addition

1 2-west

BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin Blvd PERMIT NO. 12.1425

CONSTRUCTION PERMIT APPLICATION C12-001658

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

I. IDENTIFICATION

1. Proposed Work Site at: Ocean Medical Center 2-west 1
2. Name of Owner in Fee: Ocean Medical Center 1
   Tel. (732) 836 4077 e-mail _____
   Address 425 Jack Martin Blvd Brick
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: RDM Construction Corp Tel. (732) 291 3435
   Address PO Box 436 e-mail _____
   Atlantic Highlands NJ 07716
   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. 273 629660 FAX: (732) 291 3437
5. Architect or Engineer Sofia Algarra Contact E&R Algarra
   Address 12 N. Main ST Pennington e-mail _____
   Tel. (609) 737 5924 NJ FAX: (609) 737 5929
6. Responsible Person in Charge once Work has Begun Rick Dibold
   Tel. (732) 291 3435 FAX: (732) 291 3437

COMMERCIAL

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 2228. ✓		
2. Electrical	40. ✓		
3. Plumbing	50		
4. Fire Protection	25 -	115. -	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	316. -	7. -	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 2809. -	122. -	

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

Interior alteration 12-09

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	87060	[illegible]	5/1/12		5/10/12	[illegible]			
☑ Electrical	31000				5/17/12	D			
☑ Plumbing	66500	DCA Review							
☑ Fire Protection	4500				5/16/12	D			
☐ Elevator									
TOTAL COST	189,060								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

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

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.

(X) Check if contractor.

Agent Name RDM Construction Corp T/S Sandy Hook Interiors

Address PO Box 436

Atlantic Highlands NJ 07716

Telephone (732) 291 3435 cell 732 859 1420

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/26/2012
Control Number C-12-001658
Permit Number 12-1425
Permit Issue Date 5/29/2012
Certificate Number 12-1425

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone:

Contractor SANDY HOOK INTERIORS INC

Address PO BOX 43660 21 W. Lincoln Avenue ATLANTIC HIGHLANDS NJ 07732

Telephone: 7322913435 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-241-8974

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: H-1 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: RENOVATION OF COMERCIAL STRUCTURE

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: 7/26/2012 U.C.C. F260 (rev. 08/05)

PERMIT UPDATE

Date Update Issued 5/24/12
Control # C-12-001658+A
Permit # +A
12-1435

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

Contractor: SANDY HOOK INTERIORS INC
Address: PO BOX 43660 21 W. Lincoln Avenue ATLANTIC HIGHLANDS NJ 07732
Telephone: (732) 291-3435
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-241-8974

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FIRE ALTERATIONS Wet sprinkler heads

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $4,000

Construction Official ____ Date ____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$7
CO Fee	
Other	$0
Total	$82
Check No.	
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.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

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

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

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

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

☑ A complete copy of released plans must be kept on the job site.

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

LM
5-21-12

CONSTRUCTION PERMIT

Date Issued 5/24/12
Control # C-12-001658
Permit # 12.1425

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

Contractor: SANDY HOOK INTERIORS INC
Address: PO BOX 43660 21 W. Lincoln Avenue ATLANTIC HIGHLANDS NJ 07732
Telephone: (732) 291-3435
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-241-8974

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP

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 $185,460

Construction Official

1-21-12
Date

PAYMENTS (Office Use Only)

Building	$2,278
Electrical	$90
Plumbing	$50
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$316
CO Fee	
Other	$0
Total	$2,809
Check No.	1533
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.

- [ ] 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 Ocean Medical Center
425 Jack Martin Blvd Brick

Owner in Fee Same 2 West

Address

Tel. (732) 836 4077

Contractor RDM Construction Corp Sandy Hook Int'l

Address PO Box 436
Atlantic Highlands NJ 07716

Tel. (732) 291 3435

Lic. No. or Bldrs. Reg. No.
FED # 273629660

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:

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 $ _____

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 _____

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

(see reverse side)

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 Ocean Medical Center
425 Jack Martin Blvd Brick

Owner in Fee Same 2 West

Address

Tel. (732) 836 4077

Contractor RDM Construction Corp Sandy Hook Interiors

Address PO Box 436
Atlantic Highlands NJ 07716

Tel. (732) 291 3435

Lic. No. or Bldrs. Reg. No.

FED # 273679660

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:

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 $

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

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

(see reverse side)

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 Ocean Monmouth County
425 Jack Martin Blvd Brick

Owner in Fee Same 2 West

Address

Tel. (732) 836 4077

Contractor RDM Construction Corp Sandy Hook Int.

Address PO Box 436
Atlantic Highlands NJ 07716

Tel. (732) 291 3435

Lic. No. or Bldrs. Reg. No.

FED # 273679660

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:

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 $

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 Ocean Medical Center
425 Jack Martin Blvd Brick

Owner in Fee Same 2 West

Address

Tel. (732) 836 4077

Contractor RDM Construction Corp Sandy Hook Int.

Address PO Box 436
Atlantic Highlands NJ 07716

Tel. (732) 291 3435

Lic. No. or Bldrs. Reg. No.
FED # 273629660

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:

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 $

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.

5/9/12 Reminder

1 set of plans.
2nd set w/ demo
C12-001460.

When demo is
Complete - add
plan to this app.

JC

PROTECTION SUBCODE
ICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit # 12.1425

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center (Wound Care Center)
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee Ocean Medical Center

Address

Tel (732) 836 4077

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

Address 7 Debele Lane
Lincroft, NJ 07738

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

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

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

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other

Location:

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System
[ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 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. Applicant's Signature/Contractor's Signature 5/29/12

[XX Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Install audible devices per the drawings.

Water Supply Source

Method of Alarm/Suppression System Supervision

COMMERCIAL

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, ~~XXX~~)	3	65
Other Devices		
TOTAL	3	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 5/6/12
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7-26-12
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Alarm System			7/25/12	RS
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			7/25/12	RJO
Final				
Other				

ome wound c
2nd floor test

FIRE SUBCODE TECHNICAL SECTION

Update

Date Received 5/29/12
Date Issued
Control # C12-001658+A
Permit # 12.14257A

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 Women & Children 2 west
425 Jack Martin Blvd Brick
Owner in Fee Same
Address
Tele. ( )
Contractor Central Jersey Mechanical
Address 399 Broadway
Long Branch NJ 07740
Tele. (732) 591-4844
Lic. No. P00789
Federal Emp. No. 223 211 662 or Social Security No.

