BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 JACK MARTIN BLVD., BRICK PERMIT NO. 13-1191

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-12-003928

I. IDENTIFICATION

1. Proposed Work Site at: OCEAN MEDICAL CENTER
2. Name of Owner in Fee: MERIDIAN HEALTH CARE
   Tel. (732) 739-5906 e-mail _____
   Address 425 JACK MARTIN BLVD., BRICK, N.J (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: MAIN LINE EXEC. SIGN Tel. (610) 356-2441
   Address EDGEMONT, PA 19028 e-mail _____
   License No. OR, if new home, Builder Reg. No. 0400044284 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 232875426 FAX: (610) 356-[illegible]
5. Architect or Engineer FRENCH & PARRELLO Contact DORIA [illegible]
   Address 1800 RT 34, WALL, NJ e-mail _____
   Tel. (732) 312-9800 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

Change

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75-		
2. Electrical	40-		
3. Plumbing			
4. Fire Protection			
5. Elevator [illegible]ices			
6. Subtotal			
7. Less 20% [illegible] State Plan Review	$		
8. Subtotal	$		
9. State Per[illegible]rcharg[illegible]ee	8-		
10. Subtotal	$		
11. C[illegible] of [illegible]cu[illegible]ncy			
12. O[illegible]			
TO[illegible]	$ 123-		

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 — 2 SIGNS
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Haz[illegible] Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building		SKO	10/23/12	12/27/12			3/14/13		KA
☒ Electrical					1-3-13	DD			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng Exempt			10/26/12	ECC			
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

Date Received 3/18/13
Control #

Date Issued
Permit # 13-1191

BUILDING SUBCODE
TECHNICAL SECTION

[redacted] CATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1170 Lot 18 Qualification Code

Work Site Location OCEAN MEDICAL CENTER
425 JACK MARTIN BLVD., BRICK, NJ

Owner in Fee: MERIDIAN HEALTH CARE

Tel. (732) 739-5906 e-mail Emergency Room

Address

Contractor: MAIN LINE EXEC SIGNS (street) (municipality) Tel. (610) 356-2141 (zip code)

Address EDGEMONT, PA 19028 e-mail INFO@MLEXSIGNS.COM

Contractor License No. or Builder Registration No. 04000044284 Exp. Date

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

Federal Emp. ID No. 232875426 FAX: (610) 356-2147

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] ~~Interior~~	3/14/13	BA

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. $ 2,920.00
2. Rehabilitation $
3. Total (1+ 2) $ 2,920.00

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: John Sessa
Print name here: JOHN SESSA

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
(1) INSTALL NEW 18" x 144" ILLUM SIGN AT EMERGENCY DEPT.

(2) INSTALL NEW 12" x 96" ILLUM SIGN AT EMERG DEPT TO EXISTING CANOPY

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other SIGN (2)
[ ] 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 # 3/18/13

Date Issued / Permit # 13-1191

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

Block 1170 Lot 18 Qualification Code

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

Owner in Fee: Meridian Health Care

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 03-31-15

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 $ 1,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required — 1-3-13 — SJ

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 1-3-13

Approved by: SJ

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 7-23-13

Approved by: SJ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-18-13	SJ
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 [ ] Certified Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Run power to (2) new signs (one on the front of the Emergency canopy and a second on the side wall above the canopy).
Power to be taken from lights in the canopy.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		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	
2	.3	KW Elec. Sign/~~Xmas Light~~	

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

Called Cont. 3/15/13

3/15/13

CONSTRUCTION PERMIT

Date Issued
Control # C-12-003928
Permit # 13-1191

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

Contractor Main Line Executive Sign
Address 4930 West Chester pike suite 102 Edgemont PA 19028
Telephone: (610) 356-2141
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 232875426

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:
SIGN INSTALLATION

PAYMENTS (Office Use Only)

Building	$75
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$123
Check No.	4948
Cash	$0
Credit	$0
Collected By	

150
-173.-

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 $4,420

David J. Newman Jr. 3/15/13
Construction Official Date

U.C.C. F170
equiv (rev 1/04)

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.

03/18/13 [illegible] 00175841357
SERV. NO.
#1191
BUILDING $75.00
ELEC $40.00
FEE $8.00
CHECK $123.00

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.

