAXED: 291-3437 @ 9:45

(1) How will Modular office System Comply wi
(see- Drawing A1.0)

(2) Sheet A0 Quotes incorrect code

(3) Alterations Require 20% Dedicated To Ma
Unit more ADA Compliant- See Form E

Frank/plan review template

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: Ocean Med. Center 425 Jack Martin Blvd Brick

Block: 1170 Lot: 1801

Contractor: Sandy Work Interiors

Contractor's Address: PO Box 436 Atl. Highland, NJ 07716

Type of Construction (minor, new home): Minor

Type of Debris (shingles, siding, wood, etc.): sheetrock

Party responsible for removal: Richard Dicbold

Dumpster size: 30 yd

Destination of debris: County Land Fill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

Date 6/8/07

Richard DiBold
Print Name

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER_____

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 425 JACK MARTIN

DATE REVIEWED: 7/8/06

REVIEWED BY: MARK HIBBARD

CONTACT CALLED/FAXED: CALLED - RICHARD - 732-291-3435

1. TRAP PRIMERS REQUIRED - FLOOR DRAINS

RICHARD - OK - TRAP PRIMERS 7/3/07

[redacted]

SAPHIRE + ALBARRAN
ARCHITECTURE LLC

DATE: 09 July 2007

TO: Mr. Daniel Newman, Jr.
Building Code Official
Brick Township
Building Department
401 Chambersbridge Road
Brick Township, New Jersey 08723

FAX#: 1.732.262.2839

FROM: Ed Albarran

PAGES: 3 (including cover sheet)

PROJECT Renovations and Alterations to The Life Fitness Center @ OMC
CONTROL # 002757

Included with this transmission are:

Responses to Brick Township's Building Department review

Should you have any further questions or concerns please do not hesitate to contact this office.

Hard copies of the responses along with original signature and raised seal to follow.

Sincerely,

Edwin Albarran
Project Architect

CC: Mr. Mike Jahoda @ 1.732.291.3437
Mr. Rich Diebold @ 1.732.836.4091

REVISED 8/22/07
ADDED

TWENTY NASSAU STREET
PRINCETON, NEW JERSEY 08542
PH:609.921.3935 FAX:609.921.0248
www.saphirealbarran.com
ja@saphirealbarran.com

SAPHIRE + ALBARRAN
ARCHITECTURE LLC

PROJECT MEMORANDUM

DATE: July 9, 2007

TO: Mr. Daniel Newman, Jr.
Building Code Official
Brick Township
Building Department
401 Chambersbridge Road
Brick Township, New Jersey 08723

VIA: Fax 732-262-2839

PROJECT: Renovations and Alterations to The Life Fitness Center @ OMC
CONTROL #: 002757

Dear Sir,

We appreciate your timely review of the above noted project.
Below are the responses to your BLDG. Department's Review, dated 6-21-07;

Comment #1 How will the modular office system comply with ADA (see drawing –A1.0)?

Response: *No new furniture is being proposed. This furniture exists and is being re-arranged. The distance behind more than 50% of the workstations or modular furniture is 69" and the entry into the work areas exceeds the 34" requirements. The proposed layout meets the proper mandated staffing needs as determined by the user group.*

Comment #2 Sheet A.0 Quotes the incorrect Code.

Response: *We shall revise this error on our As-Built set, which we will provide at the end of this project in order to obtain a Certificate of Occupancy from your office. Sheet A.0 will list the NJUCC – Rehab Code Sub-Chapter 6 and the IBC Code shall be dated 2006. Additionally, while it is understood that the Hospital is an I2 use group, this particular user operates as a separate entity from the hospital and has a B use group, which is separated by a full 1-hr rated tenant separation wall. This noting of the use group was recommended to be shown as per the NJ Department of Community Affairs.*

TWENTY NASSAU STREET
PRINCETON, NEW JERSEY 08542
TEL:609.921.3935 FAX:609.921.0288
www.saphirealbarran.com
sa@saphirealbarran.com

[redacted]

SAPHIRE + ALBARRAN
ARCHITECTURE LLC

Comment #3 Alterations Require 20% dedicated to making the unit more ADA Compliant – See Form Enclosure.

Response: *Within this application we have proposed (4) new individual showers stalls to be located within a fully accessible shower room. The shower room as indicated on drawing A1.1 complies with wheel chair turning radii's. Of the (4) new shower stalls we have provided for (2) new full ADA shower enclosures. The existing lavatory or toilet rooms continue to meet the accessible clearances as indicated in ICC/ANSI A117.1 1998 and ICC/ANSI A117.1 2003.*

Thank you for your continues assistance with this project and we respectfully request, based on these minimal comments that you allow the construction permit process to continue. We shall provide your office with a full set of As-Built documents upon the completion of this project. Accordingly, the As-Built documents will be signed and sealed.

Should you have any questions or concerns please do not hesitate to contact this office.

Sincerely,

Joseph E. Saphire, A.I.A., RA
NJ License # A108392
Saphire+Albarran ARCHITECTURE, L.L.C.
Princeton, New Jersey 08542

TWENTY NASSAU STREET
PRINCETON, NEW JERSEY 08542
PH:609.921.3535 FAX:609.921.0288
www.saphirealbarran.com
sa@saphirealbarran.com

Ocean Medical Center
MEMBER OF THE MERIDIAN HEALTH FAMILY

Fax Cover Sheet

Date: 8/24/01

Total Number of Sheets Including This Page: 4

From: Ocean Medical Center
Facilities Office
Phone: 732-836-4077
Fax: 732-836-4091

Mike Jalloda

To: Dan Newman
Township of Brick Construction Official
Fax: 732-262-8454
Phone: 732-262-1030

Comments: For your use & consideration
OMC's Responses & Notations to the Three Questions
Control #002767

"Three Questions" with Responses

Cc: Ken Swallek 732-295-1514
Rich Epstein

T. 732.840.2200
Meridian Health Line 1.800.560.9990 • www.meridianhealth.com
425 Jack Martin Blvd. • Brick, NJ 08724

SAPHIRE + ALBARRAN
ARCHITECTURE LLC

DATE: 09 July 2007

TO: Mr. Daniel Newman, Jr.
Building Code Official
Brick Township
Building Department
401 Chambersbridge Road
Brick Township, New Jersey 08723

FAX#: 1.732.262.2839

FROM: Ed Albarran

PAGES: 3 (including cover sheet)

PROJECT CONTROL #: Renovations and Alterations to The Life Fitness Center @ OMC
002757

Included with this transmission are:

Responses to Brick Township's Building Department review

Should you have any further questions or concerns please do not hesitate to contact this office.

Hard copies of the responses along with original signature and raised seal to follow.

Sincerely,

Edwin Albarran
Project Architect

CC: Mr. Mike Jahoda @ 1.732.291.3437
Mr. Rich Diebold @ 1.732.836.4091

TWENTY NASSAU STREET
PRINCETON, NEW JERSEY 08542
PH:609.921.2022 FAX:609.921.0888
www.saphirealbarran.com
ea@saphirealbarran.com

SAPHIRE + ALBARRAN
ARCHITECTURE LLC

DATE: July 9, 2007

TO: Mr. Daniel Newman, Jr.
Building Code Official
Brick Township
Building Department
401 Chambersbridge Road
Brick Township, New Jersey 08723

VIA: Fax 732-262-2839

PROJECT: Renovations and Alterations to The Life Fitness Center @ OMC
CONTROL #: 002757

Dear Sir,

We appreciate your timely review of the above noted project.
Below are the responses to your BLDG. Department's Review, dated 8-21-07;

Comment #1 How will the modular office system comply with ADA (see drawing –A1.0)?

Response: *No <u>new</u> furniture is being proposed. This furniture exists and is being re-arranged. The distance behind more than 50% of the workstations or modular furniture is 69" and the entry into the work areas exceeds the 34" requirements. The proposed layout meets the proper mandated staffing needs as determined by the user group.*

Comment #2 Sheet A.0 Quotes the incorrect Code.

Response: *We shall revise this error on our As-Built set, which we will provide at the end of this project in order to obtain a Certificate of Occupancy from your office. Sheet A.0 will list the NJUCC – Rehab Code Sub-Chapter 6 and the IBC Code shall be dated 2006. Additionally, while it is understood that the Hospital is an I2 use group, this particular user operates as a separate entity from the hospital and has a B use group, which is separated by a full 1-hr rated tenant separation wall. This noting of the use group was recommended to be shown as per the NJ Department of Community Affairs.*

TWENTY NASSAU STREET
PRINCETON, NEW JERSEY 08542
PH:609.921.8834 FAX:609.921.0285
www.saphirealbarran.com
sa@saphirealbarran.com

[redacted]

SAPHIRE + ALBARRAN
ARCHITECTURE LLC

Comment #3 Alterations Require 20% dedicated to making the unit more ADA Compliant – See Form Enclosure.

Response: *Within this application we have proposed (4) new individual showers stalls to be located within a fully accessible shower room. The shower room as indicated on drawing A1.1 complies with wheel chair turning radii's. Of the (4) new shower stalls we have provided for (2) new full ADA shower enclosures. The existing lavatory or toilet rooms continue to meet the accessible clearances as indicated in ICC/ANSI A117.1 1998 and ICC/ANSI A117.1 2003.*

Thank you for your continues assistance with this project and we respectfully request, based on these minimal comments that you allow the construction permit process to continue. We shall provide your office with a full set of As-Built documents upon the completion of this project. Accordingly, the As-Built documents will be signed and sealed.

Should you have any questions or concerns please do not hesitate to contact this office.

Sincerely,

Joseph E. Saphire, A.I.A., RA
NJ License # A108392
Saphire+Albarran ARCHITECTURE, L.L.C.
Princeton, New Jersey 08542

TWENTY NASSAU STREET
PRINCETON, NEW JERSEY 08542
PHONE:609.921.3436 FAX:609.921.0588
www.saphirealbarran.com
js@saphirealbarran.com

SAPHIRE + ALBARRAN
ARCHITECTURE LLC

PROJECT MEMORANDUM

DATE: 07 September, 2007

TO: Mr. Frank Mizer
c/o Mr. Daniel Newman, Jr.
Building Code Official
Brick Township
Building Department
401 Chambersbridge Road
Brick Township, New Jersey 08723

VIA: Fax 732-262-6954

PROJECT: Renovations and Alterations to The Life Fitness Center @ OMC
CONTROL #: 002757

Dear Sir,

We appreciate your timely review of the above noted project.
Below are the responses to your BLDG. Department's Review, dated 6-21-07;

Comment #1 How will the modular office system comply with ADA (see drawing –A1.0)?

Response: *No <u>new</u> furniture is being proposed. This furniture exists and is being re-arranged. The distance behind more than 50% of the workstations or modular furniture is 69" and the entry into the work areas exceeds the 34" requirements. The proposed layout meets the proper mandated staffing needs as determined by the user group.*

Comment #2 Sheet A.0 Quotes the incorrect Code.

Response: *Please see revised Sheet A.0 listing the NJUCC - Rehab Code Sub-Chapter 6 and the IBC Code are dated 2006. Additionally, while it is understood that the Hospital is an I2 use group, this particular user operates as a separate entity from the hospital and has a B use group, which is separated by a full 1-hr rated tenant separation wall. This noting of the use group was recommended to be shown as per the NJ Department of Community Affairs.*

TWENTY NASSAU STREET
PRINCETON NEW JERSEY 08542
PH 609 921 3535 FAX 609 921 0288
www.saphirealbarran.com
info@saphirealbarran.com

[redacted]

SAPHIRE + ALBARRAN
ARCHITECTURE LLC

Comment #3 Alterations Require 20% dedicated to making the unit more ADA Compliant – See Form Enclosure.

