1ST FL - MRI

C-12-000404

BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 JACK MARTIN BLVD PERMIT NO. 12-0774

CONSTRUCTION PERMIT APPLICATION

1st Fl. MRI

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

I. IDENTIFICATION

1. Proposed Work Site at: 425 JACK MARTIN BLVD. BRICK TOWNSHIP, NJ
2. Name of Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM, INC.
   Tel. ( ) _____ e-mail _____
   Address 425 JACK MARTIN BLVD (street) BRICK TOWNSHIP NJ (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: GJC ASSOC. INC Tel. (732) 933-9166
   Address 312 SHREWSBURY AVE e-mail _____
   RED BANK, NJ 07701
   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. 22-3138786 FAX: ( ) _____
5. Architect or Engineer SAPIENZA ALGARRON LLC Contact ED ALGARRON
   Address NEW MARKET PENNINGTON, NJ e-mail _____
   Tel. (609) 737-5924 FAX: (609) 737-5929
6. Responsible Person in Charge once Work has Begun KARL F. KNIEF (GJC)
   Tel. (732) 933-9166 FAX: (732) 933-9161

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1861.- J		
2. Electrical	40.- J		
3. Plumbing	50.- V		
4. Fire Protection	75.- V		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	146.-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 2172.-		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories EXISTING
2. Height of Structure " ft.
3. Area — Largest Floor " sq. ft.
4. New Building Area 1060 sq. ft.
5. Volume of New Structure EXISTING cu. ft.
6. Max. Live Load "
7. Max. Occupancy Load
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed EXISTING sq. ft.
10. Flood Hazard Zone EXISTING
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)

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	48,700	KO	2/7/12	2/28/12 M			3/8/12	3/7/12	MA
☑ Electrical	1500				2/21/12	JJ			
☑ Plumbing	600				2/15/12	MM			
☑ Fire Protection	2100				2/17/12	DB			
☐ Elevator									
TOTAL COST	67,200								

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: MRI UNIT
2. Use Group, Proposed: A-2 INSTITUTIONAL
3. Change in Use Group, Indicate Present: SAME

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

D. Construct. Classification: Present 1A-IBC
Proposed SAME

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☑ Partial Releases
2. ☐ Prototype Processing

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

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

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name G.J.C. ASSOCIATES, INC.

Address 312 SHREWSBURY AVE
RED BANK NJ 07701

Telephone (732) 933-9196

Signature _____ KARL F. KNIES

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

IMPORTANT
A.H.B.T. - EXEMPT

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/5/2012
Control Number C-12-000404
Permit Number 12-0774
Permit Issue Date 4/3/2012
Certificate Number 12-0774

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD. 1st floor MRI 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 GJC ASSOCIATES

Address PO BOX 548 312 SHREWSBURY AVENUE RED BANK NJ 07701

Telephone: (732) 933-9166 Fax: (732) 933-9161

License Number or Builders Registration Number: Federal Emp. Number: 22-3138786

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 MRI Suite

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: 6/5/2012

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

Called 3/13/12

CONSTRUCTION PERMIT

Date Issued 4/3/12
Control # C-12-000404
Permit # 12.0774

IDENTIFICATION Block: 1170 Lot: 18 Qualifier

Work Site Location: 425 JACK MARTIN BLVD. 1st floor MRI Brick
Township, NJ

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC
1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone:

Contractor: GJC ASSOCIATES
Address: PO BOX 548 312 SHREWSBURY AVENUE RED BANK NJ 07701
Telephone: (732) 933-9166
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3138786

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - -COMMERCIAL Equipment and Cosmetic- New ceilings, lights, wall and floor finishes, partitions, millwork and misc. demo.

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 $85,700

Construction Official

3-12-12
Date

PAYMENTS (Office Use Only)

Building	$1,861
Electrical	$40
Plumbing	$50
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$146
CO Fee	
Other	$0
Total	$2,172
Check No.	1784
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C.5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

#0774
BLDG $1,861.00
ELEC $40.00
PLUMBING $50.00
FIRE $75.00
DCA $146.00
CHECK $2172.00

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 1170 Lot 18 Qualification Code

Work Site Location 425 JACK MARTIN BLVD BRICK TOWNSHIP NJ

Contractor GTC ASSOC INC.

Address 312 SHREWSBURY AVE RED BANK, NJ 07701

Owner in Fee NORTHERN OCEAN HOSPITAL SYSTEM, LLC

Address 425 JACK MARTIN BLVD BRICKTOWNSHIP, NJ 08724

Tel. (732) 933-9166

Lic. No. or Bldrs. Reg. No. 22-3138786

Tel. ( )

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: EQUIP + COSMETIC UPGRADES TO EXISTING MRI SUITE INCL NEW CEILINGS, LIGHTING, WALL + FLOOR FINISHES, GYP PARTITIONS, + MILLWORK

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 $ 46,700

Construction Official

Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 1170 Lot 18 Qualification Code

Work Site Location 425 JACK MARTIN BLVD BRICK TOWNSHIP NJ

Owner in Fee NORTHERN OCEAN HOSPITALS SYSTEM, LLC

Address 425 JACK MARTIN BLVD BRICKTOWNSHIP, NJ 08724

Tel. ( )

Contractor GJC ASSOC. INC.

Address 312 SHREWSBURY AVE RED BANK, NJ 07701

Tel. (732) 933-4166

Lic. No. or Bldrs. Reg. No. 22-3138186

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: EQUIPMENT COSMETIC UPGRADES TO EXISTING MRI SUITE INCL NEW CEILINGS, LIGHTING, WALL + FLOOR FINISHES, GYP PARTITIONS, + MILLWORK

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 $ 45,700

Construction Official

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

Check No.

Cash

Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 1170 Lot 18 Qualification Code

Work Site Location 425 JACK MARTIN BLVD
BRICK TOWNSHIP NJ

Contractor GTC ASSOC. INC.

Address 312 SHREWSBURY AVE
RED BANK, NJ 07701

Owner in Fee NORTHERN OCEAN HOSPITALS SYSTEM, LLC

Address 425 JACK MARTIN BLVD
BRICK TOWNSHIP, NJ 08724

Tel. ( ) _____

Tel. (732) 933-9166

Lic. No. or Bldrs. Reg. No. 22-3138786

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: EQUIPMENT (OSTEOPATHIC) UPGRADES TO EXISTING MRI SUITE INCL NEW CEILINGS, LIGHTING, WALL & FLOOR FINISHES, GYP PARTITIONS, & MILLWORK

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 $ 46,700

Construction Official

Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

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 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 given.

☐ 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 the case 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. Utility services; including septic.
4. 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.

☐ 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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 1170 Lot 18 Qualification Code

Work Site Location 425 JACKMAN BLVD BRICK TOWNSHIP, NJ

Owner in Fee NORTHERN LEASE HOLDINGS SYSTEM, LLC

Address 425 JACK MARTIN BLVD BRICK TOWNSHIP, NJ 08724

Tel. ( )

Contractor GTC. NASSAU INC.

Address 31R SKYLINE DRIVE HICKSVILLE, NY 01101

Tel. (732) 433-4166

Lic. No. or Bldrs. Reg. No. AA-5138186

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: 6 UNIT TENANT UPGRADE TO EXISTING MALL SUITE INCLUDING CEILING, LIGHTING, WALL & FLOOR FINISHES & OTHER INCIDENTALS AS NEEDED

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 $ 15,700

Construction Official

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

Check No.

Cash

Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 4/3/12
Permit # 12.0774

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 425 JACK MARTIN BLVD. 1st floor MRI
BRICK TOWNSHIP, NJ

Owner in Fee: NORTHERN OCEAN MEDICAL SYSTEMS, LLC

Tel. ( ) e-mail

Address 425 JACK MARTIN BLVD. BRICK TOWNSHIP, NJ 08724
street municipality zip code

Contractor: GJC ASSOC, INC Tel. (732) 933-4166

Address 317 SHREWSBURY AVE. e-mail
RED BANK, NJ 07701

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

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

Federal Emp. ID No. 22-3138786 FAX: (732) 933-9161

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior 3/2/12 KA

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5/29/12
Approved by: KA

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame + OC			4/16/12	MT
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			5/9/12	MT
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ~~R-2~~ I-2 Proposed SAME
Constr. Class Present 1A-1B Proposed SAME

No. of Stories EXISTING
Height of Structure EXISTING ft.
Area — Largest Floor 1060 sq. ft.
New Bldg. Area/All Floors EXISTING sq. ft.
Volume of New Structure " cu. ft.
Max. Live Load "
Max. Occupancy Load "

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ -0-
2. Rehabilitation $ 67,200-
3. Total (1+ 2) $ 67,200-

U.C.C. F110
(rev. 12/07)

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 EQUIPT + COSMETIC UPGRADES TO EXISTING MRI-SUITE INCLUDING NEW CEILINGS, LIGHTS, WALL + FLOOR FINISHES, GYP. PARTITIONS, FIRE SPRINKLER MOD'S, MILLWORK + MISC DEMO.

CARD 1 OF 2

TYPE OF WORK: COMMERCIAL

- [ ] 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
- [ ] Other _____
- [✓] Demolition

FEE (Office Use Only)

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 4/3/12
Permit # 12-0774

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 425 JACK MARTIN BLVD. 1st FLOOR MRI
BRICK TOWNSHIP, NJ

Owner in Fee: NORTHERN OCEAN MEDICAL SYSTEMS, LLC

Tel. ( ) e-mail

Address 425 JACK MARTIN BLVD (street) BRICK TOWNSHIP (municipality) NJ 08724 (zip code)

Contractor: GJC ASSOC, INC Tel. (732) 933-6166

Address 312 SAWMILL AVE e-mail
RED BANK, NJ 07701

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

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

Federal Emp. ID No. 22-3138786 FAX: (732) 933-9161

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: EQUIP + COSMETIC UPGRADES TO EXISTING MRI-SUITE INCLUDING NEW CEILINGS, LIGHTS, WALL + FLOOR FINISHES, GYP PARTITIONS FIRE SPRINKLER REVO'S, MILLWORK + MISC DEMO.

CARD 2 OF 2

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	4/3/12	KA

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [ ] CA
Date: 5/29/12
Approved by: KA

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO 90 Days			4/18/12	MW
Other				
Final *4/25/12 W		5/9/12		MW
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ~~R-2~~ I-2 Proposed SAME
Constr. Class Present 1A-1BC Proposed SAME
No. of Stories EXISTING
Height of Structure EXISTING ft.
Area — Largest Floor 1060 sq. ft.
New Bldg. Area/All Floors EXISTING sq. ft.
Volume of New Structure " cu. ft.
Max. Live Load "
Max. Occupancy Load "

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ -0-
2. Rehabilitation $ 67,200
3. Total (1+ 2) $ 67,200

*NR

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
[ ] Other _____
[✓] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 12/07)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 4/3/12

Date Issued / Permit # 12-0774

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 425 Jack Martin Blvd 1st fl. MRI
Brick Township N.J.

Owner in Fee: Northern Ocean Hospital System, LLC

Tel. ( ) e-mail

Address 426 Jack Martin Blvd. Brick Township, NJ 08724
street municipality zip code

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

Address 36 Parkway 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. 11922 Exp. Date 6/13

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

Federal Emp. ID No. 31-1818409 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:

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:

Total Cost of Fire Protection Work $ 2100.00

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.

Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Relocation of existing sprinkler heads

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	1	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	4	
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	4	75-
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
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: 4/17/12 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4-17-12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 4/18/12
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Alarm System				
Suppression Sys.			4/18/12	RSO
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			4/18/12	RSO
Other				

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/3/12

Date Issued / Permit # 12-0774

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 425 JACK MARTIN BLVD - 1st fl. MRI
BRICK TOWNSHIP, NJ 08724

Owner in Fee: ~~OCEAN~~ NORTHERN OCEAN HOSPITAL SYSTEM, LLC

Tel. ( ) e-mail

Address 425 JACK MARTIN BLVD. BRICK TOWNSHIP, NJ 08724
street municipality zip code

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

Address 36 Parkway e-mail
Point 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: (609) 228-4124

B. PLUMBING CHARACTERISTICS

Use Group Present I-2 INSTITUTIONAL Proposed SAME

Building Sewer Size EXISTING Public Sewer " Private Septic "

Water Service Size " Public Water " Private Well "

Est. Cost of Plumbing Work $ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[✓] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date 2/15/12 Approved by:
Joint Plan Review Required:
[ ] Bldg. [✓] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-16-12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 4-17-12
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			04-16-12 PP	

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 Casey

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installation of new sink

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	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

SAME LETTER D.CO

COMMERCIAL

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/3/12
Date Issued
Control # 12-0774
Permit #

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

Block 1170 Lot 18
Work Site Location Ocean Medical Center - 1st Floor MRI Unit
425 Jack Martin Blvd., Brick, NJ 08724
Owner in Fee Ocean Medical Center
Address 425 Jack Martin Blvd.
Brick, NJ 08724
Tele. (732) 836-4077 BUD 732-804-3954
Contractor Little Silver Electric Inc.
Address 68 Birch Avenue
Little Silver, New Jersey 07739
Tele. (_____) (732) 741-1222 • Fax (732) 530-5925
Lic. No. 7760
Federal Emp. No. 22-1778092 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as Hospital Utility Co. JCPL
Est. Cost of Elec. Work $ 15,800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 2/21/12
Approved by: JJ

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4-19-12
Approved By: JJ

INSPECTIONS

Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			4-16-12	DD
Temporary				
Constr. Serv.				
TCO				
Other				
Service			4-18-12	DD
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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.

RVP
Signature — Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
18		Fixtures (1)
3		Receptacles (2)
2		Switches (3)
23		Total 1 + 2 + 3
	___ Kw	Range
	___ Kw	Oven(s)
	___ Kw	Surface Unit
	___hp	Dishwasher
	___hp	Garbage Disposal
	___ Kw	Dryer
	___ Kw	A/C Unit
		Burglar Alarms
		Intercoms Panels
1		Smoke Detectors
	___hp	Whirlpool/spa
		Pool Bonding
	___hp	Pool Filter Motor
		Pool Lights
	___ Kw	Water Heater(s)
	___ Kw	Central heat: oil, gas or elec.
	___ Kw	Baseboard Heat Units
		Thermostats
	___hp	Heat Pump
	___hp	Pump(s)
	___Amp	Motor Control Center/Sub Panels
		Signs
	_____	Light Standards
	___hp	Motors—Fractional H.P.
	___hp	Motors—All Others
	___ Kw	Transformers
	___ Kw	Generators
	__ Amp	Service Entrance
	_____	Other

FEE (Office Use Only)

COMMERCIAL

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-120B 1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 4/3/12

Date Issued / Permit # 12-0774

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 426 JACK MARTIN BLVD / 15 J.F. MKT
BRICK TOWNSHIP NJ

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM, LLC

Tel. ( ) e-mail

Address 426 JACK MARTIN BLVD. BRICK TOWNSHIP, NJ 08724
street municipality zip code

Contractor: United Plumbing & Heating, Inc Tel. (732) 991-1701

Address 36 Parker 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. 1122 Exp. Date. 6/13

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

Federal Emp. ID No. 31-1516409 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:

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:

Total Cost of Fire Protection Work $ 2100.00

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.

Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Relocation of existing sprinkler heads

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)	4	
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	4	75.-
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
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: 4-17-12 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4-17-12
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) 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				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/3/12
Control #
Date Issued
Permit # 12-0774

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

Block 1110 Lot 18 Qualification Code

Work Site Location [illegible]

Owner in Fee: [illegible], LLC

Tel. ( ) e-mail

Address [illegible] (street, municipality, zip code)

Contractor: [illegible] Tel. (732) [illegible]

Address [illegible] e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. [illegible] Exp. Date 6/13

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

Federal Emp. ID No. [illegible] 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 $ 2100.00

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's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: [illegible] of existing sprinkler heads.

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)	4	
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	4	75
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
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: [illegible] Approved by: [signature]

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: [illegible]

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS 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				

Dates (Month/Day)

U.C.C. F140 (rev 12/07) Reorder from OCS Printing 609-390-1400

MASTER PLUMBER LICENSED 11922 NEW JERSEY

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 4/3/12
Permit # 12.0774

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 425 JACK MARTIN BLVD 1st FLOOR MRI
BRICK TOWNSHIP, NJ

Owner in Fee: NORTHERN OCEAN MEDICAL SYSTEMS, LLC

Tel. ( ) e-mail

Address 425 JACK MARTIN BLVD (street) BRICK TOWNSHIP, NJ (municipality) 08724 (zip code)

Contractor: GJC ASSOC, INC Tel. (732) 933-9166

Address 317 SHREWSBURY AVE. e-mail
RED BANK, NJ 07701

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

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

Federal Emp. ID No. 22-3138786 FAX: (732) 933-9161

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 EQUIPT + COSMETIC UPGRADES TO EXISTING MRI-SUITE INCLUDING NEW CEILINGS, LIGHTS, WALL + FLOOR FINISHES, GYP. PARTITIONS, FIRE SPRINKLER REVO'S, MILLWORK + MISC DEMO.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[✓] Interior	3/6/12	

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

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
[ ] Other
[✓] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present ~~1-2~~ 1-2 Proposed SAME
Constr. Class Present 1A-1BC Proposed SAME
No. of Stories EXISTING
Height of Structure EXISTING ft.
Area — Largest Floor 1060 sq. ft.
New Bldg. Area/All Floors EXISTING sq. ft.
Volume of New Structure " cu. ft.
Max. Live Load "
Max. Occupancy Load "

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ -0-
2. Rehabilitation $ 67,200-
3. Total (1+2) $ 67,200-

U.C.C. F110
(rev. 12/07)

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/3/12
Control #
Date Issued
Permit # 12.0774

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

Block [illegible] Lot 18 Qualification Code

Work Site Location [illegible]

Owner in Fee: [illegible] LLC

Tel. ( ) e-mail

Address [illegible] (street) (municipality) (zip code)

Contractor: [illegible] Tel. ([illegible]) [illegible]

Address [illegible] e-mail

[illegible]

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

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

Federal Emp. ID No. 22-[illegible] FAX: ([illegible]) [illegible]

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present [illegible] Proposed Same

No. of Stories Existing

Height of Structure Existing ft.

Area — Largest Floor 1060 sq. ft.

New Bldg. Area/All Floors Existing sq. ft.

Volume of New Structure " cu. ft.

Max. Live Load "

Max. Occupancy Load "

Constr. Class Present 1A-1B C Proposed Same

If Industrialized Building:

State Approved HUD

Est. Cost of Blg. Work:

1. New Bldg. $ — 0 —
2. Rehabilitation $ [illegible]
3. Total (1+ 2) $ [illegible]

U.C.C. F110
(rev. 12/07)

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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK [illegible]

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
- [ ] Other ____
- [✓] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 4/3/12

Date Issued Permit # 12-0774

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

Block 11710 Lot 18 Qualification Code

Work Site Location 425 JACK MARTIN BLVD - 1ST FL. NIRT
BRICK TOWNSHIP NJ 08724

Owner in Fee: ~~OFFICE~~ NORTHERN OCEAN HOSPITAL SYSTEM, LLC

Tel. ( ) e-mail

Address 425 JACK MARTIN BLVD BRICK TOWNSHIP, NJ 08724
street municipality zip code

Contractor: United Plumbing & Heating, Inc Tel. (732) 991-1701

Address 36 Parkway e-mail
Point Pleasant Boro, NJ 08742

Contractor License No. 11732 Exp. Date 6/13

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

Federal Emp. ID No. 31-1818409 FAX: (609) 223-4124

B. PLUMBING CHARACTERISTICS

Use Group Present 1-2 INSTITUTIONAL Proposed SAME

Building Sewer Size EXISTING Public Sewer " Private Septic "

Water Service Size " Public Water " Private Well "

Est. Cost of Plumbing Work $ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 2/15/12 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4-16-12
Approved by:

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

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

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

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installation of new sink

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	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/3/12

Date Issued / Permit # 12-0774

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

Block 11711 Lot 14 Qualification Code

Work Site Location [illegible]

Owner in Fee: [illegible]

Tel. ( ) e-mail

Address [illegible]
street municipality zip code

Contractor: [illegible] Tel. (732) [illegible]

Address [illegible] e-mail

Contractor License No. 11132 Exp. Date 5/13

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

Federal Emp. ID No. 31-1911409 FAX: (609) 222-4134

B. PLUMBING CHARACTERISTICS

Use Group Present [illegible] Proposed [illegible]

Building Sewer Size [illegible] Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 4.3.12 Approved by: [illegible]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4.3.12
Approved by: [illegible]

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

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

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: [illegible]

Print name here: [illegible]

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installation of new sink

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	50.00
	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	

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

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

LORI GRIFA
Commissioner

October 20, 2011

Mr. Edwin Albaran, AIA
Saphire & Albaran
12 North Main Street
Pennington, NJ 08534

Re: Local Plan Review
Ocean Medical center
Equipment Upgrades to MRI Room

Dear Mr. Albaran;

Currently, we are allowing local construction departments to perform the review of certain projects, as long as there are no State licensure or AIA Guidelines requirements to be met in those areas or if the work is very minor in nature. Having looked at the submitted information, **it has been determined that local review of this project is appropriate**. This is with the understanding that this is strictly limited to the review of the Equipment Upgrade to MRI Room plus cosmetic upgrades to the room and all work necessary to accomplish this project at the above referenced facility.

Prior to occupying the project area, a copy of the Certificate of Occupancy must be provided to the New Jersey Department of Health and Senior Services, Inspections, Compliance and Complaints (ICC) unit by mail or fax, (609) 943-3013. You must also contact that unit to arrange for an inspection of the completed work. The NJHSS ICC can be reached at (609) 292-9900.

Should you have any questions, you may call me at (609) 633-8151.

Sincerely,

Farivar Kiani

Farivar Kiani,
Supervisor
Health Care Plan Review
Construction Plan Approval

ELECTRICAL SUBCODE
TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE

Date Received 4/3/12
Date Issued
Control # 12-0774
Permit #

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

Block 1170 Lot 18

Work Site Location Ocean Medical Center - 1st Floor MRI Unit
425 Jack Martin Blvd., Brick, NJ 08724

Owner in Fee Ocean Medical Center

Address 425 Jack Martin Blvd.
Brick, NJ 08724

Tele. (732) 836-4077

Contractor Little Silver Electric Inc.

Address 68 Birch Avenue
Little Silver, New Jersey 07739

Tele. (_____) (732) 741-1222 • Fax (732) 530-5925

Lic. No. 7760

Federal Emp. No. 22-1778092 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as Hospital Utility Co. JCPL

Est. Cost of Elec. Work $ 15,800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 2/21/12
Approved by: JS

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved By: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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.

Signature — Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
~~18~~		Fixtures (1)	
~~3~~		Receptacles (2)	
~~2~~		Switches (3)	
~~23~~		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	____hp	Dishwasher	
	____hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
~~1~~		Smoke Detectors	
	____hp	Whirlpool/spa	
		Pool Bonding	
	____hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	____hp	Heat Pump	
	____hp	Pump(s)	
	___Amp	Motor Control Center/Sub Panels	
		Signs	
	_____	Light Standards	
	____hp	Motors—Fractional H.P.	
	____hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	__ Amp	Service Entrance	
	_____	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-120B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

4/3/12
12-0774

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

Work Site Location ~~Ocean Medical Center - 1st Floor MRI Unit~~
~~425 Jack Martin Blvd., Brick, NJ 08724~~

Owner in Fee ~~Ocean Medical Center~~

Address ~~425 Jack Martin Blvd.~~
~~Brick, NJ 08724~~

Tele. (732) ~~936-4077~~

Contractor Little Silver Electric Inc.

Address 68 Birch Avenue
Little Silver, New Jersey 07739

Tele. (_____) (732) 741-1222 • Fax (732) 530-5925

Lic. No. 7760

Federal Emp. No. 22-1778092 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as Hospital Utility Co. JCPL

Est. Cost of Elec. Work $ 15,800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 3/31/12
Approved by: D

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved By: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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.

Signature — Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
~~18~~		Fixtures (1)
~~3~~		Receptacles (2)
~~2~~		Switches (3)
~~23~~		Total 1 + 2 + 3
	___ Kw	Range
	___ Kw	Oven(s)
	___ Kw	Surface Unit
	____hp	Dishwasher
	____hp	Garbage Disposal
	___ Kw	Dryer
	___ Kw	A/C Unit
		Burglar Alarms
		Intercoms Panels
~~1~~		Smoke Detectors
	____hp	Whirlpool/spa
		Pool Bonding
	____hp	Pool Filter Motor
		Pool Lights
	___ Kw	Water Heater(s)
	___ Kw	Central heat: oil, gas or elec.
	___ Kw	Baseboard Heat Units
		Thermostats
	____hp	Heat Pump
	____hp	Pump(s)
	___Amp	Motor Control Center/Sub Panels
		Signs
	_____	Light Standards
	____hp	Motors—Fractional H.P.
	____hp	Motors—All Others
	___ Kw	Transformers
	___ Kw	Generators
	__ Amp	Service Entrance
	_____	Other

FEE (Office Use Only)

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

Paid [ ] Check # _____
Collected by: _____

U.C.C. Form F-120B

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

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

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

LORI GRIFA
Commissioner

October 20, 2011

Mr. Edwin Albaran, AIA
Saphire & Albaran
12 North Main Street
Pennington, NJ 08534

Re: Local Plan Review
Ocean Medical center
Equipment Upgrades to MRI Room

Dear Mr. Albaran;

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Prior to occupying the project area, a copy of the Certificate of Occupancy must be provided to the New Jersey Department of Health and Senior Services, Inspections, Compliance and Complaints (ICC) unit by mail or fax, (609) 943-3013. You must also contact that unit to arrange for an inspection of the completed work. The NJHSS ICC can be reached at (609) 292-9900.

Should you have any questions, you may call me at (609) 633-8151.

Sincerely,

Farivar Kiani

Farivar Kiani,
Supervisor
Health Care Plan Review
Construction Plan Approval

saphire + albarran
ARCHITECTURE LLC

TRANSMITTAL

DATE: 26 January 2012

TO: Mr. Jorge Gaspar
Meridian Health Systems

FROM: Ed Albarran

PROJECT: Ocean Medical Center
Equipment Upgrade to the MRI Room
S+A Project 1118

We are sending you **Herewith** Under Separate Cover Other

Plans
Specifications
Letters
Shop Drawings
Other:

Blueprints
Mylars
Sepias
Photo Copies

Change Order
Photographs

Via: Hand-carried by Saphire+Albarran (EA)

COPIES	SHEET NO.	TITLE	DATE
3		Complete Sets of Plans *(Signed & Sealed)*-**PERMIT SET**	01.26.12
2		State of NJ/DCA Remand Approval Letter	10.28.11

For your use/information
As requested
For review & approval

Approved
Approved as noted
Not approved
Resubmit

Comments: PERMIT SET

Received
GJC Associates, Inc.
JAN 31 2012

twelve north main street
pennington. new jersey. 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com

GENERAL CONTRACTORS • CONSTRUCTION MANAGERS
P.O. Box 548
Red Bank, NJ 07701
(732) 933-9166
(732) 933-9161 Fax

GJC ASSOCIATES, INC.

LETTER OF TRANSMITTAL

DATE 2/6/2012	JOB NO. 11-249
Ocean Medical Center – MRI Equipment Upgrades	
425 Jack Martin Blvd.	
Brick, NJ	

To: Brick Township Construction Department

Attention: Building Department

WE ARE SENDING YOU: ☐ Attached ☐ under separate cover via _____ the following items:
☐ Prints ☐ Shop Drawings ☐ Plans ☐ Specifications ☐ Samples ☐ Change Order

COPIES	DATE	NO.	DESCRIPTION
3 sets	1/26/2012		Complete Set of Signed and Sealed Drawings for construction
2	10/20/2011		State of NJ/DCA Remand Approval Letter
1	2/6/2012		Building Application with Electrical, Fire, Plumbing and Construction Applications

THESE ARE TRANSMITTED AS CHECKED BELOW:

☑ for approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☑ for your use ☐ Approved as noted ☐ Submit _____ copies for distribution

☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment

☐ _____

☐ PRINTS RETURNED AFTER LOAN TO US

REMARK:

SHIPPING METHOD: Hand Deliver 2/6/2012

COPY TO: Karl F. Knief

SIGNED: **Lynn Belletier, Office Manager**

If enclosures are not as noted, kindly notify us at once.

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

TRANSMISSION OK

JOB NO.	3994
DESTINATION ADDRESS	97329339161
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	02/21 15:54
USAGE T	00'18
PGS.	1
RESULT	OK

fax 732-933-9161

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 1350 CAMPUS PKWY STE 1500 NEPTUNE, NJ 07753 CC:

RE: Building Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD.
Permit Number: Control Number: C-12-000404
Last Submit Date: Wednesday, February 08, 2012

Date: Wednesday, February 15, 2012

Dear NORTHERN OCEAN HOSPITAL SYSTEM INC,
Your request is hereby denied based upon the following infractions.

State review reqired or letter of release for local review.

Sincerely,

Michael Vecchio, Subcode Official

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

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

LORI GRIFA
Commissioner

October 20, 2011

Mr. Edwin Albaran, AIA
Saphire & Albaran
12 North Main Street
Pennington, NJ 08534

Re: Local Plan Review
Ocean Medical center
Equipment Upgrades to MRI Room

Dear Mr. Albaran;

Currently, we are allowing local construction departments to perform the review of certain projects, as long as there are no State licensure or AIA Guidelines requirements to be met in those areas or if the work is very minor in nature. Having looked at the submitted information, **it has been determined that local review of this project is appropriate.** This is with the understanding that this is strictly limited to the review of the Equipment Upgrade to MRI Room plus cosmetic upgrades to the room and all work necessary to accomplish this project at the above referenced facility.

Prior to occupying the project area, a copy of the Certificate of Occupancy must be provided to the New Jersey Department of Health and Senior Services, Inspections, Compliance and Complaints (ICC) unit by mail or fax, (609) 943-3013. You must also contact that unit to arrange for an inspection of the completed work. The NJHSS ICC can be reached at (609) 292-9900.

Should you have any questions, you may call me at (609) 633-8151.

Sincerely,

Farivar Kiani

Farivar Kiani,
Supervisor
Health Care Plan Review
Construction Plan Approval

saphire + albarran
ARCHITECTURE LLC

FACSIMILE

DATE: 6 March 2012

TO: Mr. Michael Vecchio
Subcode Official
Township of Brick

FAX#: (732) 262-2941

FROM: Joseph E. Saphire, AIA

PAGES: 3 (including cover)

PROJECT: Ocean Medical Center
425 Jack Martin Boulevard
Brick, NJ
Block: 1170 Lot: 18
S+A Project 1118

Good afternoon,

Attached please find Saphire+Albarran Architecture comment response letter dated today. Please be advised that the original signed & sealed copy is in the mail to you.

Thank-you.

twelve north main street
pennington, new jersey, 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com

saphire + albarran
ARCHITECTURE LLC

6 March 2012

Mr. Michael Vecchio
Subcode Official
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

Project: Ocean Medical Center
425 Jack Martin Boulevard
Block: 1170 Lot: 18
Permit Number: Control Number: C-12-000404
S+A Project 1118

Dear Mr. Vecchio,

This is in response to your letter of February 23, 2012 regarding the plan review of the above referenced project.

Attached please find the Statement of Conditions Plan for the area of concern.

This plan matches the barriers presented on the project documentation currently under review and are not proposed to be affected by the scope of work of this project.

If you have any other questions or concerns, please do not hesitate to contact this office.

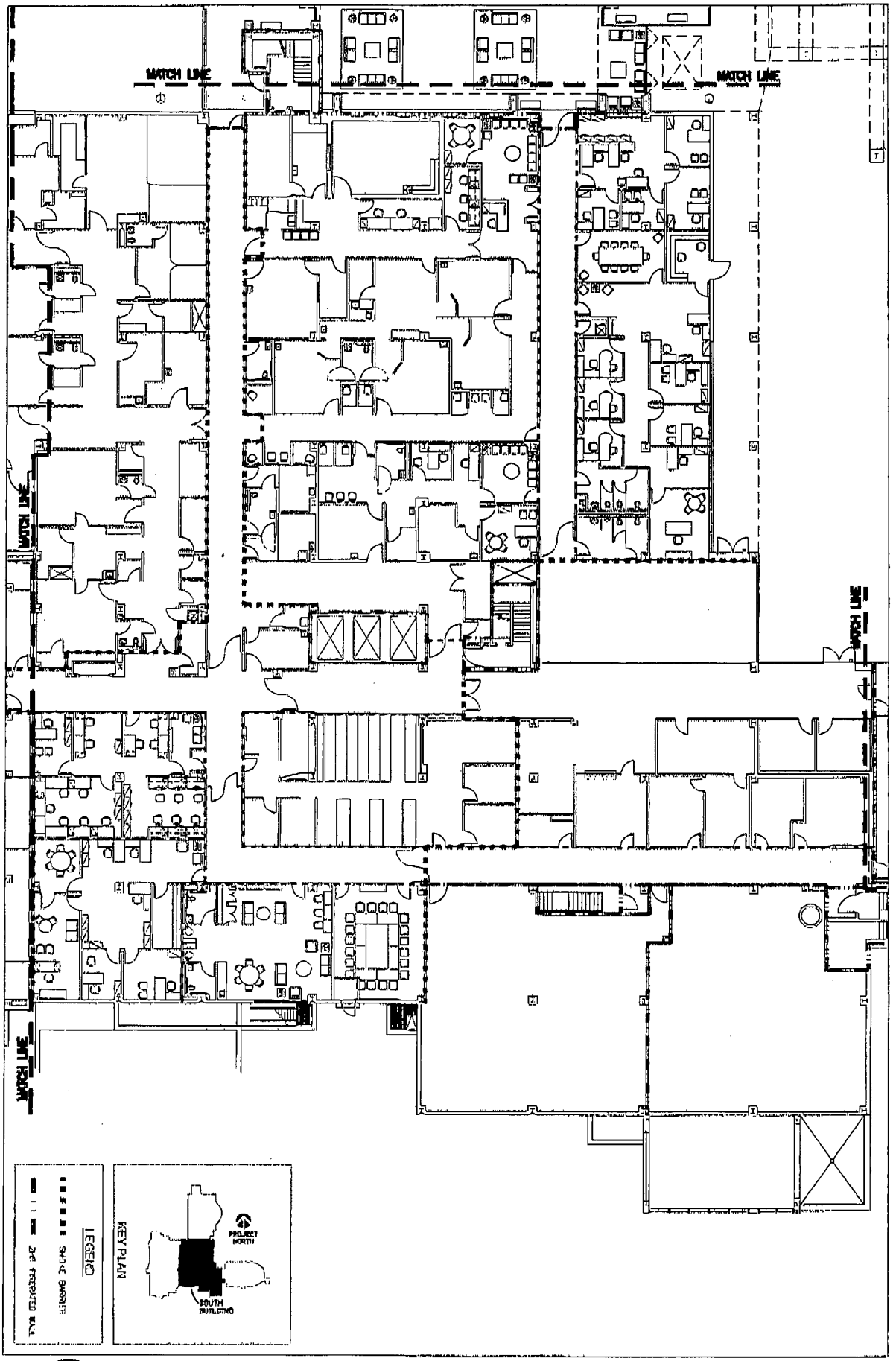
Sincerely,

Joseph E. Saphire, AIA, Principal
NJ License No. AI0S932

JES/es

twelve north main street
pennington, new jersey. 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com



Ocean Medical Center

PROJECT #	9315.19	BY	MAL
SUBJECT	STATEMENT OF CONDITIONS	DATE	AUG. 2009
PROJECT NAME	OCEAN MEDICAL CENTER	SHEET	6 OF 21
		REF. DRAWING #	
		SKETCH	1—SOUTH

saphire + albarran
ARCHITECTURE LLC

MAR 07 2012

6 March 2012

Mr. Michael Vecchio
Subcode Official
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

Project: Ocean Medical Center
425 Jack Martin Boulevard
Block: 1170 Lot: 18
Permit Number: Control Number: C-12-000404
S+A Project 1118

Dear Mr. Vecchio,

This is in response to your letter of February 23, 2012 regarding the plan review of the above referenced project.

Attached please find the Statement of Conditions Plan for the area of concern.

This plan matches the barriers presented on the project documentation currently under review and are not proposed to be affected by the scope of work of this project.

If you have any other questions or concerns, please do not hesitate to contact this office.

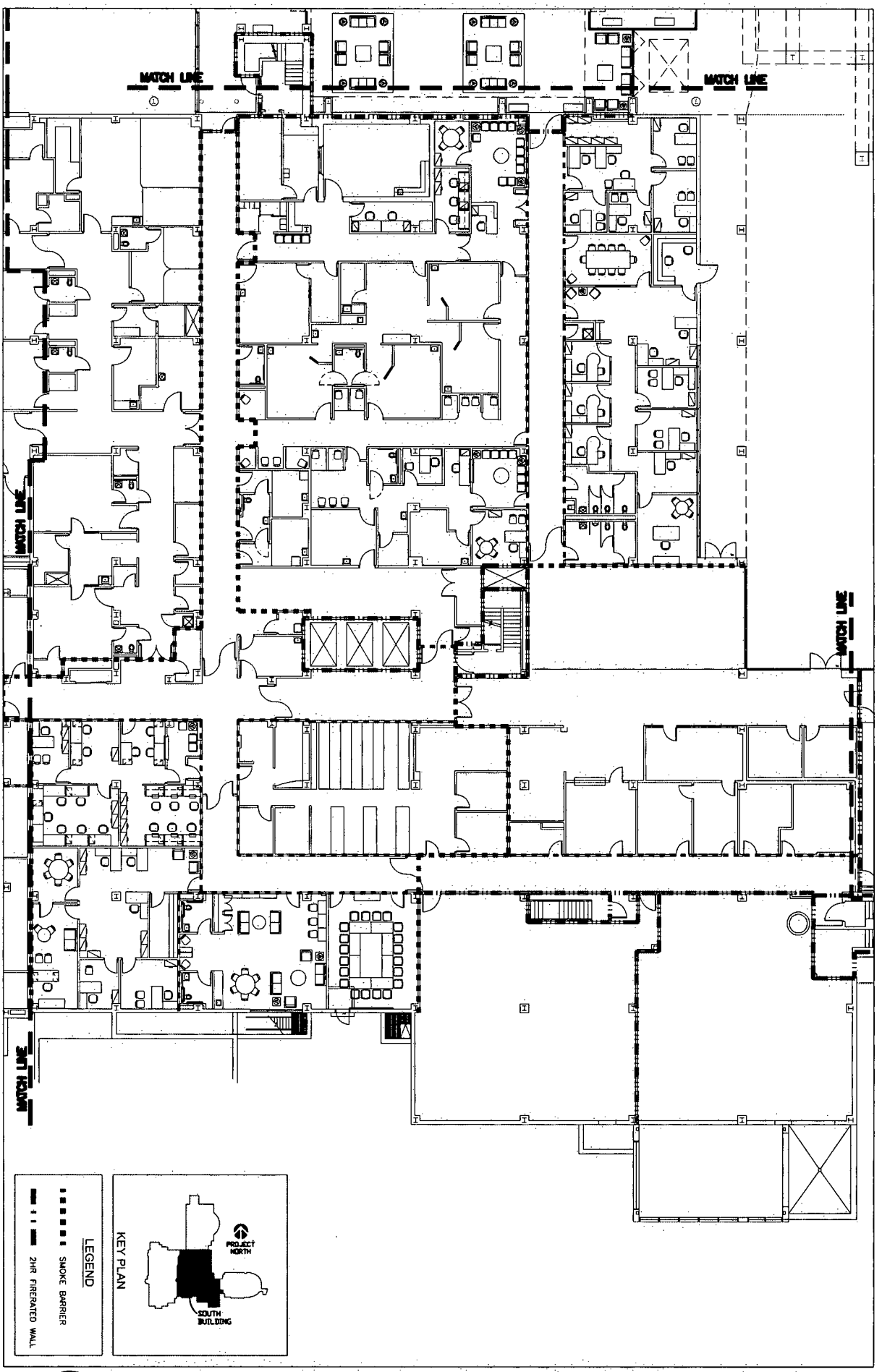
Sincerely,

Joseph E. Saphire, AIA, Principal
NJ License No. AI08932

JES/es

twelve north main street
pennington. new jersey. 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com



Ocean Medical Center

PROJECT #	9315.19	BY	MAL	REF. DRAWING#	
SUBJECT	STATEMENT OF CONDITIONS	DATE	AUG. 2009		
PROJECT NAME	OCEAN MEDICAL CENTER	SHEET	6 OF 21	SKETCH	1-SOUTH

Fax 732-933-9161 2/7/12

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 1350 CAMPUS PKWY STE 1500 NEPTUNE, NJ 07753 CC:

2nd Review

RE: Building Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD
Permit Number: Control Number: C-12-000404
Last Submit Date: Tuesday, March 06, 2012

Date: Wednesday, March 07, 2012

Dear NORTHERN OCEAN HOSPITAL SYSTEM INC,
Your request is hereby denied based upon the following infractions.

I was unable to match the SOC with the plans submitted. Please identify the work area on the SOC plans submitted.

Additionally please resubmit the original signed and sealed copy for re review. We will not be able to release the plans with faxed copies.

Sincerely,

Michael Vecchio, Subcode Official

fax 732-933-9161 2/24/12

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 1350 CAMPUS PKWY STE 1500 NEPTUNE, NJ 07753 CC:

RE: Building Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD.
Permit Number: Control Number: C-12-000404
Last Submit Date: Wednesday, February 22, 2012

1st Review

Date: Thursday, February 23, 2012

Dear NORTHERN OCEAN HOSPITAL SYSTEM INC,
Your request is hereby denied based upon the following infractions.

Provide a recent "Statement of Conditions" of the work area and surrounding spaces to identify any rated assemblies effected.

Sincerely,

Michael Vecchio, Subcode Official

3/6/12 - Received - MV

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

TRANSMISSION OK

JOB NO.	4062
DESTINATION ADDRESS	97329339161
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	02/24 11:40
USAGE T	00'18
PGS.	1
RESULT	OK

Fax 732-933-9161 2/24/12

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 1350 CAMPUS PKWY STE 1500 NEPTUNE, NJ 07753 CC:

RE: Building Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD.
Permit Number: Control Number: C-12-000404
Last Submit Date: Wednesday, February 22, 2012

Date: Thursday, February 23, 2012

Dear NORTHERN OCEAN HOSPITAL SYSTEM INC,
Your request is hereby denied based upon the following infractions.

Provide a recent "Statement of Conditions" of the work area and surrounding spaces to identify any rated assemblies effected.

Sincerely,

Michael Vecchio, Subcode Official

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

TRANSMISSION OK

JOB NO.	4202
DESTINATION ADDRESS	97329339161
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	03/07 14:37
USAGE T	00'20
PGS.	1
RESULT	OK

Fax 732-933-9161 3/7/12

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 1350 CAMPUS PKWY STE 1500 NEPTUNE, NJ 07753 CC:

2nd Review

RE: Building Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD.
Permit Number: Control Number: C-12-000404
Last Submit Date: Tuesday, March 06, 2012

Date: Wednesday, March 07, 2012

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Sincerely,

Michael Vecchio, Subcode Official