RECEIVING CLERK DRT
DATE REC'D 10/23/12

ZONING PERMIT APPLICATION

PERMIT # ZP-13-00151
DATE ISSUED 3/18/13

BLOCK: 1170 LOT: 18 QUALIFIER: — SITE ADDRESS: 425 Jack Martin Blvd.
OCEAN MEDICAL CENTER

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Meridian Health Care
   COMPLETE ADDRESS: 425 Jack Martin Blvd. Brick, NJ
   PHONE # 732-739-5906 EMAIL:

2. NAME OF APPLICANT: Main Line Executive Signs
   APPLICANT ADDRESS: Edgemont, PA 19028
   PHONE # 610-356-2141 EMAIL: info@mlexsigns.com

3. RESPONSIBLE PERSON FOR WORK: Robert Bosch
   PHONE# 610-356-2141 FAX# 356-2147

4. SIGNATURE OF APPLICANT:

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $
TOTAL: $

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL: X
EXISTING USE: Hospital
PROPOSED USE: Hospital

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#:
APPROVAL DATE:

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: *ADDITION *ALTERATION *PORCH *DECK

POOL: ABOVE GROUND IN GROUND FENCE: HEIGHT TYPE MATERIAL

HEIGHT: (*IF APPLICABLE)

OTHER SIGNS (TWO)

DESCRIPTION: (1) New 18 sq. ft. sign at emergency dept. entrance (2) 8 sq ft sg^ D. to at E. exist. canopy

ZONING REVIEW:
DATE REVIEWED: 10-24-12 DATE DENIED: — DATE APPROVED: 10-24-12 INTLS: SGZ

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
OCT 24 2012

ZONING REVIEW:

DATE REVIEWED: 10-24-12 DATE DENIED: — DATE APPROVED: 10-24-12 INTLS: SEZ

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 3/18/13
Application Number: ZA-12-01066
Application Date: 10/24/2012
Project Number:
Permit Number: ZP-13-00157
Fee: $50

Zoning Permit

Worksite Location: **425 JACK MARTIN BLVD.**
Ocean Medical Center
Brick Township, NJ 08724

Block: **1170**
Lot: **18**
Qualifier:
Zone: **H-S**

Owner: **NORTHERN OCEAN HOSPITAL SYSTEM INC**
Address: **1350 CAMPUS PKWY STE 1500**
NEPTUNE, NJ 07753

Applicant: **Robert Bosch; Main Line Executive Signs**
Address: **West Chester Pike**
Edgemont, NJ 19028

Application Approved Date: 10/24/2012

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Hospital -Ocean Medical Center.
Nonconforming Use is:

Work Description:
Sign - Wall sign, 18" x 144", "Emergency".

Canopy sign, 12" x 96", "Emergency".

The total sign area may not exceed 15% of the total facade area.

ZP-12-00903 issued on October 1, 2012.

Upon review it was determined that the Development Application:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinney, Zoning Officer — 10/24/2012 Date

Michael P. Fowler, Township Planner — 10/26/12 **Date**

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 3/18/13
Application Number: ZA-12-01066
Application Date: 10/24/2012
Project Number: ZP13-00151
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **425 JACK MARTIN BLVD.**
Ocean Medical Center
Brick Township, NJ 08724

Block: **1170**
Lot: **18**
Qualifier:
Zone: **H-S**

Owner: **NORTHERN OCEAN HOSPITAL SYSTEM INC**
Address: **1350 CAMPUS PKWY STE 1500**
NEPTUNE, NJ 07753

Applicant: **Robert Bosch; Main Line Executive Signs**
Address: **West Chester Pike**
Edgemont, NJ 19028

Application Approved Date: 10/24/2012

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Hospital -Ocean Medical Center.
Nonconforming Use is:

Work Description:
Sign - Wall sign, 18" x 144", "Emergency".

Canopy sign, 12" x 96", "Emergency".

The total sign area may not exceed 15% of the total facade area.

ZP-12-00903 issued on October 1, 2012.