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 4,000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 5-16-12
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 5-30-12
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test			7/25/12	DSO
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other Final			7/25/12	DSO

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 Relocate (11) sprinkler heads

Water Supply Source	existing
Method of Valve Supervision	/
Local Alarm Supervision	/
Central Supervision	/
Proprietary Supervision	/

Flammable Liquid Storage Tanks	( ) Capacity	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity	Fuel	
L.P.G. Storage Tanks	( ) Capacity	Fuel	
L.N.G. Storage Tanks	( ) Capacity	Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	11	75-
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

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

Figure 10-1(a) Contractor's material and test certificate for aboveground piping.

Contractor's Material and Test Certificate for Aboveground Piping

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

Property name: OCEAN MEDICAL — Date: 6/27/12

Property address: 425 JACK MARTIN BLVD

Plans

Accepted by approving authorities (names): MSGFIRE

Address: 5742 WEST HURLEY POND Rd. FARMINGDALE NJ

Installation conforms to accepted plans: ☒ Yes ☐ No

Equipment used is approved: ☒ Yes ☐ No

If no, explain deviations:

Instructions

Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? ☐ Yes ☐ No

If no, explain? N/A

Have copies of the following been left on the premises?

1. System components instructions ☐ Yes ☐ No
2. Care and maintenance instructions ☐ Yes ☐ No
3. NFPA 25 N/A ☐ Yes ☐ No

Location of system: Supplies buildings

Sprinklers

Make	Model	Year of manufacture	Orifice size	Quantity	Temperature rating
RELIABLE	F1FR	2011	1/2"	11	155°

Pipe and fittings

Type of pipe: SCH 40 BLACK

Type of fittings: CAST IRON

Alarm valve or flow indicator

N/A

Alarm device Type	Make	Model	Maximum time to operate through test connection: Minutes	Seconds

Dry pipe operating test

Dry valve Make	Model	Serial no.	O.O.D. Make	Model	Serial no.

	Time to trip through test connection[1] Minutes	Seconds	Water pressure psi	Air pressure psi	Trip point air pressure psi	Time water reached test outlet[1] Minutes	Seconds	Alarm operated properly Yes	No
Without Q.O.D.									
With Q.O.D.									

If no, explain: N/A

[1] Measured from time inspector's test connection is opened

Figure 10-1(a) *(Continued)*

Deluge and preaction valves — N/A

Operation ☐ Pneumatic ☐ Electric ☐ Hydraulics

Piping supervised ☐ Yes ☐ No | Detecting media supervised ☐ Yes ☐ No

Does valve operate from the manual trip, remote, or both control stations? ☐ Yes ☐ No

Is there an accessible facility in each circuit for testing? ☐ Yes ☐ No | If no, explain

Make	Model	Does each circuit operate supervision loss alarm? Yes	No	Does each circuit operate valve release? Yes	No	Maximum time to operate release: Minutes	Seconds

Pressure reducing valve test — N/A

Location and floor	Make and model	Setting	Static pressure: Inlet (psi)	Static pressure: Outlet (psi)	Residual pressure (flowing): Inlet (psi)	Residual pressure (flowing): Outlet (psi)	Flow rate: Flow (gpm)

Test description

Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.2 bar) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped.

Pneumatic: Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1½ psi (0.1 bar) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1½ psi (0.1 bar) in 24 hours.

Tests

All piping hydrostatically tested at ____ psi (____ bar) for ____ hours ☐ Yes ☐ No | If no, state reason

Dry piping pneumatically tested ☐ Yes ☐ No

Equipment operates properly ☐ Yes ☐ No

Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks? ☒ Yes ☐ No

Drain test: Reading of gauge located near water supply test connection: ____ psi (____ bar) | Residual pressure with valve in test connection open wide: ____ psi (____ bar)

Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping

Verified by copy of the U Form No. 85B ☐ Yes ☐ No | Other Explain

flushed by installer of underground sprinkler piping ☐ Yes ☐ No

If powder-driven fasteners are used in concrete, has representative sample testing be satisfactorily completed? ☐ Yes ☐ No | If no, explain

Blank testing gaskets

Number used	Locations	Number removed
0		

Welding — N/A

Welding piping ☐ Yes ☒ No

If yes. . .

Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1? ☐ Yes ☐ No

Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1? ☐ Yes ☐ No

Do you certify that the welding was carried out in compliance with a documented quality control procedure to ensure that all discs are retrieved, that openings in piping are smooth, that slag and other welding residue are removed, and that the internal diameters of piping are not penetrated? ☐ Yes ☐ No

Cutouts (discs)

Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved? ☒ Yes ☐ No

Figure 10-1(a) *(Continued)*

Hydraulic data nameplate	Nameplate provided EXISTING ☒ Yes ☐ No		If no, explain
Remarks	Date left in service with all control valves open 6/28/12		
Signatures	Name of sprinkler contractor CENTRAL JERSEY MECH		
	Tests witnessed by		
	For property owner (signed)	Title	Date
	For sprinkler contractor (signed)	Title	Date
Additional explanations and notes			

SYSTEMS SALES

24 Hour Service
Maintenance Contracts
Alarm Monitoring
Contractor Services
Design Services

SERVICE REPORT

PAGE	REFERENCE #
1 of 1	13321

STATUS ON DEPARTURE ☑ COMPLETE ☐ INCOMPLETE

DATE		
7/20/12		
TECH 1	TIME IN	TIME OUT
JFM	08:30	12:30
TECH 2	TIME IN	TIME OUT

JOB NAME	BILL TO (IF DIFFERENT)
NAME: Ocean Medical Center	NAME: Middletown Electric
CONTACT: Tony Ujhazy ☐ EMAIL	CONTACT:
ADDRESS: 425 Jack Martin Boulevard PHONE: (732) 450-2815	ADDRESS: PHONE:
CITY / STATE / ZIP:	CITY / STATE / ZIP:

TYPE OF SERVICE
☑ BILLABLE SERVICE ☐ EMERGENCY SERVICE ☐ SERVICE CONTRACT ☐ WARRANTY ☐ SYSTEM TEST ☐ PROJECT ☐ _____

SYSTEM TYPE
☑ FIRE ALARM ☐ SECURITY / CCTV ☐ ACCESS CONTROL ☐ NURSE CALL ☐ SOUND / PAGING ☐ CLOCK ☐ _____

SERVICE CONTRACT
☐ GOLD CONTRACT ☐ SILVER CONTRACT ☑ BRONZE CONTRACT ☐ NO CONTRACT

SYSTEM MODEL: ESI3

WORK DESCRIPTION
West Wing- new wound care center areac

I AUTHORIZE SYSTEMS SALES TO PROCEED WITH WORK OUTLINED ABOVE & AGREE TO THE RESPONSIBILITY OF PAYMENT REQUIRED

Tony Ujhazy
CUSTOMER SIGNATURE

Tony Ujhazy
PRINT NAME

PO #

STATUS ON ARRIVAL
☑ NORMAL ☐ ALARM ☐ TROUBLE ☐ SUPERVISORY

SYSTEM CHECKLIST
☐ BATTERY CHECK ☐ HISTORY LOG REVIEW ☐ TERMINAL CONNECTIONS ☐ PANEL CLEANING
☐ VISUAL INSPECTION ☐ CENTRAL STATION TEST ☐ GROUND FAULT INSPECTION ☐ _____

ARRIVAL NOTES & WORK PERFORMED
Wires for horn and strobe tied in at dead j box. Ec pulled to hall nac outside space while onsite. Tested ok.

STATUS ON DEPARTURE
☑ NORMAL ☐ ALARM ☐ TROUBLE ☐ SUPERVISORY

DEPARTURE NOTES

SYSTEMS SALES STRONGLY RECOMMENDS IMMEDIATE ACTION TO CORRECT ANY DEFICIENCIES REPORTED AND URGES YOU TO NOTIFY BOTH THE LOCAL AUTHORITY HAVING JURISDICTION AND YOUR INSURANCE CARRIER AS SOON AS POSSIBLE

QTY	PART NO	DESCRIPTION	UNIT	EXT.

IMPORTANT NOTICE TO CUSTOMER

The customer acknowledges and agrees to Systems Sales Corporation's terms and conditions, agrees that the services performed are satisfactory and that the system is in good working order and repair upon completion of these services. In the event that the services performed were of a temporary nature, customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until further service can be completed.

TECH 1	STANDARD TIME	HOURS @	HR.
	OVERTIME	HOURS @	HR.
	TRAVEL TIME	HOURS @	HR.
TECH 2	STANDARD TIME	HOURS @	HR.
	OVERTIME	HOURS @	HR.
	TRAVEL TIME	HOURS @	HR.
	(INCLUSIVE OF ADDITIONAL PAGES)	SUB TOTAL	
		NJ STATE TAX	
		TOTAL SERVICE AMOUNT	

CUSTOMER AUTHORIZATION

Tony Ujhazy
SIGNATURE

Tony Ujhazy
PRINT NAME

John Martinez
SYSTEMS SALES REPRESENTATIVE

SYSTEMS SALES How's My Service ?
CLICK HERE TO PROVIDE FEEDBACK

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

5/29/12

12.1425

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

1170 Lot 18
Site Location Ocean Medical Center 2 west
425 Jack Martin Blvd
Owner in Fee Same
Address

Tele. (732) 836 4077
Contractor RDM Construction Corp T/S Sandy Hook Interiors
Address PO Box 436
Atlantic Highlands NJ 07716
Tele. (732) 291 3435 Fax (732) 291 3437
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 273 629660

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

Install New Interior Partition Paint, Flooring, Ceilings Carework

COMMERCIAL Emergency Lights

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5/10/12	IW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		

DCA Review N/A

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7/26/12
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame			6/15/12	IW
Barrier-Free				
Insulation				
Finishes OC *		6/12/12 IW	7/13/12	IW
Energy				
Mechanical				
TCO				
Other				
Final			7/20/12	IW
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 87,060.00
3. Total (1+ 2) $ 87,060

* - HVAC Not Installed
- Temp lights (Remove)

U.C.C. F110 (rev. 3/96)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Troy 908-902-9711

Date Received
Control #

Date Issued
Permit # 5/29/12
12.1425

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center (Wound Care Center)
425 Jack Martin Boulevard, Brick, NJ

2nd floor West

Owner in Fee: Ocean Medical Center

Tel. (732) 836 4077 e-mail

Address

Contractor: street R&A Electric, Inc., t/a municipality MIDDLETOWN ELECTRIC Tel. (732) 495-5050

Address 7 Debele Lane, Lincroft 07738 e-mail zip code

Contractor License No. 7246 Exp. Date 03-31-15

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 31,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5-17-12
Approved by: JS
DCP Reviewed

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7-19-12
Approved by: JT

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	Locks only		6-11-12	D
Barrier-Free	Absence		6-25-12	D
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-17-12	D
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Robert A Walter
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Electric work per the drawings.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
25		Lighting Fixtures	
12		Receptacles	
7		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
11		Communications Points	
3		Alarm Devices/~~XXXXXXXX~~	
60		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
6		Nurse Call Devices	

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

One Care Care
2nd floor West
TR04-908-902-9911

CRIS-732-233-2349

NEW JERSEY UNIFORM CONSTRUCTION CODE
PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/29/12
Control #
Permit # 12.1425

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 Wound Care
435 Jackmantown Blvd Brick 2-west
Owner in Fee Same
Address
Tele. ( )
Contractor CENTRAL JERSEY MECHANICAL, INC.
Address 379 BROADWAY
LONG BRANCH, NEW JERSEY 07740
Tele. (732) 571-4844 Fax (732) 571-3242
Lic. No. 9368
Federal Emp. No. 223-211-662

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed COMMERCIAL
Building Sewer Size Existing Public Sewer ✓ Private Septic
Water Service Size Existing Public Water ✓ Private Well
Est. Cost of Plumbing Work $ Co, 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 2-24-12
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			06.14.12	PHH
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO FINAL	07.11.12		07.19.12	PA

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

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

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

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's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

UCC/PRO F-130 (REV3/96)
Professional Printing
(856)468-7933

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

06.14.12 PA

① NEED LETTER SUBSTITUTING — OK 07.19.12 PA
WALL MOUNT TO FLOOR

② OXYGEN RUN TO WITHIN
7 FT OF BUILDING

③ ROUGH FOR TOILET ROOM +
PARTIAL MED GAS (OXYGEN RUN INTO WALL BOX ONLY)
IS OK
06.19.12 PA

① OXYGEN RUN UNDER GROUND COMPLETE
② " " THROUGH MECHANICAL ROOMS, ETC
UP INTO WALL BOX ON 2ND FLOOR IS OK
③ PRESSURE TEST IS OK
06.26.12 PA

① MED GAS IN 2ND FLOOR
ROOM NOW COMPLETE.
② NEED VERIFIERS REPORT + — OK 07.19.12 PA
PE LETTER FOR TOILET ON FINAL

07.12.12 PA

① NEED TOILET LETTER - OK
② NEED MED GAS REPORT OK
③ LAVAGE NEEDS 29" KNEE CLEARANCE OK
④ WAIVER EXCLUSION FOR LAVAGE OK

07.19.12 PA

saphire + albarran
ARCHITECTURE LLC

17 July 2012

Construction Official
Daniel F. Newman Jr.
Brick Township Municipal Building
401 Chambers Bridge Road
Brick Township, NJ 08723

RE: Ocean Medical Center
New Outpatient Wound Care Center
425 Jack Martin Boulevard
Brick, NJ
S+A Project No. 1132
NJ DCA Project No. 5032-12

Dear Mr. Newman,

Although the construction documents depict a wall hung water closet Saphire + Albarran has found acceptable the recently installed floor mounted water closet.

Please contact this office with any further questions.

Sincerely,

JOSEPH E. SAPHIRE, AIA
Principal
NJ License #AI-08932

JES/es
Encl

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

NMC Northeast Medical Consulting, Inc.

57 West Liberty Street, Hubbard, OH 44425 Phone (888) 534-4295 Fax (240) 282-1086

Acknowledgement of Services

FACILITY: Central Jersey Mechanical

CITY: Long Branch STATE: NJ ZIP CODE: 07740

NMC CONSULTANT: Steve McCabe DATE: 7/18/2012

FSR Number: 12SM142

MEDICAL GAS PIPING SERVICES

1	Full Systems Evaluation	O2	AIR	VAC	N2O	N2	EVAC	CO2
2	Partial Systems Evaluation	O2	AIR	VAC	N2O	N2	EVAC	CO2
3	Medical Gas Certification	O2	AIR	VAC	N2O	N2	EVAC	CO2
4	Medical Gas Decontamination	O2	AIR	VAC	N2O	N2	EVAC	CO2
5	Alarm Testing	O2	AIR	VAC	N2O	N2	EVAC	CO2
6	Zone Valve Testing	O2	AIR	VAC	N2O	N2	EVAC	CO2
7	Patient Terminal Outlet Testing	O2	AIR	VAC	N2O	N2	EVAC	CO2
8	Contamination Testing	O2	AIR	VAC	N2O	N2	EVAC	CO2
9	Manifold Testing	O2	AIR	VAC	N2O	N2	EVAC	CO2
10	Air Compressor PM							
11	Vacuum Pump PM							
12	Other _ Control Cabinet N2	O2	AIR	VAC	N2O	N2	EVAC	CO2

LABORATORY SERVICES

13 Formaldehyde Monitoring
14 Xylene Monitoring
15 Other _____

ANESTHESIA SERVICES

16 Waste Anesthetic Gas Monitoring
17 Anesthesia Vaporizer Accuracy Testing
18 Anesthesia Systems Testing
19 Patient Monitor Testing

STERILE PROCESSING SERVICES

20 Ethylene Oxide Monitoring
21 Glutaraldehyde Monitoring

MISCELLANEOUS SERVICES

22 Ventilation System Evaluation
23 Air Exchange Rate Testing
24 Indoor Air Quality Testing
25 Other _____

Service Rendered	PO Number	Print Name	Title	Signature
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____

All warranties and liability, both general and product are valid until completion of service performed, and the "Acknowledgement of Service" is signed by a hospital representative. NMC's warranty, product and professional liability, cease upon the signing of the acknowledgment of service. NMC shall be held harmless from that point on.

NMC NORTHEAST MEDICAL CONSULTING, INC.

57 West Liberty Street, Hubbard, OH 44425 (888) 534-4295 Fax (240) 282-1086

Facility:	**Ocean Medical Center**	Installer:	**Central Jersey Mechanical**
Address:	**425 Jack Martin Blvd**	Address:	379 Broadway
City, State:	**Brick, NJ**	City, State:	Long Branch, NJ

Medical Gas / Vacuum Systems Verification Inspection Report

The attached report has been completed in accordance with the terms and conditions on the contract documents between Northeast Medical Consulting, Inc., NMC, and Central Jersey Mechanical.
I, Stephen B. McCabe, an authorized representative of Northeast Medical Consulting, Inc., NMC, have conducted the following testing of the medical gas system(s) on this 18th (day) of July (month) in 2012 (year) for the equipment, testing, and performance criteria stated below.

NFPA 99, 2002 Performance and Criteria Testing Level 1

Pre Verification Affidavit - By signing below, you agree that the following criteria have been met.

5.1.10.1 (all) Piping Materials for field-installed Positive Pressure Medical Gas Systems
5.1.10.2 (all) Piping Materials for field-installed Medical-Surgical Vacuum Systems
5.1.10.3 (all) Fittings 5.1.10.5 (all) Brazed Joints 5.1.11 (all) Labeling & Identifcation
5.1.10.4 (all) Threaded Joints 5.1.10.6 (all) Installation of Piping and Equipment

5.1.12.2 Installer Performed Tests - By signing below, you agree that the following criteria have been met.

5.1.12.2.2	Initial Blow Down	☑	5.1.12.2.5	Piping Purge Test	☑
5.1.12.2.3	Initial Pressure Test	☑	5.1.12.2.6	Standing Pressure Test for Positive Pressure	☑
5.1.12.2.4	Cross Connection Test	☑	5.1.12.2.7	Standing Pressure Test for Vacuum	☐
NA		☐		Verification of Installer's Qualifications	☐

Name/ID #: Chris Chambers / 36PB00010500 5/31/13

5.1.12.3 System Verification

		TEST			RESULTS		INSPECTOR
5.1.12.3.2	Standing Pressure Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	SM
5.1.12.3.3	Cross-Connection Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	SM
5.1.12.3.4	Valve Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	SM
5.1.12.3.5.2	Master Alarm Test	Yes ☐	No ☐	NA ☐	Pass ☐	Fail ☐	
5.1.12.3.5.3	Area Alarm Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	SM
5.1.12.3.6	Piping Purge Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	SM
5.1.12.3.7	Piping Particulate Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	SM
5.1.12.3.8	Piping Purity Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	SM
5.1.12.3.9	Final Tie-In Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	SM
5.1.12.3.10	Operation Pressure Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	SM
5.1.12.3.11	Medical Gas Concentration Test	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	SM
5.1.12.3.12	Medical Air Purity Test (Compressor System)	Yes ☐	No ☐	NA ☑	Pass ☐	Fail ☐	
5.1.12.3.13	Labeling	Yes ☑	No ☐	NA ☐	Pass ☑	Fail ☐	SM
5.1.12.3.14	Source Equipment Verification	Yes ☐	No ☐	NA ☑	Pass ☐	Fail ☐	
5.1.12.3.14.2	Gas Supply Sources	Yes ☐	No ☐	NA ☑	Pass ☐	Fail ☐	
5.1.12.3.14.3	Medical Air Compressor Systems	Yes ☐	No ☐	NA ☑	Pass ☐	Fail ☐	
5.1.12.3.14.4	Medical-Surgical Vacuum Systems	Yes ☐	No ☐	NA ☑	Pass ☐	Fail ☐	

NMC verifies that the above equipment ☑ MEET OR EXCEED ☐ DO NOT MEET OR EXCEED the requirements of the NFPA 99, 2002 code.

Liability Clause

NMC will be held harmless from any liability caused by any addition or modification of the medical gas piping system including, but not limited to, the supply gas, gas outlets, shut-off valves, alarms, manifold(s), compressors, pumps, cryogenic tanks, cylinders, associated equipment, and/or codes, laws, or procedures. This document covers the above referenced test(s) and associated equipment under system verification testing only.

Contact Name: Tom Conlon
Contact Signature: _____
Purchase Order # _____
Date: 7/18/2012

Project Name: Hyperbaric Piping
Project # _____
NMC Representative: Stephen B. McCabe
NMC Rep Signature: Stephen McCabe

NMC NORTHEAST MEDICAL CONSULTING, INC.
57 West Liberty Street, Hubbard, OH 44425 (888) 534-4295 Fax (240) 282-1086

Laboratories and Field Equipment

Laboratories:

NMC uses the following labs to perform additional services if needed.

Liberty Mutual

TRI Environmental Lab

Test Equipment:

Equipment	Application	Vendor	Calibration - Date		Accuracy
Oxygen Analyzer	Gas Analysis	Mine Safety & Appliance	Annual	11/20/2004	+ or - 0.3%
Carbon Monoxide / Carbon Dioxide Monitor	Gas Analysis	Bacharach	Annual	11/8/2004	+ or - 1 ppm + or - 10 ppm
Nitrous Oxide Monitor	Gas Analysis	Bacharach	Annual	11/8/2004	+ or - 0.1%
Dew Point Monitor	Dewpoint & Temperature	Ohmic	Annual	11/17/2004	+ or - 2 degrees F + or - 1 degree F
Pressure Regulator	Purge Control	Harris	NA		NA
Flow Meters	Vacuum: 0-7 SCFM Gases: 0-200 SCFM	Dwyer Dwyer	Annual Annual	8/15/2004 8/15/2004	+ or - 2.0%
Gauges	Vacuum: 0-30 in Hg. Gases: 0-100 psi Gases: 0-300 psi	Wika Wika Wika	Annual Annual Annual	11/12/2004 11/12/2004 11/12/2004	+ or - 1 in. Hg. + or - 1.0% + or - 3.0%
Mass Spectrometer	Gas Analysis Canisters	Liberty Mutual	Daily		CO2 0.10 ppm CO 2.00 ppm HC 1 mg/m3
Analytical Balance to weigh filters	Particulate Matter	Liberty Mutual	Daily		+ or - 0.003 mg

Additional Equimpement: Millipore Filters, screwdriver set, crescent wrenches, hex key set, wall outlet adapters for all medial gases and types, flow meters, fittings, and teflon tape.

NMC NORTHEAST MEDICAL CONSULTING, INC.
57 West Liberty Street, Hubbard, OH 44425 (888) 534-4295 Fax (240) 282-1086

Medical Gas / Vacuum Systems Verification Inspection Summary

Equipment Tested

System	Outlets	Zone Valves	Alarms	Sources	Tie-in	_____
☑ Oxygen	—	1	1	—	1	—
☑ Medical Air	—	1	1	—	1	—
☐ Vacuum	—	—	—	—	—	—
☐ Nitrous Oxide	—	—	—	—	—	—
☐ Nitrogen	—	—	—	—	—	—
☐ Evacuation	—	—	—	—	—	—
☐ Carbon Dioxide	—	—	—	—	—	—
☐ Other	—	—	—	—	—	—

Inspection Discrepancies

Medical Gas/Vacuum Source(s) of Supply
- ☐ Discrepancies (See Comments)
- ☐ No Discrepancies (See Comments)
- ☑ Not Applicable

Medical Gas/Vacuum Zones Shutoff Valves
- ☐ Discrepancies (See Comments)
- ☑ No Discrepancies (See Comments)
- ☐ Not Applicable

Medical Gas/Vacuum Alarms
- ☐ Discrepancies (See Comments)
- ☑ No Discrepancies (See Comments)
- ☐ Not Applicable

Medical Gas/Vacuum Outlets/Inlets
- ☐ Discrepancies (See Comments)
- ☐ No Discrepancies (See Comments)
- ☑ Not Applicable

Medical Gas Purity Analysis
- ☐ Discrepancies (See Comments)
- ☑ No Discrepancies (See Comments)
- ☐ Not Applicable

Comments and Recommendations see following pages

CERTIFIED NEW OXYGEN & MEDICAL AIR LINES FOR HYPERBARIC CHAMBERS.

Contact Name: Tom Conlon
Contact Signature: _____
Purchase Order # _____
Date: 7/18/2012

Project Name: Hyperbaric Piping
Project # _____
NMC Representative: Stephen B. McCabe
NMC Rep Signature: Stephen McCabe

NMC Northeast Medical Consulting, Inc.
57 West Liberty Street, Hubbard, OH 44425 (888) 534-4295 Fax (240) 282-1086

Medical Gas Systems Evaluation

Alarm Explanations

System: **O** - Oxygen **N** - Nitrous Oxide **V** - Vacuum **W** - WAGD
A - Medical Air **NG** - Nitrogen **E** - Evacuation

Location: **Opp** - Opposite **O/S** - Outside **I/S** - Inside

High / Low Pressure Point Of Activation:

Alarm should activate when pressure varies more than + or - 20% from normal line pressure. (40-60 psi or below 12 in Hg for vacuum)

Positive Pressure Gases: activation pressure recorded in psi as follows, High/Low.
Vacuum: low vacuum activation point recorded in inches of Mercury, (in Hg).
" - " = Point of activation not determined.

High / Low Pressure Alarm Comments:

P1 = Pressure switch should be adjusted to the proper activation pressure.
P2 = Point of activation not determined. Pressure sensor appears to be on the supply side of the zone shutoff valve. Sensor should be located on the patient side of the valve.
P3 = Point of activation not determined. There is no zone valve installed for this area.
P4 = Point of activation not determined. Signal does not appear to be in working order.
P5 = Point of activation not determined. Signals on main lines.
P6 = Sensor/Switch connected to the wrong gas.
P7 = A demand check should be installed at base of pressure switch.

Alarm Signal's Pressure Gauge:

Positive Pressure Gases: gauge reading recorded in Pounds per Square Inch, (psi).
Vacuum: gauge reading recorded in inches of Mercury (in Hg).
" - " = No gauge installed at alarm signal location.

Alarm Signal's Pressure Gauge Comments:

G1 = No gauge currently in place. Gauge should be installed.
G2 = Gauge appears to be inaccurate/broken and should be repaired or replaced.
G3 = Gauge is not suited for the current application
G4 = Label on gauge is ambiguous as to which gas it measures.

Alarm Signal Test Switch:

T1 = Normal Operation (green) Lamp is not functioning and should be repaired.
T2 = Visual alarm signal (red lamp) is not functioning and should be repaired.
T3 = Audible alarm signal does not function or is not loud enough to be heard.
T4 = Silence switch fails to silence audible signal and should be repaired.
T5 = Audible alarm signal has been rendered inactive by tampering.
T6 = Alarm signal appears to be disconnected from power source. Alarm should be powered by essential hospital power system (emergency circuit).
X = Alarm signal test switch is functioning properly.

Alarm Signal Labeling:

Each visual indicator should be clearly labeled to identify the condition of the alarm. Emergency instructions should be posted at the alarm signal location to identify the responsible party to call during an alarm.
L1 = Visual indicator is not labeled or is incorrectly labeled.
L2 = Emergency Instructions should be posted at the alarm panel.
L3 = Panel should be labeled to identify which rooms it controls.
X = Alarm signal is properly labeled.

General Comments:

A1 = Area is required to have an alarm signal, but has none.
A2 = Alarm signal is obstructed. Signal must be unobstructed and in clear view.
A3 = Alarm signal does not appear to be at a location of responsible surveillance.
A4 = The piping to the alarm panel is exposed and is required to be covered with a protective shield.

NMC Northeast Medical Consulting, Inc.
57 West Liberty Street, Hubbard, OH 44425 (888) 534-4295 Fax (240) 282-1086

Facility: **Ocean Medical Center**
NMC Representative: Stephen B. McCabe

Date: 7/18/2012
Signature: Stephen McCabe

Alarm Evaluation Results

Area Controlled	Exact Panel Location	Manufacturer	Model	System Type[1]	Low Alarm Point	High Alarm Point	psi / in. Hg Gauge	Test Switch	Alarm Signal Label	Comments[2]
HYPERBARIC ROOM	1/5	AMICO	ALERT	O	40	60	55	X	X	

[1] System Type: **O** - Oxygen **A** - Medical Air **N** - Nitrous Oxide **NG** - Nitrogen **V** - Vacuum **E** - Evacuation **CO2** - Carbon Dioxide **W** - WAGD

[2] See "Alarm Explanations" page

NMC Northeast Medical Consulting, Inc.
57 West Liberty Street, Hubbard, OH 44425 (888) 534-4295 Fax (240) 282-1086

Medical Gas Systems Evaluation

Shutoff Valve Explanations

System:	**O** - Oxygen	**N** - Nitrous Oxide	**V** - Vacuum	**CO2** - Carbon Dioxide
	A - Medical Air	**NG** - Nitrogen	**E** - Evacuation	**W** - WAGD
Location:	**Opp** - Opposite	**O/S** - Outside		**I/S** - Inside

Valve Type:

B = Ball Valve GL = Globe Valve
G = Gate Valve **O** = Other _____

Zone Valve's Pressure Gauge:

Positive Pressure Gases: gauge reading recorded in Pounds per Square Inch, (psi).
Vacuum: gauge reading recorded in inches of Mercury (in Hg).
" - " = No gauge installed at valve enclosure.

Zone Valve Leakage:

S1 = External leakage is noted with valve open.
S2 = External leakage is noted with valve closed.
S3 = Internal leakage occurs with valve closed.
S4 = Pressure gauge or fitting is leaking.
" X " = Valve leakage was not noted.

Zone Valve Labeling:

Each zone valve enclosure must be labeled with "Do Not Close Except For Emergency", each gas or vacuum, and List of rooms controlled. Labels should be permanent and clearly visible from a standing position.
L1 = Gas label is missing from valve.
L2 = "Do Not Close" warning is missing from enclosure.
L3 = Valve enclosure does not have list of rooms controlled in zone.
L4 = List of rooms controlled by zone appears to be incorrect or outdated. List should be revised.
" X " = Valve enclosure is correctly labeled in all respects.

General Comments:

V1 = No valve currently installed, valve required in this area.
V2 = Valve should be unobstructed and accessible from a standing position.
V3 = Valve handle is restricted in movement by valve enclosure.
V4 = Valve handle is broken and should be repaired/replaced as necessary.
V5 = Valve is broken or missing so that emergency shutoff is impossible.
V6 = Frangible or removable cover requires repair or replacement to restrict unauthorized tampering but allow for emergency access.
V7 = Valve box needs to be cleaned of dust and debris.
V8 = Valve box needs to be outside of area with outlets
V9 = The piping to the valve box is exposed and is required to be covered with a protective shield.
V10 = The valve is inside the zone of another valve and one valve should be removed.
" X " = The zone valve is properly located for its intended use.

Zone Valve's Pressure Gauge Comments:

G1 = No gauge currently in place. Gauge should be installed.
G2 = Gauge appears to be inaccurate/broken and should be repaired or replaced.
G3 = Gauge is monitoring pressure upstream of valve. Downstream pressure monitoring required.
G4 = Gauge is not suited for the current application. Gauge should be replaced.
G5 = Gauge is not labeled and/or it is not apparent which gas is being monitored
" X " = Gauge appears to be functioning properly and is correctly labeled.

NMC **Northeast Medical Consulting, Inc.**

57 West Liberty Street, Hubbard, OH 44425 (888) 534-4295 Fax (240) 282-1086

Facility: **Ocean Medical Center**

NMC Representative: Stephen B. McCabe

Date: 7/18/2012

Signature: Stephen McCabe

Shutoff Valve Evaluation Results

Area Controlled	Exact Valve Location	Manufacturer	System Type[1]	Valve Type[2]	Gauge	Leakage	Labeling	Comments[3]
Hyperbaric Chamber	Hall O/S	Beacon	O	B	56	X	X	
			A	B	58	X	X	

[1] System Type: **O** - Oxygen **A** - Medical Air **N** - Nitrous Oxide **NG** - Nitrogen **V** - Vacuum **E** - Evacuation **CO2** - Carbon Dioxide **W** - WAGD

[2] Valve Type Key: B=Ball Valve, G=Gate Valve, GL= Globe Valve, O=Other specified

[3] See "Zone Valve Explanations" page

NMC Northeast Medical Consulting, Inc.
57 West Liberty Street, Hubbard, OH 44425 (888) 534-4295 Fax (240) 282-1086

Medical Gas Systems Evaluation

Patient Terminal Outlet Explanations

Outlet Location: All terminals are listed Left to Right starting at primary entrance to room. Head walls are listed left to right, top to bottom. Columns or ceiling outlets are listed from furthest to closest to the door.

Bed: Number or letter of bed

SYSTEM:

O - OXYGEN	**NG** - NITROGEN	**V** - VACUUM
A - MEDICAL AIR	**CO2** - CARBON DIOXIDE	**E** - EVACUATION
N - NITROUS OXIDE		

OUTLET:

"P" = PASS: Indicates outlet is in satisfactory and meets NFPA 99, 1999 code.
"F" = FAIL: Indicates outlet has a discrepancy listed.
"U" = UNAVAILABLE: Outlet was unvailable for inspection

FLOW/PRESSURE:

Vacuum measurements are recorded in **CFM** (cubic feet per minute).
Minimum flow for vacuum is 3.0 CFM or 85 lpm. Any flow below 3.0 scfm or 85 lpm is listed as a discrepancy.
NFPA has not established a minimum or maximum for evacuation.
Medical Gas measurements are recorded in **LPM** (liters per minute)
NFPA has established a flow requirement of 100 Nl/min or 3.5 scfm (Nitrogen - 140 Nl/min or 5.0 scfm) with less than 5 psi pressure drop. Any flow below 100 lpm or 3.5 scfm (N2 - 140 lpm or 5.0 scfm) is listed as a deficiency.

LABELING:

A - Terminal has no "gas label" in place.
B - Terminal has no "use no oil" label in place.
C - Terminal has incorrect "gas label" in place.
D - Terminal has temporary label in place; permanent label should be installed.
E -

GENERAL CONDITION:

F - Terminal fails to lock secondary equipment tightly in place.
G - Terminal fit is loose & as a result, flow is reduced or leakage occurs.
H - Terminal fails to release equipment with ease or release latch is broken.
I - Face-plate/terminal is loose and should be fixed.
J - Face-plate is cracked or missing screws.
K - Face-plate is missing and should be replaced.
L - Plastic color coded label/tag should be replaced.
M - Inadequate space to mount secondary equipment.
N - Poppet Jammed
O = The piping to the valve box is exposed and is required to be covered with a protective shield.
Z -

LEAKAGE DESCRIPTION/VOLUME:

P - Leakage appears to be due to worn O-ring or valve not re-seating.
Q - Leakage appears to be behind face-plate.
R - Leakage appears to be from excessive weight on terminal.
S - Terminal fit is loose and leakage occurs as a result.
T -

CROSS CONNECTION TEST:

CC - Terminal has been cross connected with wrong gas. **Extremely Dangerous! Correct Immediately!!**

Flow Conversion:

1 Cubic Foot = 28.32 Liters 1 Liter = 0.0353 Cubic Feet

NMC Northeast Medical Consulting, Inc.
57 West Liberty Street, Hubbard, OH 44425 (888) 534-4295 Fax (240) 282-1086

Facility: **Ocean Medical Center** Date: 7/18/2012

NMC Representative: Stephen B. McCabe Signature: Stephen McCabe

Medical Gas Systems Evaluation

Particulate Pre-Analysis Results

#	Location	System	Time	Oil Present: No	Oil Present: Yes	Oil Present: Analysis Needed	Amount: Light	Amount: Moderate	Amount: Heavy	Amount: N/D	Color: Blue	Color: Black	Color: Brown	Color: Green	Color: Orange	Color: Red	Color: White	Color: Other	General Description: Fine	General Description: Flaky	General Description: Powder	General Description: Crystalline	General Description: Shavings	General Description: Water	General Description: Other	Purge Recom. Lab Analysis Recommended
1	HYPERBARIC Room	O	10min	X						X																
2		A	10min	X						X																
3			10min																							
4			10min																							
5			10min																							
6			10min																							
7			10min																							
8			10min																							
9			10min																							
10			10min																							
11			10min																							
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21			10min																							
22			10min																							
23			10min																							
24			10min																							
25			10min																							

O = OXYGEN **A = MEDICAL AIR** **N = NITROUS OXIDE** **NG = NITROGEN** ___ = _____

ID. 1425
BLK 1170, Lot 18

saphire + albarran
ARCHITECTURE LLC

17 July 2012

JUL 20 2012

Construction Official
Daniel F. Newman Jr.
Brick Township Municipal Building
401 Chambers Bridge Road
Brick Township, NJ 08723

RE: Ocean Medical Center
New Outpatient Wound Care Center
425 Jack Martin Boulevard
Brick, NJ
S+A Project No. 1132
NJ DCA Project No. 5032-12

Dear Mr. Newman,

Although the construction documents depict a wall hung water closet Saphire + Albarran has found acceptable the recently installed floor mounted water closet.

Please contact this office with any further questions.

Sincerely,

JOSEPH E. SAPHIRE, AIA
Principal
NJ License #AI-08932

JES/es
Encl

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

Ocmc Wound Care
2nd floor west

FIRE SUBCODE TECHNICAL SECTION

Update

Date Received 5/29/12
Date Issued
Control # C13-001658+A
Permit # 12.1425

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 Wound Care 425 Jack Martin Blvd Brick 2 west
Owner in Fee SOLP
Address
Tele. ( )
Contractor Central Jersey Mechanical
Address 399 Broadway Long Branch NJ 07740
Tele. (732) 571-4844
Lic. No. 20038
Federal Emp. No. 223 211 662 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 4,000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 5-16-12
Approved by: DB

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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 Relocate (11) sprinkler heads

Water Supply Source	existing
Method of Valve Supervision	-
Local Alarm Supervision	-
Central Supervision	-
Proprietary Supervision	/

Flammable Liquid Storage Tanks	( ) Capacity	Fuel
Combustible Liquid Storage Tanks	( ) Capacity	Fuel
L.P.G. Storage Tanks	( ) Capacity	Fuel
L.N.G. Storage Tanks	( ) Capacity	Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	11	75-
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

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

UCC FORM F-140 B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy **PRO 205 B**

Ocean Medical Center 5/29/12 C

FIRE/update SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/29/12
Date Issued
Control # 13-0165814
Permit # 12.1425

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 Wood Cove
425 Jack Martin Blvd Brick 2 wood
Owner in Fee Same
Address
Tele. ( )
Contractor Central Jersey Mechanical
Address 39th Broadway
Long Branch NJ 07740
Tele. (732) 571-4511
Lic. No. 30384
Federal Emp. No. 223 211 662 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ Unknown [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by: DB
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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 Relocate (4) sprinkler heads

Water Supply Source	existing
Method of Valve Supervision	-
Local Alarm Supervision	-
Central Supervision	-
Proprietary Supervision	/

Flammable Liquid Storage Tanks	( ) Capacity	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity	Fuel	
L.P.G. Storage Tanks	( ) Capacity	Fuel	
L.N.G. Storage Tanks	( ) Capacity	Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	11	75
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	15	
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

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

UCC FORM F-140 B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy **PRO 205 B**

DATE	JOB CONDITION / COMMENTS

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

5/24/12

12.1425

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 2 west
425 Jack Martin Blvd

Owner in Fee Same

Address

Tele. (732) 836 4017

Contractor RDM Construction Corp T/S Sandy Hook Interiors

Address PO Box 416
Atlantic Highlands NJ 07716

Tele. (732) 291 3435 Fax (732) 291 3437

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 273 629660

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

Install New Interior Partition
Paint, Flooring, Ceilings
Carework
Emergency Lights

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All 5/10/12		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		N/A
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		

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

INSPECTIONS Type:	Failure	Failure Dates (Month/Day)	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

FEE (Office Use Only)

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ 87,060.00
3. Total (1+ 2) $ 87,060

U.C.C. F110
(rev. 3/96)

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 5/24/12

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 2 west
425 Jack Martin Blvd
Owner in Fee Same
Address
Tele. (732) 836 4077
Contractor RDM Contracting Corp T/S Scott Hart Tatum
Address PO Box 436
Atlantic Highlands NJ 07716
Tele. (732) 291 3435 Fax (732) 291 3437
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 273 629660

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 12.1425

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install New Interior Partition
Paint, Flooring, Ceilings
Carework
Emergency Lights

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All 5/10/12		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ 87,060.00
3. Total (1+ 2) $ 87,060

TYPE OF WORK:

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

[ ] Demolition

FEE (Office Use Only)

$

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

U.C.C. F110
(rev. 3/96)

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 #

Date Issued 12.14.25
Permit # 5/24/12

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

Block 71170 Lot 11.8 Qualification Code

Work Site Location Ocean Medical Center (Wound Care Center)
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee Ocean Medical Center

Address

Tel (732) 836 4077

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

Address 7 Debele Lane
Lincroft, NJ 07738

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

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

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

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other

Location:

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 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. 5/24/12
Applicant's Signature/Contractor's Signature

[XX] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Install audible devices per the drawings.

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, [illegible])	3	75 -
Other Devices		
TOTAL	3	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 5/16/12
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued 12.14.05
Permit #

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

Block 7470 Lot 18 Qualification Code

Work Site Location Ocean Medical Center (Wound Care Center)
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee Ocean Medical Center

Address

Tel (732) 836 4077

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

Address 7 Debele Lane
Lincroft, NJ 07738

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

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

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

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel: ____

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other

Location: Location of Main Control Valve: ____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity* ____

Total Cost of Fire Protection Work $ 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. Richard Wilson 5/31/13

Applicant's Signature/Contractor's Signature

[XX] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Install audible devices per the drawings.

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls; water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	3	75
Other Devices		
TOTAL	3	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] 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				

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 5/29/12

Date Issued / Permit # 12.1425

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center (Wound Care Center)
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee: Ocean Medical Center

Tel. (732) 836 4077 e-mail

Address
street municipality zip code

Contractor: R&A Electric, Inc., d/b/a MIDDLETOWN ELECTRIC Tel. (732) 495-5050

Address 7 Debele Lane, Lincroft 07738 e-mail

Contractor License No. 7246 Exp. Date 03-31-15

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 31,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

Date: 5-17-12
Approved by: JS
DCA Reviewed

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

XX Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Electric work per the drawings.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
25		Lighting Fixtures	
12		Receptacles	
7		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
11		Communications Points	
3		Alarm Devices/FA Ctr Panel	
60		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
6		Nurse Call Devices	

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

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 5/29/12
Permit # 12.1425

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center (Wound Care Center)
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee: Ocean Medical Center

Tel. (732) 836 4077 e-mail

Address

Contractor: R&A Electric, Inc., t/a MIDDLETOWN ELECTRIC Tel. (732) 495-5050
Address 7 Debele Lane, Lincroft 07738 e-mail

Contractor License No. 7246 Exp. Date 03-31-15

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 31,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/29/12
Approved by: D. Rowland

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Electric work per the drawings.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
25		Lighting Fixtures	
12		Receptacles	
7		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
11		Communications Points	
3		Alarm Devices/~~FAXX Panel~~	
60		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
6		Nurse Call Devices	

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

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

One Court Corp
2nd floor West

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/29/12
Date Issued
Control #
Permit # 12-1425

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

Block 1170 Lot 13

Work Site Location Ocean Medical Center Wound Care
425 Jackson Blvd Bair 2-west

Owner in Fee Same

Address

Tele. ( )

Contractor CENTRAL JERSEY MECHANICAL, INC.

Address 379 BROADWAY
LONG BRANCH, NEW JERSEY 07740

Tele. (732) 571-4844 Fax (732) 571-3242

Lic. No. 9305

Federal Emp. No. 223-211-362

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed

Building Sewer Size existing Public Sewer ✓ Private Septic

Water Service Size existing Public Water ✓ Private Well

Est. Cost of Plumbing Work $ Co Co, 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

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

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Professional Printing
(856)468-7933

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

One Line Cert
for Fuel Line

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

5/29/12
12-1425

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

Block 1170 Lot 13

Work Site Location Ocean Medical Center Main 2 Core
425 Jackman Blvd Bay 8 2-Levels

Owner in Fee Same

Address

Tele. ( )

Contractor CENTRAL JERSEY MECHANICAL, INC.

Address 378 BROADWAY
LONG BRANCH, NEW JERSEY 07740

Tele. (732) 571-6844 Fax (732) 571-9242

Lic. No. 9106

Federal Emp. No. 223-211-662

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed

Building Sewer Size existing Public Sewer ✓ Private Septic

Water Service Size existing Public Water ✓ Private Well

Est. Cost of Plumbing Work $ Code Service

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

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

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

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	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other Oxygen Piping	
	Other Humidifiers (2)	
	Other Chambers	

existing outlets

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

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

DATE	JOB CONDITION / COMMENTS