Response: *Please see attached barrier free requirements worksheet.*

Thank you for your continued assistance with this project and we respectfully request, based on these minimal comments that you allow the construction permit process to continue.

Should you have any questions or concerns please do not hesitate to contact this office.

Sincerely,

Joseph E. Saphire, RA, A.I.A.
NJ License # A108392
Saphire+Albarran ARCHITECTURE, L.L.C.
Princeton, New Jersey 08542

TWENTY NASSAU STREET
PRINCETON NEW JERSEY 08542
PH:609.921.3535 FAX:609 921 0288
www.saphirealbarran.com
sar@saphirealbarran.com

[redacted]

SAPHIRE + ALBARRAN
ARCHITECTURE LLC

6-Sep-07

Frank Mizer
Township of Brick
Ocean County, New Jersey
401 Chambers Bridge Road
Brick, New Jersey 08723

Re: Renovations to Life Fitness Center at
Ocean Medical Center
425 Jack Martin Blvd.
Brick, New Jersey

Barrier Free Requirements

A. Overall Cost of the Project	88400.00
B. Exempt Items:	
Windows	0.00
Hardware	2000.00
Operating Controls	1000.00
Electrical Outlets	2000.00
Signage	1000.00
Mechanical Systems	5000.00
Electrical Systems	4000.00
Installation or Alterations of Fire Protection	3000.00
Abatement	0.00
Repair or Installation of Siding	0.00
Repair or Installation of Roofing	0.00
Repair or Installation of other Exterior Wall	0.00
TOTAL EXEMPT ITEMS	18000.00
C. Remaining Total Cost	70400.00
D. 20% of C (Total Remaining Cost)	14080.00

Itemization of Expenditures to meet 20%

4 New Bathroom Towel Bar and Hooks	600.00
ADA Shower 1 - female	5000.00
ADA Shower Hardware	450.00
ADA Shower 2 - male	5000.00
ADA Shower Hardware	450.00
Water Fountain	3500.00
ADA Door Hardware	400.00
ADA Millwork Counters w/Sinks	6600.00
TOTAL Expenditures	22000.00

TWENTY NASSAU STREET
PRINCETON, NEW JERSEY 08542
PH:609.921.3935 FAX:609.921.0288
www.saphirealbarran.com
sa@saphirealbarran.com

(Bldg) Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 00 2757

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

resubmit 9/7/07
resubmit 08/27/07
Fax enclosed for

ADDRESS OF APPLICATION: 425 Jack Martin

DATE REVIEWED: 6-21-07 Fax To 291-3437

REVIEWED BY: FM

CONTACT CALLED/FAXED: NG 291-3437 @ 9:45 & 291-3435 Left Messag

(1) How will Modular office System Comply with ADA (see- Drawing A1.0)

(2) Sheet A0 Quotes incorrect code

(3) Alterations Require 20% Dedicated To making Unit more ADA Compliant- See Form Enclosed

8-27-07 Called → 291-3435 Left Message
↳ 859-1420 spoke To Richard

Frank/plan review template

8-29-07 Faxed Another 20% sheet TO 295-1524

SAPHIRE + ALBARRAN
ARCHITECTURE LLC

PROJECT MEMORANDUM

DATE: 07 September, 2007

TO: Mr. Frank Mizer
c/o Mr. Daniel Newman, Jr.
Building Code Official
Brick Township
Building Department
401 Chambersbridge Road
Brick Township, New Jersey 08723

VIA: Fax 732-262-8954

PROJECT: Renovations and Alterations to The Life Fitness Center @ OMC
CONTROL #: 002757

Dear Sir,

We appreciate your timely review of the above noted project.
Below are the responses to your BLDG. Department's Review, dated 6-21-07;

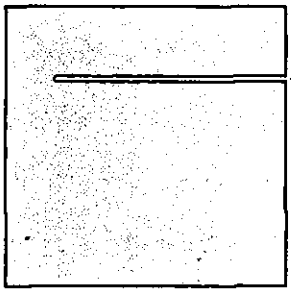
Comment #1 How will the modular office system comply with ADA (see drawing –A1.0)?

Response: *No <u>new</u> furniture is being proposed. This furniture exists and is being re-arranged. The distance behind more than 50% of the workstations or modular furniture is 69" and the entry into the work areas exceeds the 34" requirements. The proposed layout meets the proper mandated staffing needs as determined by the user group.*

Comment #2 Sheet A.0 Quotes the incorrect Code.

Response: *Please see revised Sheet A.0 listing the NJUCC - Rehab Code Sub-Chapter 6 and the IBC Code are dated 2006. Additionally, while it is understood that the Hospital is an I2 use group, this particular user operates as a separate entity from the hospital and has a B use group, which is separated by a full 1-hr rated tenant separation wall. This noting of the use group was recommended to be shown as per the NJ Department of Community Affairs.*

TWENTY NASSAU STREET
PRINCETON, NEW JERSEY 08542
PH:609.921.3935 FAX:609.921.0288
www.saphirealbarran.com
sa@saphirealbarran.com



SAPHIRE + ALBARRAN
ARCHITECTURE LLC

Comment #3 Alterations Require 20% dedicated to making the unit more ADA Compliant – See Form Enclosure.

Response: *Please see attached barrier free requirements worksheet.*

Thank you for your continued assistance with this project and we respectfully request, based on these minimal comments that you allow the construction permit process to continue.

Should you have any questions or concerns please do not hesitate to contact this office.

Sincerely,

Joseph E. Saphire, RA, A.I.A.
NJ License # A108392
Saphire+Albarran ARCHITECTURE, L.L.C.
Princeton, New Jersey 08542

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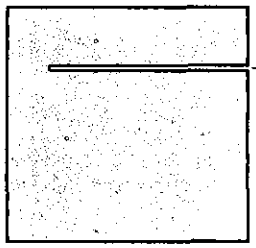
sa@saphirealbarran.com



SAPHIRE + ALBARRAN
ARCHITECTURE LLC

5-Sep-07

Frank Mizer
Township of Brick
Ocean County, New Jersey
401 Chambers Bridge Road
Brick, New Jersey 08723

Re: Renovations to Life Fitness Center at
Ocean Medical Center
425 Jack Martin Blvd.
Brick, New Jersey

Barrier Free Requirements

A. Overall Cost of the Project	88400.00
B. Exempt Items:	
Windows	0.00
Hardware	2000.00
Operating Controls	1000.00
Electrical Outlets	2000.00
Signage	1000.00
Mechanical Systems	5000.00
Electrical Systems	4000.00
Installation or Alterations of Fire Protection	3000.00
Abatement	0.00
Repair or Installation of Siding	0.00
Repair or Installation of Roofing	0.00
Repair or Installation of other Exterior Wall	0.00
TOTAL EXEMPT ITEMS	18000.00
C. Remaining Total Cost	70400.00
D. 20% of C (Total Remaining Cost)	14080.00

Itemization of Expenditures to meet 20%

4 New Bathroom Towel Bar and Hooks	600.00
ADA Shower 1 - female	5000.00
ADA Shower Hardware	450.00
ADA Shower 2 - male	5000.00
ADA Shower Hardware	450.00
Water Fountain	3500.00
ADA Door Hardware	400.00
ADA Millwork Counters w/Sinks	6600.00
TOTAL Expenditures	22000.00

TWENTY NASSAU STREET
PRINCETON, NEW JERSEY 08542
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www.saphirealbarran.com
sa@saphirealbarran.com

SAPHIRE + ALBARRAN
ARCHITECTURE LLC

PROJECT MEMORANDUM

DATE: 07 September, 2007

TO: Mr. Frank Mizer
c/o Mr. Daniel Newman, Jr.
Building Code Official
Brick Township
Building Department
401 Chambersbridge Road
Brick Township, New Jersey 08723

VIA: Fax 732-262-8954

PROJECT: Renovations and Alterations to The Life Fitness Center @ OMC
CONTROL #: 002757

Dear Sir,

We appreciate your timely review of the above noted project.
Below are the responses to your BLDG. Department's Review, dated 6-21-07;

Comment #1 How will the modular office system comply with ADA (see drawing –A1.0)?

Response: *No <u>new</u> furniture is being proposed. This furniture exists and is being re-arranged. The distance behind more than 50% of the workstations or modular furniture is 69" and the entry into the work areas exceeds the 34" requirements. The proposed layout meets the proper mandated staffing needs as determined by the user group.*

Comment #2 Sheet A.0 Quotes the incorrect Code.

Response: *Please see revised Sheet A.0 listing the NJUCC - Rehab Code Sub-Chapter 6 and the IBC Code are dated 2006. Additionally, while it is understood that the Hospital is an I2 use group, this particular user operates as a separate entity from the hospital and has a B use group, which is separated by a full 1-hr rated tenant separation wall. This noting of the use group was recommended to be shown as per the NJ Department of Community Affairs.*

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SAPHIRE + ALBARRAN
ARCHITECTURE LLC

Comment #3 Alterations Require 20% dedicated to making the unit more ADA Compliant – See Form Enclosure.

Response: *Please see attached barrier free requirements worksheet.*

Thank you for your continued assistance with this project and we respectfully request, based on these minimal comments that you allow the construction permit process to continue.

Should you have any questions or concerns please do not hesitate to contact this office.

Sincerely,

Joseph E. Saphire, RA, A.I.A.
NJ License # A108392
Saphire+Albarran ARCHITECTURE, L.L.C.
Princeton, New Jersey 08542

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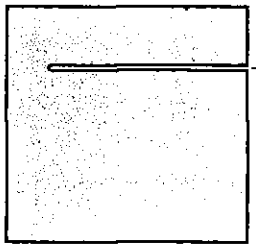

SAPHIRE + ALBARRAN
ARCHITECTURE LLC

5-Sep-07

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425 JACK MARTIN

SAPHIRE + ALBARRAN
ARCHITECTURE LLC

PROJECT MEMORANDUM

RECD SEP 10 2007

DATE: 07 September, 2007

TO: Mr. Frank Mizer
c/o Mr. Daniel Newman, Jr.
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Building Department
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Brick Township, New Jersey 08723

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S A P H I R E + A L B A R R A N
A R C H I T E C T U R E L L C

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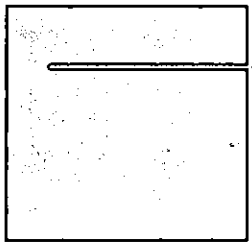

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Land Use/ Bldg Dept Fax:732-262-8954

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

P. 1 Oct 19 2007 16:03

Telephone Number	Mode	Start	Time	Page	Result	Note
7324957700	NORMAL	19,16:02	0'22"	1	* O K	

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/11/2007
Control Number C-07-002757
Permit Number 07-2856

Construction Inspection

Identification

Work Site Location: 425 JACK MARTIN BLVD. , NJ
Block: 1170
Lot: 18
Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC
Owner Address: 425 JACK MARTIN BLVD. BRICK NJ
Telephone: (732) 836-4077

Inspection Details

Start Date: 10/22/2007
Start Time:
Subcode:
Inspector: Paul Grosko
Inspection Level: Progress inspection
Inspection Type: ROUGH
Result: None
Result Comments:

MIKE,

PLEASE CALL 732-262-1099 AND SAY WHAT TIME AND WHERE I WILL MEET WITH YOUR REP. FOR YOUR SCHEDULED RW ON MONDAY 10/22/07.

PAUL

Inspection Comment: