

BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) OCEAN MED CENTER - Radiology PERMIT NO. 13-2338
425 JACK MARTIN BLVD



CONSTRUCTION PERMIT APPLICATION

C13-002358

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

I. IDENTIFICATION OCEAN MEDICAL CENTER RADIOLOGY
1. Proposed Work Site at: 425 JACK MARTIN BLVD BRICK NJ
2. Name of Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM
Tel. () e-mail
Address 1350 CAMPUS PARKWAY SUITE 1500 NEPTUNE NJ 07753
3. Ownership in Fee: Public Private
4. Principal Contractor: RDM CONSTRUCTION CORP Tel. (732) 859-1420
Address PO BOX 436 ATLANTIC HIGHLANDS NJ 07716 e-mail
License No. OR, if new home, Builder Reg. No. 273-62-9660 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 273-62-9660 FAX: ()
5. Architect or Engineer SAPHIRE + ALBARRON Contact
Address 12 NORTH MAIN ST PENNINGTON NJ e-mail SAP@SAPHIREALBARRON.COM
Tel. (609) 737-5929 FAX: (609) 737-5929
6. Responsible Person in Charge once Work has Begun RICH DIEBOLD
Tel. (732) 859-1420 FAX: (732) 291-3437

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>1380</u>	☒	
2. Electrical	\$ <u>90</u>	☒	
3. Plumbing	\$ <u>30</u>	☒	
4. Fire Protection	\$ <u>75</u>	☒	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>137</u>	<u>3</u>	
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>1732</u>	<u>78</u>	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

☐ Building	☐ Electrical	☐ Plumbing	☐ Fire Protection	☐ Elevator
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FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>JRD</u>	<u>4/19/13</u>		<u>05/22/13</u>	<u>VER by DCA</u>			
				<u>5-13</u>	<u>By DCA</u>			
				<u>4/30/13</u>	<u>By DCA</u>			
				<u>5/1/13</u>	<u>By DCA</u>			

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use:
- Use Group, Proposed:
- Change in Use Group, Indicate Present:
- No. of dwelling units: Total Units Income-restricted
Gained, Sale
Gained, Rental
Lost, Sale
Lost, Rental

B. NON-RESIDENTIAL (primary use)

- State Specific Use:
- Use Group, Proposed:
- 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:

- ☐ Partial Releases
- ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. ☐ Refrigeration Systems	6. ☐ Smoke Control Systems in Open Wells	12. ☐ Fire Alarm
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks	10. ☐ Swimming Pools, Spas and Hot Tubs
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	11. ☐ LPGas Tanks	
	7. ☐ Sprinklers/Standpipes		



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/17/2013
Control Number C-13-002358
Permit Number 13-2338
Permit Issue Date 6/4/2013
Certificate Number 13-2338

Certificate

Construction Code Division
(Certificate of Approval)

Identification

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

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone: _____

Contractor RDM Construction Corp

Address PO Box 436 Atlantic Highlands NJ 07716

Telephone: (732) 859-1420 Fax: (732) 291-3437

License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3629660

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: H-1 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL

Radiology

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**

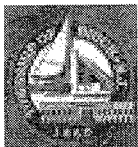
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **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: _____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/17/2013
Control Number C-13-002358
Permit Number 13-2338
Permit Issue Date 6/4/2013
Certificate Number 13-2338

Certificate

Construction Code Division
(Certificate of Approval)

Identification

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Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC
Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone: _____
Contractor: RDM Construction Corp
Address: PO Box 436 Atlantic Highlands NJ 07716
Telephone: (732) 859-1420 Fax: (732) 291-3437
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3629660

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: H-1 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL

Radiology

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- ☐ Total removal of lead-based paint hazards in scope of work
☐ 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.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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☐ **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

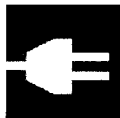
Fee: \$0.00

Check Number: _____

Collected By: _____



ELECTRICAL SUBCODE TECHNICAL SECTION



RoD 732-245 9846
Tony 732-754-6132

Date Received
Control #
Date Issued
Permit #

13-2338
6-4-13

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 Radiology
Work Site Location Ocean Medical Center - X-Ray Room
425 JACKMARTIN BLVD BRICK NJ
Owner in Fee: Meridian Health NORTH-EAST OCEAN HOSPITAL SYSTEM

Tel. () e-mail
Address 1350 CAMPUS PARKWAY SUITE 1500 NEPTUNE NJ 07753

Contractor: MIDDLETOWN ELECTRIC Tel. (732) 495-5050
Address 7 Debele Lane, Lincroft 07738
Lincroft, NJ 07738

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 \$ 30,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	Type:	Failure Failure Approval Initial
[] Partial -Underslab Utilities Approved	Rough	<u>APPROVED</u>
Date: Approved by:	Barrier-Free	<u>6-19-13</u>
[] Electric Plans Approved <u>By</u>	Trench	
Date: Approved by: <u>DCP</u>	Temp. Serv.	
Joint Plan Review Required:	Constr. Serv.	
[] Bldg. [] Plumb. [] Fire. [] Elev.	TCO	
SUBCODE APPROVAL for PERMIT	Other	
Date:	Service	<u>7-11-13</u>
Approved by:	Final	<u>DS</u>
	Barrier-Free	
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued	
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued	
Date: <u>7/18/13</u>	Annual Pool Inspection	
Approved by: <u>TJ</u>	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 shown on the application.
Applicant sign/Contractor sign and seal here:

Print name here: Robert A. Weijen
☒ Licensed Elec. Contractor ☐ Certified 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)
<u>24</u>		Lighting Fixtures	
<u>14</u>		Receptacles	
<u>5</u>		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
<u>1</u>		Emergency & Exit Lights	
<u>20</u>		Communications Points	
<u>5</u>		Alarm Devices/F.A.C. Panel	
<u>64</u>		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	
<u>1</u>		Hook up X-Ray equipment	

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



**PLUMBING SUBCODE
TECHNICAL SECTION**



Date Received
Control #
Date Issued
Permit #

13-2338
6-4-13

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 Radiology

Work Site Location Ocean Medical Center
425 JACK MARTIN BLVD. BRICK NJ

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM 1550 CHAPIN

Tel. () e-mail

Address 1350 CAMPUS PARKWAY SUITE 1500 NEPTUNE NJ 07753

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

Address 36 Parkway Ave e-mail

Pant Pleasant Beach, NJ 08742

Contractor License No. 11922 Exp. Date 6/13

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

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

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 3,400.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/contractor sign and seal here:

Print name here: Michael C...

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of new lavatory

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

CONFIDENTIAL

JOB SUMMARY (Office Use Only)		Dates (Month/Day)			
PLAN REVIEW		Failure	Failure	Approval	Initial
☐ No Plans Required	INSPECTIONS				
☐ Partial -Underslab Utilities Approved	Type:				
Date: <u>4/30/13</u> Approved by: <u>[Signature]</u>	Slab				<u>06-19-13 PA</u>
☒ Plumbing Plans Approved	Rough				
Date: <u>4/30/13</u> Approved by: <u>[Signature]</u>	Water				
Joint Plan Review Required:	Sewer				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Fixtures				
SUBCODE APPROVAL for PERMIT	Gas Equipment				
Date: <u>4-30-13</u>	Gas Piping				
Approved by: <u>2</u>	LPGas Tank				
SUBCODE APPROVAL for CERTIFICATE	Fuel Oil Piping				
☐ CO ☐ CCO ☒ CA	Solar				
Date: <u>7-16-13</u>	TCO				<u>07-11-13</u>
Approved by: <u>2</u>	Final				<u>07-12-13 PA</u>

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



CONSTRUCTION PERMIT

Date Issued
Control # C-13-002358
Permit #

6-4-13

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ Contractor RDM Construction Corp
Address PO Box 436 Atlantic Highlands NJ 07716
Owner in Fee NORTHERN OCEAN HOSPITAL SYSTEM INC
1350 CAMPUS PKWY STE 1500 NEPTUNE NJ Telephone: (732) 859-1420
07753 Lic. No. or Bldrs. Reg. No.
Telephone: Federal Employee No. 22-3629660

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

ALTERATION - -COMMERCIAL

Radiology

Note: If construction 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 \$80,400

Construction Official

Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building \$1,380
Electrical \$90
Plumbing \$50
Fire Protection \$75
Elevator Devices \$0
Other \$0.00
DCA Training Fee \$137
CO Fee
Other \$0
Total \$1,732
Check No. 1801
Cash \$0
Credit \$0
Collected By

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.



PERMIT UPDATE

Date Update Issued
Control # C-13-002358+A
Permit # +A

13-2338+A
6-4-13

IDENTIFICATION Block: 1170 Lot: 18 Qualifier _____
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ Contractor RDM Construction Corp
Owner in Fee NORTHERN OCEAN HOSPITAL SYSTEM INC Address PO Box 436 Atlantic Highlands NJ 07716
1350 CAMPUS PKWY STE 1500 NEPTUNE NJ Telephone: (732) 859-1420
07753 Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. 22-3629660

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

PLUMBING ALTERATIONS Relocate existing heads

Radiology

Note: If construction 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 \$2,000

Daniel Newman Jr
Construction Official

5/23/13
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	_____	\$0
Electrical	_____	\$0
Plumbing	_____	\$0
Fire Protection	_____	\$75
Elevator Devices	_____	\$0
Other	_____	\$0.00
DCA Training Fee	_____	\$3
CO Fee	_____	
Other	_____	\$0
Total	_____	\$78
Check No.	<u>1801</u>	
Cash	_____	\$0
Credit	_____	\$0
Collected By	_____	

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 #

Date Issued
Permit #

13-2338
6-4-13

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 Radiology
Work Site Location Ocean Medical Center
425 Jackmartin Bldv. Brick N.J
Owner in Fee Northern Ocean Hospital System
Address 1350 Campus Parkway Suite 1500
Neptune N.J 07753
Tel. ()
Contractor RDM Construction Corp
Address P.O Box 436
Atlantic Highlands N.J 07716
Tel. (732) 859-1420 FAX ()
Contractor License No. or Builder Registration No.
Federal Emp. No 273 62 9660

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
				Type:	Failure	Failure	Approval
☐	No Plans Required						
☒	All	05/29/13	KEH	Footing			
☐	Footing			Footing Bonding			
☐	Foundation			Foundation			
☐	Frame			Slab			
☐	Other			Frame + OC			6/20/13
				Truss Sys./Bracing			
				Barrier-Free			
Joint Plan Review Required:				Insulation			
☐	Elec.	☐	Plumb.	☐	Fire	☐	Elevator
SUBCODE APPROVAL				Finishes -Base Layer			
☐	CO	☐	CCO	☒	CA		
Date:		07/15/13	KEH	Finishes -Final			
Approved by:				Energy			
				Mechanical			
				TCO			
				Other			
				Final			7/12/13
				Barrier-Free			

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Rehabilitation \$ 46,000
3. Total (1+ 2) \$ _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demo of walls, flooring, ceilings
casework, Lighting, Plumbing

Installation of all new as per
Drawings

* At final check the
clearance of space where
the sink is

TYPE OF WORK:

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

FEE (Office Use Only)

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Update

Date Received
Control #

64-13

Date Issued
Permit # 13-2338+A

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 Radiology
Work Site Location Ocean Medical Center
435 JACK MARTIN BLVD. BRICK
Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM

Tel. () e-mail
Address 1350 CAMPUS PARKWAY SUITE 1500 NEPTUNE NJ 07753
Contractor: United Plumbing & Heating, Inc. Tel. (732) 991-1704
Address 36 Parkway Ave. e-mail
Point Pleasant Beach, NJ 08742

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 31-188409 FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [] New OR [] Modification to Existing
OR [] Conversion OR [] Replacement
Fuel Type: [] Gas [] Oil [] Electric [] Solar
Other _____
Location: _____
Total Cost of Fire Protection Work \$ 2000.

Fuel Storage Tank:
Fuel Type: [] Flammable OR [] Combustible
Capacity _____
Fire Alarm System: [] New OR ☒ Existing
Location of Panel: _____
Fire Suppression/Standpipe System:
[] New OR ☒ Existing
Location of Main Control Valve: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor
sign here:

Print name here: Michael Egan

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems		
[] System	_____	_____
[] 110v Interconnected	_____	_____
[] CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	_____	_____
Suppression Systems		
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems		
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other <u>Relocate existing heads</u>	<u>2</u>	_____
Other Systems		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances [] Gas [] Oil [] Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
[] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
☒ Fire Protection Plans Approved
Date: 5/13 Approved by: NAU
Joint Plan Review Required:
[] Bldg. [] Elec. [] Plumb [] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____ Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[] CO [] LCCO [] CA
Date: 5-8-13 Approved by: PCA

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

(732)
977-3710
menny



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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 Radiology
Work Site Location Ocean Medical Center - X-Ray Room
425 JACKMARTIN BLVD BRICK NJ
Owner in Fee Meridian Health NORTHERN OCEAN HOSPITAL SYSTEM
Address 1350 CAMPUS PARKWAY SUITE 1500
NEPTUNE NJ 07753

Tel () Contractor R&A Electric, Inc., t/a MIDDLETOWN ELECTRIC
Address 7 Debele Lane
Lincroft, NJ 07738
Tel (732) 495-5050 FAX (732) 495-7700
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New OR [] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [] New OR [] Existing [] HVAC Fire Suppression/Standpipe System:
Type: [] Gas [] Oil [] Electric [] Solar [] New OR [] Existing
[] Other _____ Location of Main Control Valve: _____
Location: _____

Fuel Storage Tank:

Fuel Type: [] Flammable OR [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ 1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

- [] No Plans Required
Joint Plan Review Required:
[] Building [] Plumbing
[] Electric [] Elevator
[] Fire Plans Approved

Date: 3/1/13
Approved by: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA
Date: 7-3-13
Approved by: [Signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Alarm System			<u>1/2/13</u>	<u>AW</u>
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			<u>7/2/13</u>	<u>AW</u>
Other				



C. CERTIFICATION IN LIEU OF OATH

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

XXI Certified Contractor

[] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Relocate existing smokes into new ceiling in the hallway.

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
XX System		
[] 110v Interconnected		
[] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	5	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO ₂ Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [] Gas or [] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO BOX 817
TRENTON, NJ 08625-0817

received
3/21/13

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

RICHARD E. CONSTABLE, III
Commissioner

Mr. Joseph E. Sapphire
Sapphire+Albarran Architecture
12 North Main Street
Pennington, New Jersey 08534

March 20, 2013

**RE: Ocean Medical Center
Equipment upgrade to the
X-ray room
425 Jack Martin Blvd
Brick, New Jersey 08724
DCA Ref # 5018-13
Final Release**

Dear Mr. Sapphire:

The Construction documents, which display the Department of Community Affairs, Health Care Plan Review, Final Release labels of March 20, 2013, released for the above 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(f) 4 VI. Shop-drawings for fire protection systems, as defined in IBC/NJ-2009, which are indicated in this construction document package, shall be submitted to this office for review and release prior to installation.

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 forwarded to the undersigned and a request for an inspection shall be made to New Jersey Department of Health & Senior Services, Assessment and Survey Program @ (609) 292-8773.

Sincerely,

Farivar Kiani, Supervisor
Construction Plans Approval
Health Care Plan Review

FK/SK
FILE



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 MANNY CUNHA
Address PO BOX 436
ATLANTIC HIGHLANDS NJ 07716
Telephone (732) 977-7710
Signature [Signature]

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