BLOCK 1170 LOT 18 & 18.02 QUALIFICATION CODE _____ ADDRESS (SITE) 425 JACK MARTIN BLVD PERMIT NO. 12-0665

VIOLATION

CONSTRUCTION PERMIT APPLICATION

C-12-000378

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

I. IDENTIFICATION

1. Proposed Work Site at: 425 JACK MARTIN BLVD. BRICK, NJ
2. Name of Owner in Fee: MERIDIAN HEALTH
   Tel. _____ e-mail _____
   Address 1350 CAMPUS PARKWAY, WALL, NJ 07758 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: TORCON, INC. Tel. (732)921-8792
   Address 328 NEWMAN SPRINGS RD e-mail KKANE@TORCON.COM
   RED BANK, NJ 07701 TSmith
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: _____
5. Architect or Engineer GWIR ARCHITECTS Contact _____
   Address 1111 LOUISIANA - 26TH FLR e-mail _____
   ~~TEX~~ HOUSTON, TEXAS ~~FAX~~ TEL (713) 665-5665
6. Responsible Person in Charge once Work has Begun KEVIN KANE
   Tel. (732) 921-8792 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 10259.		
2. Electrical	65.		
3. Plumbing	100.		
4. Fire Protection	45.		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	272		
10. Subtotal	$		
11. Cert. of Occupancy	N/		
12. Other			
13. TOTAL	$ 13741.		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

COMMERCIAL

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building	105,000								
☐ Electrical	15,000				3-13-12				
☐ Plumbing	12,000								
☐ Fire Protection	5300								
☐ Elevator	—								
TOTAL COST	137,300 $0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: I2
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: I2
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present 1B
   Proposed 1B

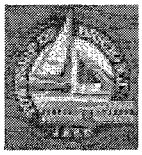
III. PLAN REVIEW (optional)

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

U.C.C. F100-1 (rev. 8/08)



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/16/2014
Control Number C-12-000378
Permit Number 12-0665
Permit Issue Date 3/22/2012
Certificate Number 12-0665

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD. Phase I- Ocean Medical Center- ER area 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 Torcon inc.

Address 328 Newman Springs Rd. Red Bank NJ 07701

Telephone: (732) 921-8792 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/Use: ALTERATION - -COMMERCIAL Phase I of new ED expansion
New temporary ED entrance. Re-arrange adjacent departments as required

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: 1/16/2014 U.C.C. F260 (rev. 08/05)

BRICK TOWNSHIP
BUREAU OF FIRE SAFETY

500 Herbertsville Road
Brick Township, New Jersey 08724
(732) 458-4100
FAX: (732) 458-4153
www.brickfire.org

July 24, 2012
District 2

Office of the Planning Board
401 Chambers Bridge Road
Brick, New Jersey 08723

BLOCK: 1170 LOT: 18 & 18.02 OWNER/APPLICANT: Ocean Medical Center
425 Jack Martin Blvd.
Brick, NJ 08724

B.T.P.B. # 2716

ENGINNEER/FILE: Dewberry Engineers Inc.
600 Parsippany Rd. Ste. 301
Parsippany, NJ 07054

SITE PLAN FEE: Received

LOCATION: 425 Jack Martin Blvd. (Ocean Medical Center)

PROPOSED USE/DESCRIPTION: Amended preliminary and final site plan for Ocean Medical Center temporary MRI/PET trailer at southeast corner of the existing hospital and parking lot. No other changes proposed.

The above referenced site plan has been reviewed and accepted with the following fire safety recommendations:

1. The existing Fire Department Connection located adjacent to the proposed temporarily trailer must remain unobstructed and accessible at all times.

Very truly yours,

Kevin C. Batzel,
Bureau Chief/Fire Marshal

KCB/kz

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/23/2012
Control Number C-12-000378
Permit Number 12-0665
Permit Issue Date 3/22/2012
Certificate Number 12-0665

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 425 JACK MARTIN BLVD. Phase I- Ocean Medical Center- ER area 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 Torcon inc.

Address 328 Newman Springs Rd. Red Bank NJ 07701

Telephone: (732) 921-8792 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/Use: ALTERATION - -COMMERCIAL Phase I of new ED expansion
New temporary ED entrance. Re-arrange adjacent departments as required

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

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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

☐ **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: 8/11/2012
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:
Final Building and Fire inspections needed.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 5/23/2012

U.C.C. F260 (rev. 08/05)

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 TORCAN, INC

Address 328 NEWMAN SPRINGS RD.

RED BANK, NJ

Telephone (732) 921-8792

Signature _____

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

approved plans

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/22/12
Date Issued
Control #
Permit # 12-0665

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

Block 1170 Lot 18 & 18.02 Qualification Code

Work Site Location Ocean Medical - E.D. Temp
425 Jack Martin Blvd, Brick, NJ

Owner in Fee

Address

Tel ( )

Contractor Sodon's Electric Inc

Address 25 W. Highland Avenue
Atl. Hlds, NJ 07716

Tel (732) 291-1713 FAX (732) 291-8702

Contractor License No. 5458

Federal Emp. No. 222401656

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed

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

Building Occupied as Hospital Utility Co.

Est. Cost of Elec. Work $ 11,400.00

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

XXX

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
21		Lighting Fixtures	
5		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
3		Emergency & Exit Lights	
5		Communications Points	
13		Alarm Devices/F.A.C. Panel	
4		Occupancy Sensors	
		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 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

[✓] Elec. Plans Approved By DCA

Date: 3-13-12

Approved by: JS

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 5-15-12

Approved by: JS

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough		SEE BACK		
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5-14-12	DP
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

1. White-Inspector copy 2. Canary- Applicant copy

3. Pink- Office Copy 4. White Tag- Office copy

UCC/F-120 (REV. 7/03)
Professional Printing
(856) 468-7933

NEW JERSEY ENERGY CONSTRUCTION CODE

TM

PLUMBING SUBCODE
TECHNICAL SECTION

DCA approved plans

Date Received 3/22/12
Control #
Date Issued
Permit # 12-0665

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 & 18.02 Qualification Code

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

Owner in Fee:

Tel. ( ) e-mail

Address

Contractor: Three G's Plumbing & Htg. Inc. Tel. (732) 223-4949
(street, municipality, zip code)

Address 1408 Atlantic Avenue e-mail 3gsplumbing@gmail.com
Manasquan, NJ 08736

Contractor License No. 36BI00782800 Exp. Date 6/30/13

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

Federal Emp. ID No. 22-2200741 FAX: (732) 223-4911

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed

Building Sewer Size Public Sewer X Private Septic

Water Service Size Public Water X Private Well

Est. Cost of Plumbing Work $ 8,500.00

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: James Gourley

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Master Facility Plan - Phase 1 Expansion
Temporary ED Entry Area G, Level 1

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

COMMERCIAL

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:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 5-8-12
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			04.05.12	PA
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			05.07.12	PA

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy