BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin PERMIT NO. 12 1430

CONSTRUCTION PERMIT APPLICATION C12-001287

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 425 Jack Martin Blvd, Brick NJ
2. Name of Owner in Fee: MERIDAN HEALTH
   Tel. ( ) _____ e-mail _____
   Address 1350 CAMPUS PARKWAY, WALL NJ 07753 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: TORCON, INC Tel. (908) 413-2588
   Address 328 NEWMAN SPRINGS RD e-mail tsmith@torcon.com
   RED BANK, NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____ ✓
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Tim Smith
   Tel. (908) 413-2588 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75 ✓		
2. Electrical	100 ✓		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	22 -		
10. Subtotal	$		
11. Cert. of Occupancy	?		
12. Other ~~SF~~			
13. TOTAL	$ 197 -		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building		PD	4/13	5/10/12	5/22/12	MV		5/15/12	
☑ Electrical					5-8-12	JS			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng	4/26/12	4/26/12	5/3/12	MB	NA		
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

COMMERCIAL

A. RESIDENTIAL *(primary use)*
1. State Specific Use: 1/1b
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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/12/2014
Control Number C-12-001287
Permit Number 12-1430
Permit Issue Date 05/30/2012
Certificate Number 12-1430

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone:

Contractor Torcon inc.

Address 328 Newman Springs Rd. Red Bank NJ 07701

Telephone: (732) 921-8792 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TEMPORARY CONSTRUCTION TRAILER Hospital

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: 11/12/2014

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

[redacted]LDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/30/12

Date Issued / Permit # 12-1430

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

Block 1170 Lot 18 Qualification Code

Work Site Location 425 JACK MARTIN BLVD BRICK, NJ

Owner in Fee: MERIDIAN HEALTH

Tel. ( ) e-mail

Address 1350 CAMPUS PARKWAY - WALL, NJ
(street / municipality)

Contractor: TORCON, INC Tel. (908) 413-2588
(zip code)

Address 329 NEWMAN SPRINGS e-mail tsmith@torcon.com
RED BANK NJ

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5/22/12	CV
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10/24/14
Approved by: [redacted]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final TRAILERS REMOVED.			10/24/14	[redacted]
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ ~~300,000~~ 30,000 per dim - cont.
2. Rehabilitation $
3. Total (1+ 2) $ 400 See letter

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [redacted]

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TEMPORARY CONSTRUCTION OFFICE TRAILERS
~~The~~ only - per dim - cont.
2
COMMERCIAL
See letter fee 5/18/12

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [X] Other OFFICE TRAILERS
- [ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110 (rev. 11/09)

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

[redacted]UBCODE
[redacted]TION

Control # 5/30/12
Date Issued
Permit # 12.1430

[redacted]ANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING
[redacted]HIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

[redacted] Lot 18 Qualification Code

[redacted]Ocean Medical Center - Emergency Parking Lot
[redacted]rtin Blvd, Brick, NJ

[redacted]ee:

[redacted] e-mail

[redacted]dress
street municipality zip code

Contractor: Sodon's Electric, Inc. Tel. (732) 291-1713
Address 25 West Highland Avenue e-mail marylu@sodonselectric.co
Atlantic Highlands, NJ 07716

Contractor License No. 5458 Exp. Date

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

Federal Emp. ID No. 222401656 FAX: (732) 291-8702

325-772-976

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Temp

[X] Pole/Pad # ~~XXX~~ JC5705BK [X] Temporary [ ] Other

Building Occupied as Utility Co. JCP&L

Est. Cost of Elec. Work $ 12,500

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Walter P. Sodon

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
For Trailers

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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	see attached letter per cost.
2 ~~1~~	200	AMP Service	
X ~~1~~	~~200~~	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1 ~~1~~	~~200~~	Trailer Conn	

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

OVER

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-8-12
Approved by: JS

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 5/6/12
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.			6-11-12	BD
Constr. Serv.				
TCO				
Other				
Service			5/6/12	
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

CONSTRUCTION PERMIT

Date Issued 5/30/12
Control # C12-001287
Permit # 12.1430

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

Contractor: Torcon inc.
Address: 328 Newman Springs Rd. Red Bank NJ 07701
Telephone: (732) 921-8792
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-177394

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TEMPORARY CONSTRUCTION TRAILER Hospital

PAYMENTS (Office Use Only)

Building	$75
Electrical	$100
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$22
CO Fee	
Other	$0
Total	$197
Check No.	222434
Cash	$0
Credit	$0
Collected By	

130
327.

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 $12,900

Construction Official

5-23-12
Date

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

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

REQUIRED INSPECTIONS 5/30/12

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.

$14.00
BUILDING $75.00
ELECTRIC $100.00
DCA $22.00
CHECK $197.00

- [x] 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.

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 5/30/12
Application Number: ZA-12-00356
Application Date: 04/24/2012
Project Number:
Permit Number: ZP-12-00448
Fee: $30

Zoning Permit

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

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

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

Applicant: **Tim Smith; Torcon, Inc.**
Address: **328 Newman Springs Road**
Red Bank, NJ

Application Approved Date: 04/24/2012

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

Use is: Commercial -Ocean Medical Center.

Nonconforming Use is:

Work Description:

Temporary Construction Trailer - ~~Five (5)~~ 2 temporary construction office trailers with a covered walkway.

The trailers and the covered walkway must be removed after the proposed construction work is completed and approved.

Upon review it was determined that:

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

05/30/12 12:21PM 0015SBW500?
#00448
ZPA $30.00
CHECK $30.00

Sean Kinnevy, Zoning Officer — Date: 04/24/2012

Michael P. Fowler, Township Planner — **Date**: 4/25/12

RECEIVING CLERK LMD
DATE REC'D 4/13/12

ZONING PERMIT APPLICATION

PERMIT # ZP-12-00448
DATE ISSUED 5/30/12

BLOCK: 1170 LOT: 18 QUALIFIER: — SITE ADDRESS: 425 Jack Martin Blvd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: MERIDIAN HEALTH
   COMPLETE ADDRESS: 425 JACK MARTIN BLVD
   BRICK NJ
   PHONE # — EMAIL: —

2. NAME OF APPLICANT: TORCON INC
   APPLICANT ADDRESS: 328 Newman Springs
   RED BANK NJ
   PHONE # 732/704-9800 EMAIL: TSmith@torcon.com

3. RESPONSIBLE PERSON FOR WORK: TIM SMITH
   PHONE# 908/413-2588 FAX# —

4. SIGNATURE OF APPLICANT: Tim Smith

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 30.00
OTHER: $
TOTAL: $

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL: ✓
EXISTING USE: Hospital
PROPOSED USE Hospital

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

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

COMMERCIAL

*NEW BUILDING: *ADDITION *ALTERATION *PORCH *DECK

POOL: ABOVE GROUND IN GROUND FENCE: HEIGHT TYPE

HEIGHT: (*APPLICABLE)

OTHER Construction Trailers

DESCRIPTION: Five (5) temporary construction office trailers

ZONING REVIEW:
DATE REVIEWED: 4-24-12 DATE DENIED: — DATE APPROVED: 4-24-12 INTLS: JG28

(SEE BACK PAGE)

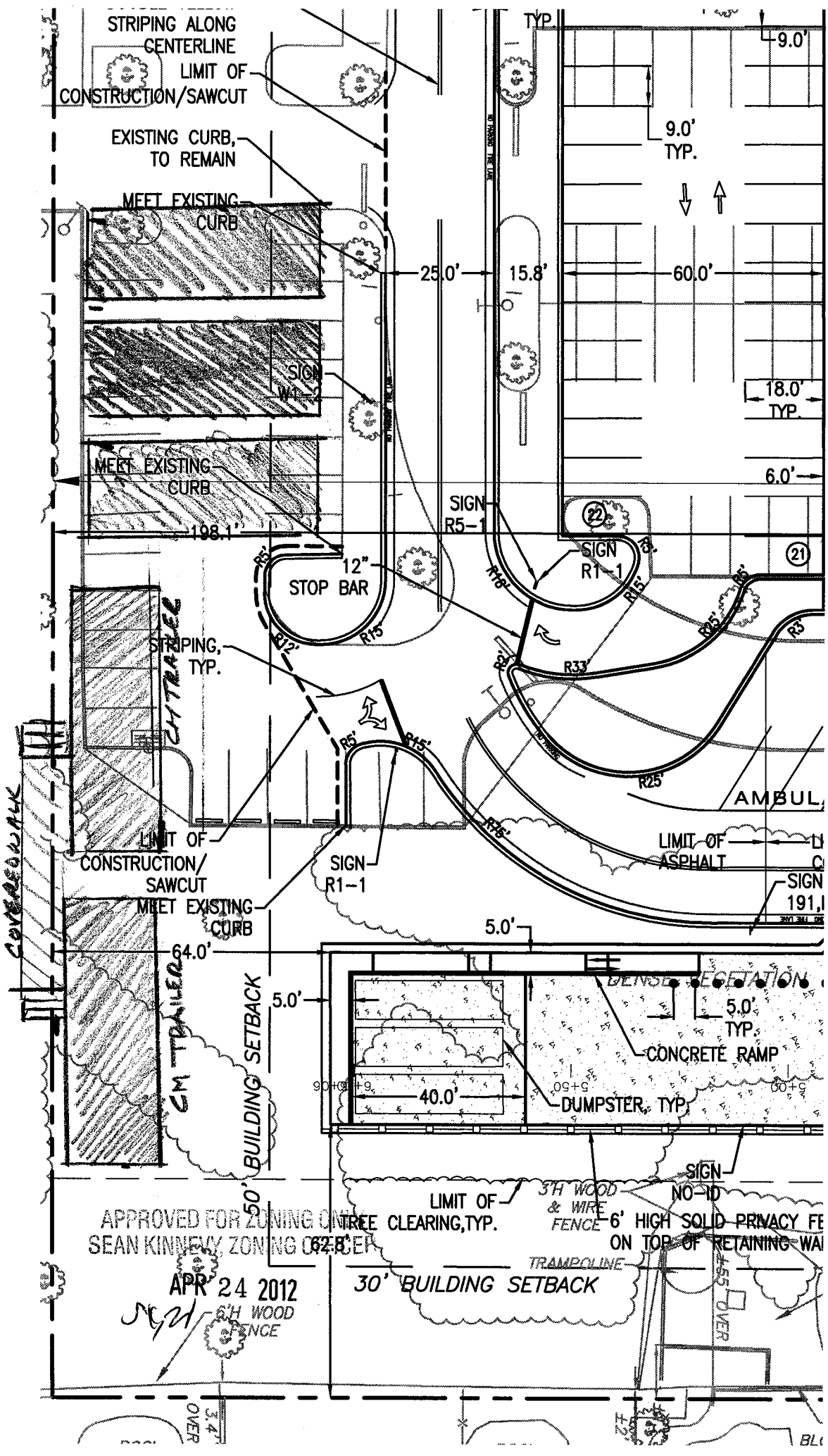
OFFICE USE ONLY

RECEIVED
APR 24 2012
S520

ZONING REVIEW:

DATE REVIEWED: 4-24-12 DATE DENIED: — DATE APPROVED: 4-24-12 INTLS: S520

DATE:	COMMENTS:	INITIALS:


STRIPING ALONG CENTERLINE
LIMIT OF CONSTRUCTION/SAWCUT
EXISTING CURB, TO REMAIN
MEET EXISTING CURB
MEET EXISTING CURB
SIGN W1
198.1'
25.0'
15.8'
60.0'
9.0' TYP.
9.0'
18.0' TYP.
6.0'
SIGN R5-1
SIGN R1-1
12" STOP BAR
R5'
R15'
R18'
R25'
R33'
R3'
STRIPING, TYP.
LIMIT OF CONSTRUCTION/ SAWCUT MEET EXISTING CURB
SIGN R1-1
LIMIT OF ASPHALT
AMBUL
CONCRETE WALK
CM TRAILER
64.0'
5.0'
BUILDING SETBACK
5.0' TYP.
CONCRETE RAMP
40.0'
DUMPSTER, TYP.
LIMIT OF TREE CLEARING, TYP.
3'H WOOD & WIRE FENCE
SIGN NO-ID
6' HIGH SOLID PRIVACY FE
ON TOP OF RETAINING WA
TRAMPOLINE
30' BUILDING SETBACK
50' BUILDING SETBACK
62.8'
6'H WOOD FENCE
APPROVED FOR ZONING
SEAN KINNEY, ZONING OFFICER
APR 24 2012
OVER
BL

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-12-00356
Application Date: 04/24/2012
Project Number:
Permit Number:
Fee: $30

Zoning Permit

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

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

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

Applicant: **Tim Smith; Torcon, Inc.**
Address: **328 Newman Springs Road**
Red Bank, NJ

Application Approved Date: 04/24/2012

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

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

Work Description:
Temporary Construction Trailer - Five (5) temporary construction office trailers with a covered walkway.

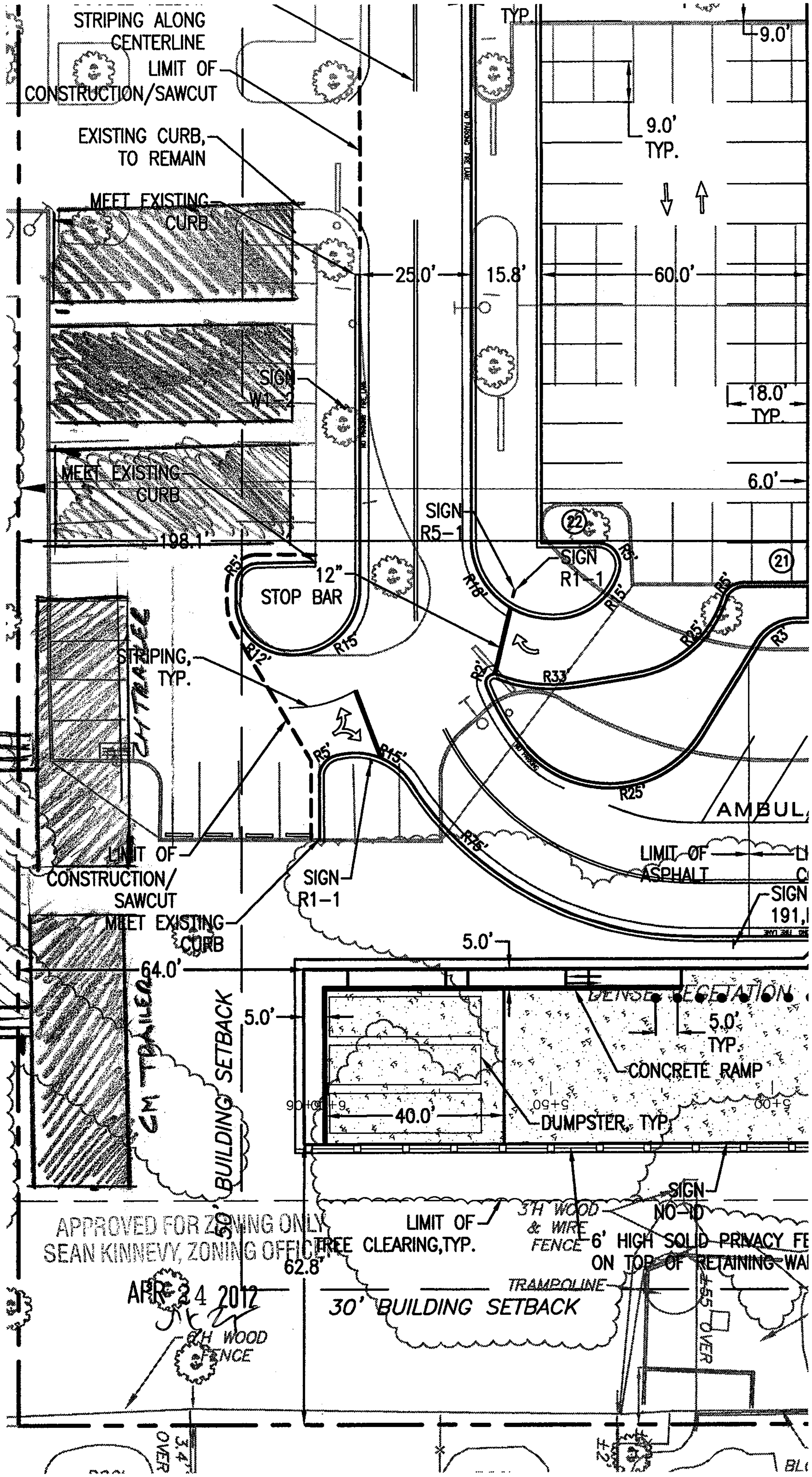
The trailers and the covered walkway must be removed after the proposed construction work is completed and approved.

Upon review it was determined that:

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

Sean Kinnevy, Zoning Officer — 04/24/2012 Date

Michael P. Fowler, Township Planner — 4/25/12 **Date**


STRIPING ALONG CENTERLINE
LIMIT OF CONSTRUCTION/SAWCUT
EXISTING CURB, TO REMAIN
MEET EXISTING CURB
25.0'
15.8'
60.0'
9.0'
9.0' TYP.
18.0' TYP.
6.0'
SIGN W1-2
MEET EXISTING CURB
198.1'
SIGN R5-1
SIGN R1-1
12" STOP BAR
STRIPING, TYP.
R5'
R12'
R15
R18'
R15'
R25'
R33'
R3'
R2'
R25'
AMBUL
LIMIT OF ASPHALT
LIMIT OF CONSTRUCTION/ SAWCUT
MEET EXISTING CURB
SIGN R1-1
SIGN 191,
5.0'
64.0'
5.0'
50' BUILDING SETBACK
DENSE VEGETATION
5.0' TYP.
CONCRETE RAMP
40.0'
DUMPSTER, TYP.
5+00
5+50
6+00
SIGN NO-ID
3'H WOOD & WIRE FENCE
LIMIT OF TREE CLEARING, TYP.
6' HIGH SOLID PRIVACY FE ON TOP OF RETAINING WA
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
APR 24 2012
62.8'
TRAMPOLINE
30' BUILDING SETBACK
6'H WOOD FENCE
±55 OVER
3.4' OVER
±2'
NO PARKING FIRE LANE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Control# 5/30/12
Date Issued
Permit # 12.1430

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 - Emergency Parking Lot
425 Jack Martin Blvd, Brick, NJ

Owner in Fee:

Tel. e-mail

Address
street municipality zip code

Contractor: Sodon's Electric, Inc. Tel. (732) 291-1713

Address 25 West Highland Avenue e-mail marylu@sodonselectric.co
Atlantic Highlands, NJ 07716

Contractor License No. 5458 Exp. Date

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

Federal Emp. ID No. 222401656 FAX: (732) 291-8702

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Temp

[X] Pole/Pad XXX # JC5705BK [X] Temporary [ ] Other

Building Occupied as Utility Co. JCP&L

Est. Cost of Elec. Work $ 12,500

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Walter P. Sodon

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
For Trailers

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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	
28	200	AMP Service	
~~X~~	~~200~~	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
~~1~~	~~200~~	Trailer Conn	

See attached letter per Code.

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-8-12
Approved by: JJ

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Control # 5/30/12
Date Issued
Permit # 12.1430

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

Block 1170 Lot 18 Qualification Code —

Work Site Location Ocean Medical Center - Emergency Parking Lot
425 Jack Martin Blvd, Brick, NJ

Owner in Fee: Meridan Health

Tel. ____ e-mail ____

Address 1350 Campus Parkway Wall 07758
street municipality zip code

Contractor: Sodon's Electric, Inc. Tel. (732) 291-1713

Address 25 West Highland Avenue e-mail marylu@sodonselectric.co
Atlantic Highlands, NJ 07716

Contractor License No. 5458 Exp. Date ____

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

Federal Emp. ID No. 222401656 FAX: (732) 291-8702

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed Temp

[X] Pole/Pad # XXX JC5705BK [X] Temporary [ ] Other ____

Building Occupied as ____ Utility Co. JCP&L

Est. Cost of Elec. Work $ 12,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date:____ Approved by:____

[ ] Electric Plans Approved
Date:____ Approved by:____

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-8-12
Approved by: JS

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

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 sign/Contractor sign and seal here: ____

Print name here: Walter P. Sodon

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
For Trailers

QTY.	SIZE	ITEMS	FEE (Office Use Only)
____		Lighting Fixtures	
____		Receptacles	
____		Switches	
____		Detectors	
____		Light Poles	
____		Motors—Fract. HP	
____		Emergency & Exit Lights	
____		Communications Points	
____		Alarm Devices/F.A.C. Panel	
____		____	
0		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	
~~2~~	____	KW Transformer/Generator	
2	200	AMP Service	
~~X~~	~~200~~	AMP Subpanels	
____	____	AMP Motor Control Center	
~~X~~	~~200~~	KW Elec. Sign/Outline Light	
		Trailer Conn	

COMMERCIAL

See attached letter per Cont.

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Lisa Rose Tavalaiccio

From: Tim Smith [tsmith@torcon.com]
Sent: Friday, May 18, 2012 10:51 AM
To: Lisa Rose Tavalaiccio
Cc: Kevin Kane; Jeanne Tregidgo
Subject: RE: rejection

Lisa,
As we discussed this morning we now intend to install only two office trailers and utilize the 200 amp temp elec service for them.
Cost estimate for delivery and set up of trailers is $400.00. Please advise if any further information is required.
Tim Smith
General Supt.
Torcon, Inc
C 908/413-2588

From: Lisa Rose Tavalaiccio [mailto:ltavalaiccio@twp.brick.nj.us]
Sent: Thursday, May 17, 2012 3:36 PM
To: Tim Smith
Subject: rejection

RE: 425 Jack Martin Blvd.

Please address the above rejections for further review. Any question, please contact the reviewer listed on the rejection.

Thank you
Have a great Day!

Lisa Rose Tavalaiccio
Township of Brick
Senior Permit Clerk
732-262-1030 Phone
732-262-2941 Fax

Lisa Rose Tavalaiccio

From: Tim Smith [tsmith@torcon.com]
Sent: Friday, May 18, 2012 8:01 AM
To: Lisa Rose Tavalaiccio
Cc: Kevin Kane; Jeanne Tregidgo
Subject: RE: rejection

Lisa,
I dropped off another application on 5/15 that eliminated the deck & roof. We are just going to utilize steps.
Please advise if any further action is required on our part.
Thank you.
Tim Smith
Torcon, Inc.

From: Lisa Rose Tavalaiccio [mailto:ltavalaiccio@twp.brick.nj.us]
Sent: Thursday, May 17, 2012 3:36 PM
To: Tim Smith
Subject: rejection

RE: 425 Jack Martin Blvd.

Please address the above rejections for further review. Any question, please contact the reviewer listed on the rejection.

Thank you
Have a great Day!

Lisa Rose Tavalaiccio
Township of Brick
Senior Permit Clerk
732-262-1030 Phone
732-262-2941 Fax

2 trailers
6/15/12

5/18/12 -
Dropped off another app. on 5/15/12 for 2 trailers - this one is void.

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KSJ

PERMIT #:

BLOCK: 1170 LOT: 18 ADDRESS: 425 Jack Martin Blvd.

IDENTIFICATION:

1. WORK SITE ADDRESS: 425 Jack Martin Blvd
2. NAME OF OWNER IN FEE: Northern Ocean Hospital
   ADDRESS: 1350 Campus Pkwy Ste 1500 PHONE #: (__) _____
   Neptune NJ FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Torcon Inc
   ADDRESS: 388 Newman Springs Road PHONE #: (__) _____
   Red Bank FAX #: (__) _____
4. ARCHITECT OR ENGINEER: _____
   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: Tim Smith
   ADDRESS: S/A/A
   PHONE #: 908 413-2588 FAX #: (__) _____ E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

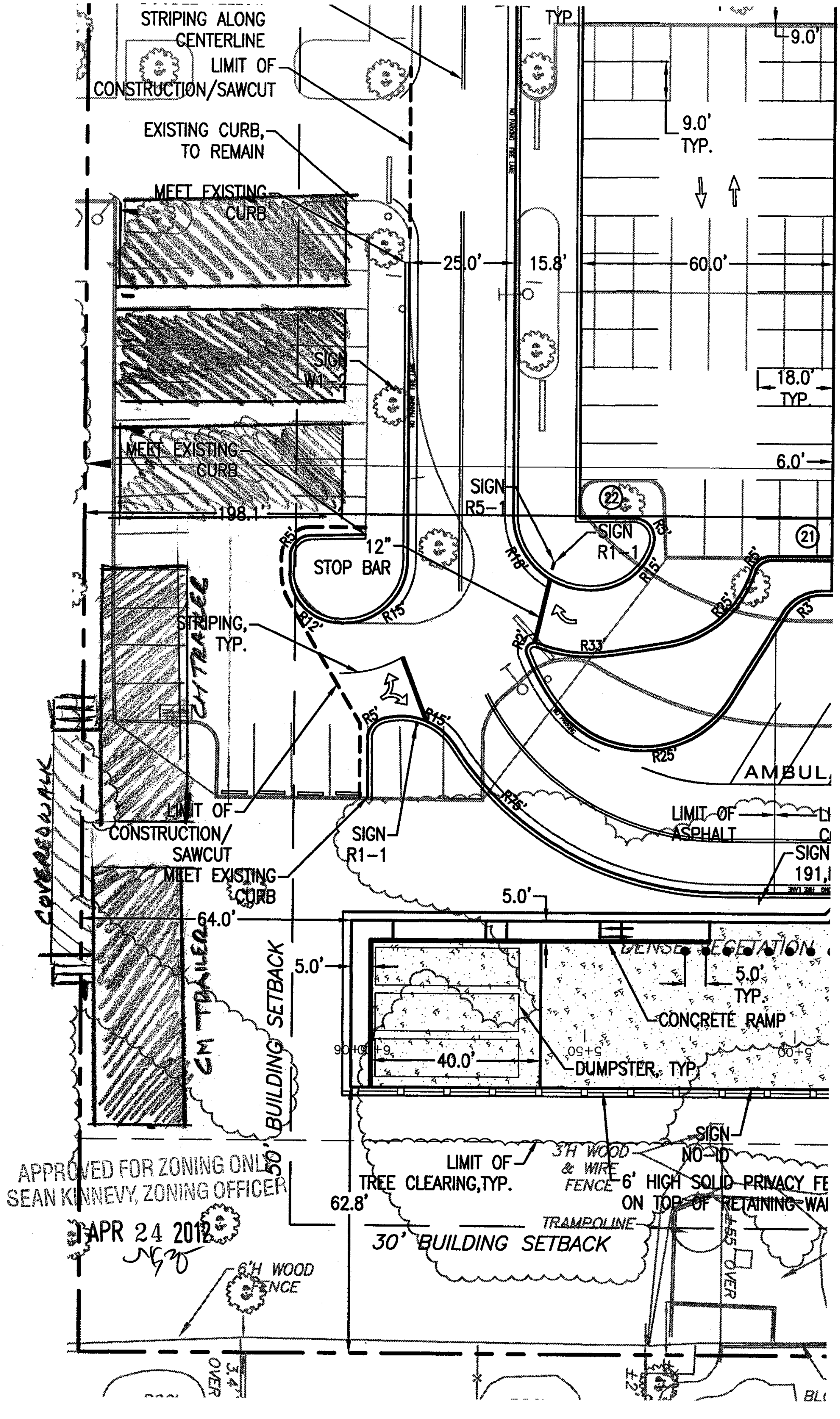
APPROVED DATE: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

DATE RECEIVED: 4/26/12 DATE REJECTED: 4/26/12 DATE APPROVED: 5/3/12 INITIALS: KSS


STRIPING ALONG CENTERLINE
LIMIT OF CONSTRUCTION/SAWCUT
TYP
9.0'
EXISTING CURB, TO REMAIN
9.0' TYP.
MEET EXISTING CURB
25.0'
15.8'
60.0'
SIGN W1-2
18.0' TYP.
6.0'
MEET EXISTING CURB
SIGN R5-1
22
21
198.1'
R5'
12" STOP BAR
SIGN R1-1
R18'
R5'
R15'
R25'
R3'
R15
R12'
STRIPING, TYP.
R2'
R33'
R5'
R15'
R25'
NO PARKING
AMBUL
R75'
LIMIT OF CONSTRUCTION/ SAWCUT
SIGN R1-1
LIMIT OF ASPHALT
MEET EXISTING CURB
SIGN 191,
5.0'
64.0'
DENSE VEGETATION
5.0'
5.0' TYP.
CONCRETE RAMP
50' BUILDING SETBACK
40.0'
DUMPSTER, TYP.
CM TRAILER
COVERED WALK
SIGN NO-ID
LIMIT OF TREE CLEARING,TYP.
3'H WOOD & WIRE FENCE
6' HIGH SOLID PRIVACY FE ON TOP OF RETAINING WA
62.8'
TRAMPOLINE
30' BUILDING SETBACK
6'H WOOD FENCE
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
APR 24 2012

SODON'S ELECTRIC, INC.

Electric Contractors
Commercial • Residential • Industrial

25 West Highland Avenue
PO Box 408
Atlantic Highlands, NJ 07716

732•291•1713
Fax: 732•291•8702

Township of Brick
Attention: Building Department
Chambers Bridge Road
Brick, NJ 08723
May 16, 2012

MAY 18 2012

RE: Ocean County Medical Center
425 Jack Martin Blvd, Brick
Block # 1170 / Lot # 18
Temporary Site Trailers

To whom it may concern,

Reference is made to the Ocean Medical Center project and more specifically the pending temporary site trailer application. As the electrical contractor on the project I submitted an electrical Tech Sheet including one (1) 200 AMP Temporary Service. The attached revised Tech Sheet is to indicate our intentions of adding one (1) more service, making two (2) the number of 200 AMP services which will be installed.

Please add this to the file for future approval.

Thank you

George Newberry – Project Manager SEI

ELECTRICAL SUBCODE
TECHNICAL SECTION

PERMIT UPDATE

Municipal #
Date Issued
Permit #

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center - Emergency Parking Lot
425 Jack Martin Blvd, Brick, NJ

Owner in Fee:

Tel. e-mail

Address

Contractor: Sodon's Electric, Inc. (street, municipality) Tel. (732) 291-1713 (zip code)

Address 25 West Highland Avenue e-mail marylu@sodonselectric.co
Atlantic Highlands, NJ 07716

Contractor License No. 5458 Exp. Date

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

Federal Emp. ID No. 222401656 FAX: (732) 291-8702

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Temp

[X] Pole/Pad # ~~XXX~~ JC5705BK [X] Temporary [ ] Other

Building Occupied as Utility Co. JCP&L

Est. Cost of Elec. Work $ 12,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

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 sign/Contractor sign and seal here:

Print name here: Walter P. Sodon

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
For Trailers

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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	
2 ~~x~~	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	200	Trailer Conn	

Approved per Ken 5/18/12

NOTE: Increased from (1) 200 AMP Service to a (2) - 200AMP Service

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

U.C.C. F120 (rev. 11/09) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

email TSmith@torcon.com 5/17/12

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

Subcode Official Review

Date: Thursday, May 17, 2012

To: 1350 CAMPUS PKWY STE 1500 NEPTUNE, NJ 07753

CC:

RE: Building Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD.
Permit Number: Control Number: C-12-001287
Last Submit Date: Tuesday, May 15, 2012

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

5/17/12
No improvement

5/8/12
Plans reqd for walkway and roof covering. Must meet 115mph design

Sincerely,

Michael Vecchio, Subcode Official

5/18/12 Resubmit Yes