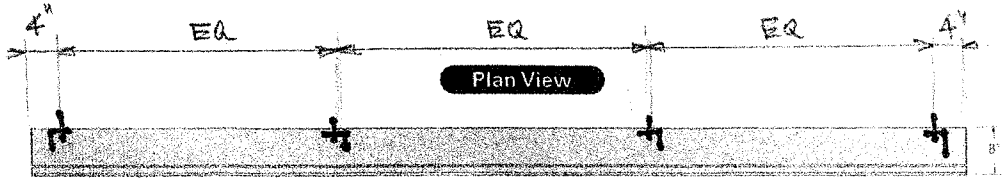
Upon review it was determined that the Development Application:

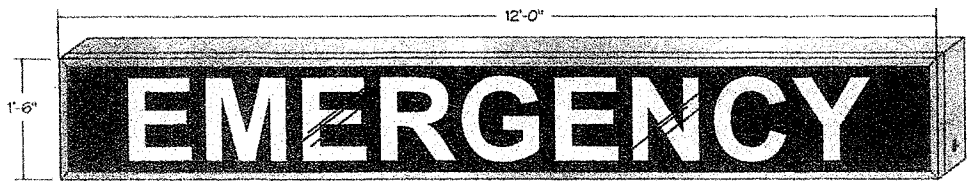
- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinney, Zoning Officer — 10/24/2012 Date

Michael P. Fowler, Township Planner — 10/26/12 **Date**

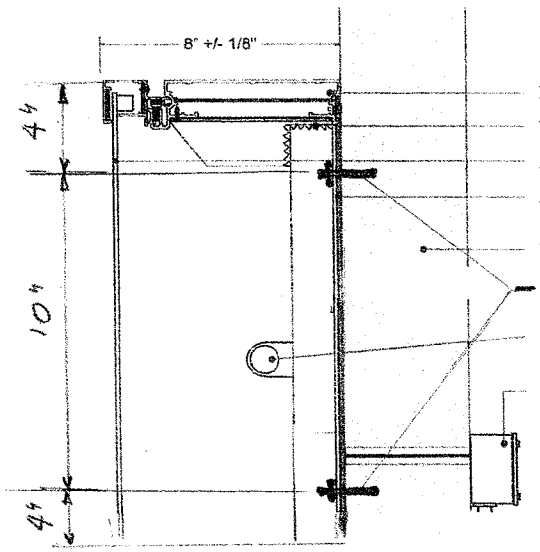
4272.003





Oblique View

Side View



Extruded structural aluminum cabinet

Welded structural aluminum internal bracing

Acrylic face, slide-fit, 3M vinyl graphics

.040 aluminum back, attached w/ #8 non-corrosive screws at perimeter

Wall, brick veneer over steel studs

3/8" DIA AB HILTI HLC-SLEEVE ANCHOR 1¼" EMB. (TYP)

High output fluorescent illumination, 3 amps max draw

120 volt primary required, to sign location by others.

Sign shall be built and installed in strict accordance with UL standard 2161 and shall be UL listed and labeled under UL license #E151394.

Approximate sign weight: 150#

Partial Section View

not to scale

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

OCT 24 2012

FRENCH & PARRELLO
ASSOCIATES, P.A. CONSULTING ENGINEERS
1800 Route 34, Suite 101, Wall, NJ 07719 - 732.312-9800
DORU B. TOMA, P.E.
PROFESSIONAL ENGINEER, N.J. Lic. No. 45717

Main Line
executive signs

4930 West Chester Pike
Suite 102 PO Box 155
Edgemont, PA 19028
info@mlexsigns.com
Ph (610) 356-2141
Fx (610) 356-2147

Illuminated Light Box Sign

Scale: 1:20

Description: Illuminated Wall Mounted Emergency 'Light Box'

Qty: 1

Sign ID: BOX.1

Sides: 1

Construction: Welded/fabricated aluminum as shown

Faces: White plexiglass.

Graphics: Translucent vinyl applied to face of sign

Paint: 2-part acrylic polyurethane, satin.

Colors: MAP silver cabinet. Translucent red vinyl.

Illumination: See Section View

Electrical Req: See Section View

Installation: 3/8" Non-corrosive anchors.

Notes: Dimensions shown may vary +/- 1/8" (except material thickness)

Panels are designed to completely conceal damage caused by removal of existing wall panels/lettering.

1' 6" x 12' = 18 sq/ft total area.

Client: Meridian Health System

Project: FD Renovation Exterior Temporary Signage

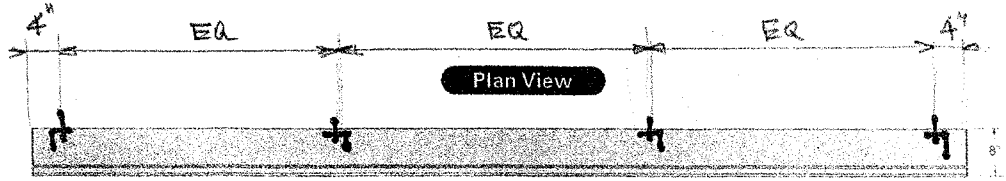
Contact: Robert Bosch

Address: 425 Jack Martin Boulevard
Brick, NJ 08724

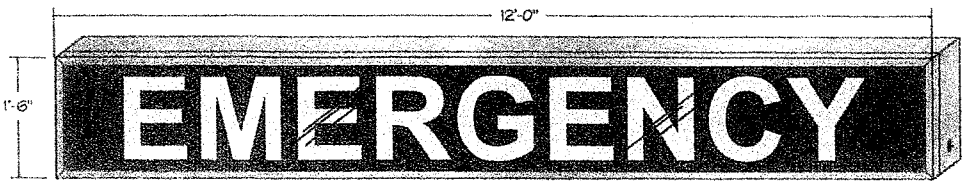
Drawing No.: BOX.1-1	***Drawn By:*** RKM
Version No.: 1	***Version Date:*** 29 Aug 2012
Sheet No.: BOX.1-1	

2.16

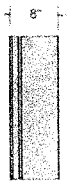
4272.003



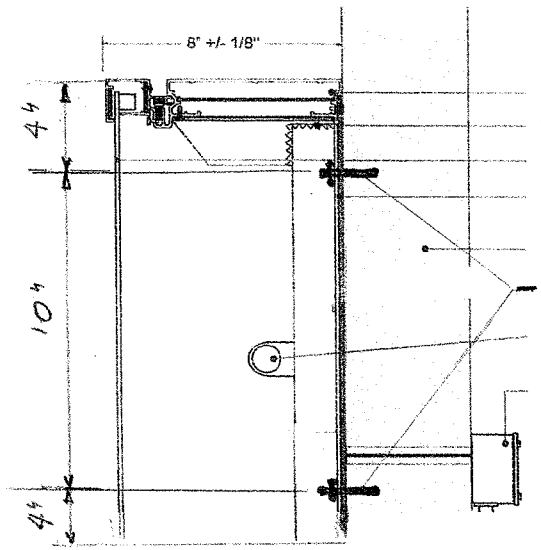
Plan View



Oblique View



Side View



Extruded structural aluminum cabinet

Welded structural aluminum internal bracing

Acrylic face, slide-fit, 3M vinyl graphics

.040 aluminum back, attached w/ #8 non-corrosive screws at perimeter

Wall, brick veneer over steel studs

3/8" DIA AB HILTI HLC-SLEEVE ANCHOR 1¼" EMB. (TYP)

High output fluorescent illumination, 3 amps max draw

120 volt primary required, to sign location by others.

Sign shall be built and installed in strict accordance with UL standard 2161 and shall be UL listed and labeled under UL license #E151394.

Approximate sign weight: 150#

Partial Section View

not to scale

FRENCH & PARRELLO
ASSOCIATES, P.A. CONSULTING ENGINEERS
1800 Route 34 - Suite 101 - Wall, NJ - 07719 - 732 312-9800
DORU B. TOMA, P.E.
PROFESSIONAL ENGINEER - N.J. Lic. No. 45717

Main Line
executive signs

4930 West Chester Pike
Suite 102 PO Box 155
Edgemont, PA 19028

info@mlexsigns.com
Ph (610) 356-2141
Fx (610) 356-2147

Illuminated Light Box Sign

Scale: 1:20

Description: Illuminated Wall Mounted Emergency 'Light Box'

Qty: 1

Sign ID: BOX.1

Sides: 1

Construction: Welded/fabricated aluminum as shown

Faces: White plexiglass.

Graphics: Translucent vinyl applied to face of sign

Paint: 2-part acrylic polyurethane, satin.

Colors: MAP silver cabinet. Translucent red vinyl.

Illumination: See: Section View

Electrical Req: See: Section View

Installation: 3/8" Non-corrosive anchors.

Notes: Dimensions shown may vary +/- 1/8" (except material thickness)

Panels are designed to completely conceal damage caused by removal of existing wall panels/lettering.

1'-6" x 12' = 18 sq/ft total area.

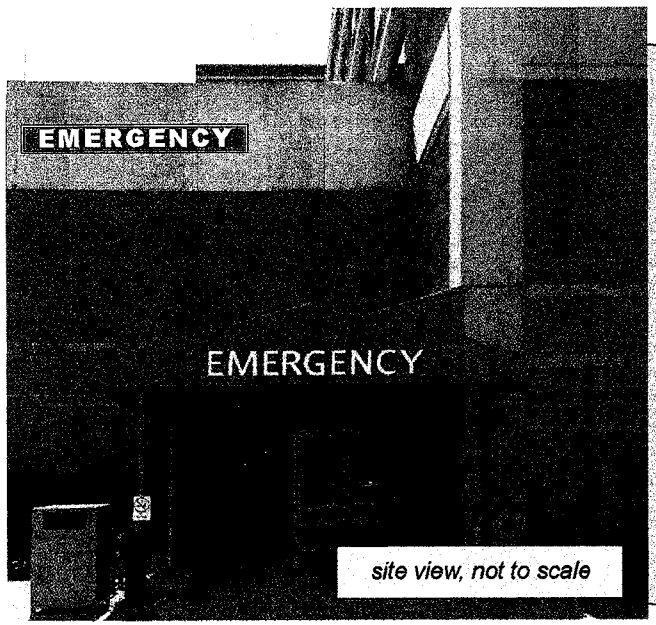
Client: Meridian Health System

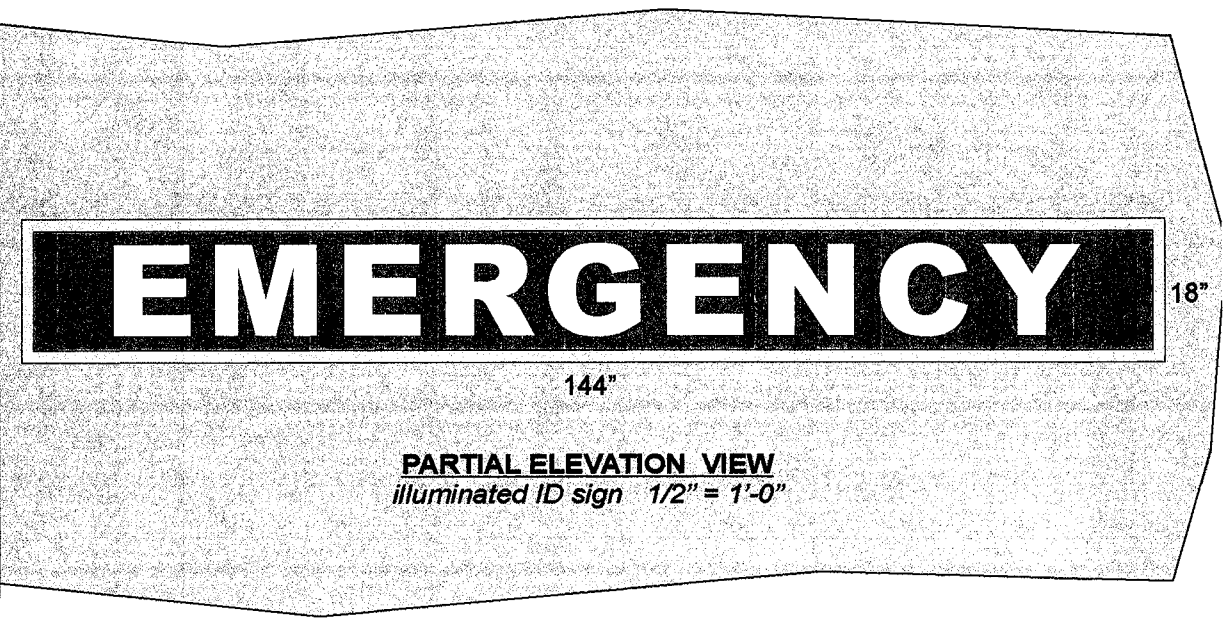
Project: ED Renovation Exterior Temporary Signage

Contact: Robert Bosch

Address: 425 Jack Martin Boulevard
Brick, NJ 08724

Drawing No.: BOX.1-1	***Drawn By:*** RKM
Version No.: 1	***Version Date:*** 29 Aug 2012
Sheet No.: BOX.1-1	





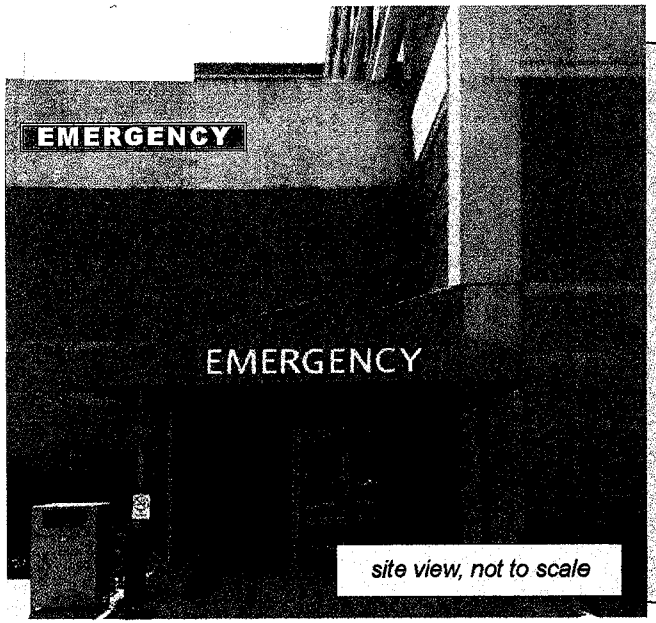
PARTIAL ELEVATION VIEW
illuminated ID sign 1/2" = 1'-0"

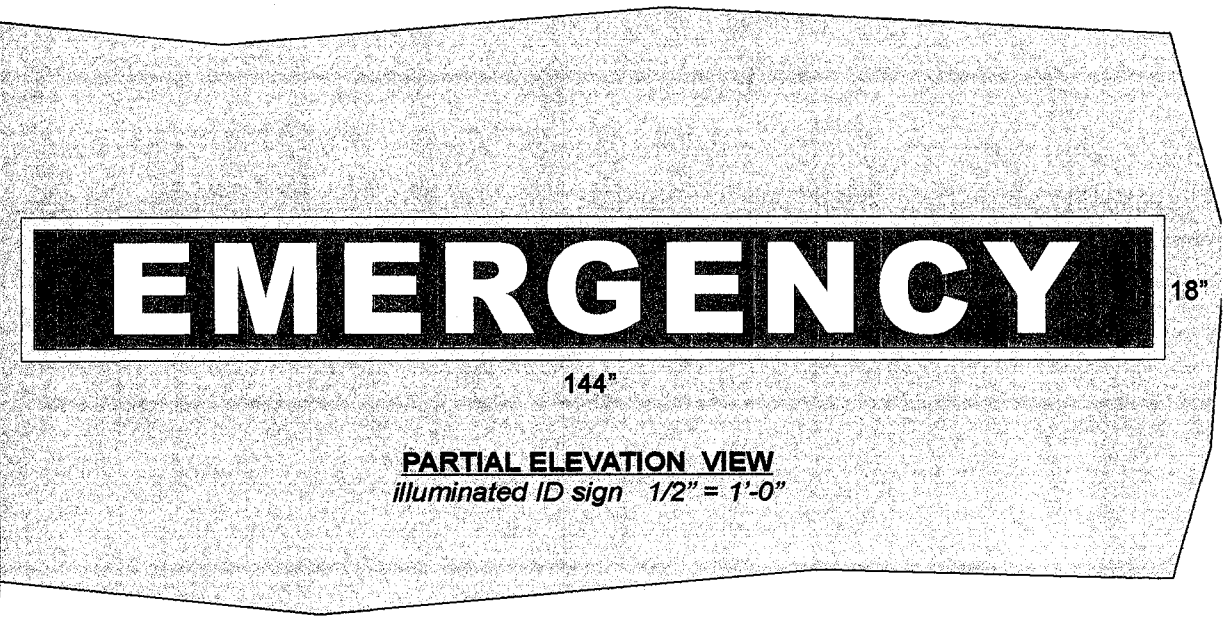
Sign Location
~22' ABOVE GRADE

Sign Size
1.5' x 12' = 18 SQ. FT.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
OCT 24 2012

Reference:
Ocean Medical Center
EMERGENCY DEPT. SIGN
425 Jack Martin Blvd., Brick, NJ





PARTIAL ELEVATION VIEW
illuminated ID sign 1/2" = 1'-0"

Sign Location
~22' ABOVE GRADE

Sign Size
1.5' x 12' = 18 SQ. FT.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
OCT 24 2012

Reference:
Ocean Medical Center
EMERGENCY DEPT. SIGN
425 Jack Martin Blvd., Brick, NJ

Page 1 of 1 9/21/12

PLOT PLAN
OCEAN MEDICAL CENTER
425 JACK MARTIN BLVD.
BRICK, NEW JERSEY

APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER
OCT 24 2012

Wall sign (2)
"Emergency"

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:	10/01/2012
Application Number:	ZA-12-00921
Application Date:	09/18/2012
Project Number:	
Permit Number:	ZP-12-00903
Fee:	$50

Zoning Permit

Worksite Location: **425 JACK MARTIN BLVD.**
Ocean Medical Center
Brick Township, NJ 08724

Block:	**1170**
Lot:	**18 & 18.0**
Qualifier:	
Zone:	**H-S**

Owner: **NORTHERN OCEAN HOSPITAL SYSTEM INC**
Address: **1350 CAMPUS PKWY STE 1500**
NEPTUNE, NJ 07753

Applicant: **Kevin Kane; Torcon, Inc.**
Address: **328 Newman Springs Road**
Red Bank, NJ 07701

Application Approved Date: 09/18/2012

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Hospital -Ocean Medical Center.

Nonconforming Use is: _____

Work Description:

Addition - Construction of a temporary mobile technology dock, 70 feet long, 16'9" high, for a new access way for the mobile MRI unit.

Site plan approved by the Planning Board.
Case No. 2716-(2699)-A-FSP-7/12.
Resolution NO. R-33-12 adopted on July 25, 2012.
Map signed on September 5, 2012.

An additional zoning permit is required for any additional work.

A deed consolidating Lot 18 and Lot 18.02 into a single lot should be filed with the Ocean County Clerk.

Upon review it was determined that the Development Application:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinnevy, Zoning Officer — Copy — Date

Michael P. Fowler, Township Planner — **Date**

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 1170 LOT: 18 ADDRESS: 425 JACK MARTIN BLVD.

IDENTIFICATION:

1. WORK SITE ADDRESS: 425 Jack Martin Blvd.
2. NAME OF OWNER IN FEE: Meridian Health Care

   ADDRESS: _____ PHONE #: (732) 739-5906

   _____ FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Main Line Exec. Signs

   ADDRESS: Edgemont, PA PHONE #: (610) 356 2141

   _____ FAX #: (610) 356 2197
4. ARCHITECT OR ENGINEER: French & Parrello

   ADDRESS: Wall, NJ PHONE: # (732) 312-9800
5. RESPONSIBLE PERSON FOR WORK: Robert Bosch

   ADDRESS: Main Line Exec. Signs

PHONE #: (__) _____ FAX #: (__) _____ E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

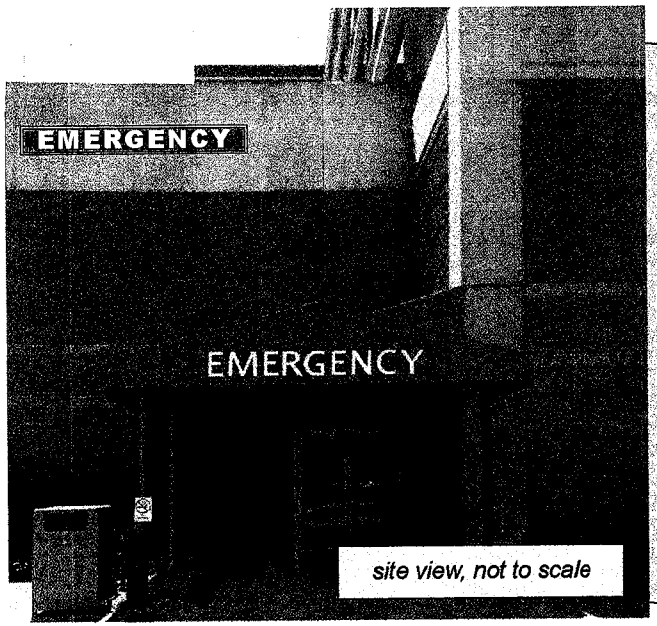
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL

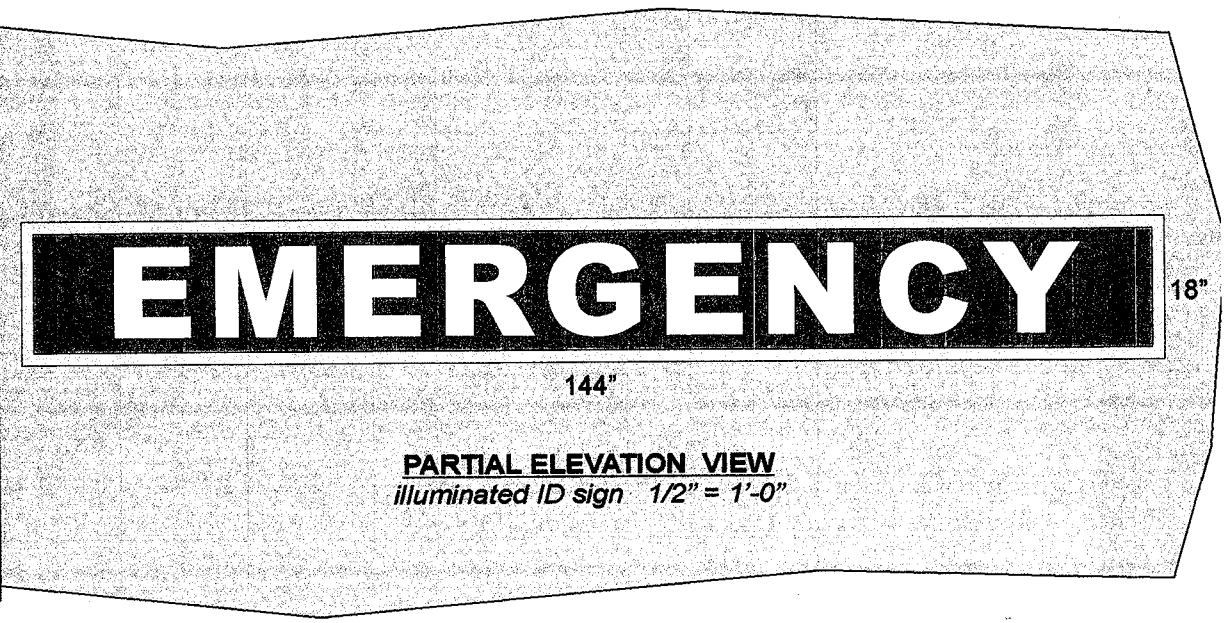
☒ OTHER (1) SIGN (1) 144" W x 18" H x 22' + (2) 12" W x 96" H L x 8' H

LENGTH: (1) 144" (2) 96" WIDTH: 18" 12" HEIGHT: 22' above grade 8'

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____





PARTIAL ELEVATION VIEW
illuminated ID sign 1/2" = 1'-0"

Sign Location
~22' ABOVE GRADE

Sign Size
1.5' x 12' = 18 SQ. FT.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
OCT 24 2012

Reference:
Ocean Medical Center
EMERGENCY DEPT. SIGN
425 Jack Martin Blvd., Brick, NJ

PLOT PLAN
OCEAN MEDICAL CENTER
425 JACK MARTIN BLVD.
BRICK, NEW JERSEY

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
OCT 24 2012

Wall signs (2)
- Emergency

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

Date: _____

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 1170 Lot: 18

Property Address: 425 Jack Martin Blvd.

I, Robert Bosch (name) of Main Line Exec. Signs Edgemont, PA 19028 (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Robert Bosch
Applicant's Signature

The following shall be submitted with this request:

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

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

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

FOR OFFICE USE ONLY

Approved on: _____ Signed: _____

Rejected on: _____ Signed: _____

Comments:

311 ACCESS BRICK TOWNSHIP

1/3/13- fax 610-356-2147

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, December 27, 2012

To: NORTHERN OCEAN HOSPITAL SYSTEM INC
1350 CAMPUS PKWY STE 1500
NEPTUNE, NJ 07753

Bob Bosch
610-356-2141

RE: Building Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD.
Permit Number: Control Number: C-12-003928
Last Submit Date: Friday, October 26, 2012

Dear NORTHERN OCEAN HOSPITAL SYSTEM INC,

Your request is hereby denied based upon the following infractions.

Canopy sign designed for 110 MPH winds. Must be designed for 115 MPH.

Wall sign does not spec local geographic design criteria.

call- SNOW wind code

Sincerely,

Michael Vecchio, Subcode Official

CC:

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	SC	10/24/12							ZA-12-01066
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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.				

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 MAINLINE EXCUTIVE SIGNS

Address WEST CHESTER PIKE
EDGEMONT PA 19028

Telephone (610) 356-2174

Signature John Lesh

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