BLOCK 1170 LOT 18 &18.02 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin Blvd., PERMIT NO. 12-1743

CONSTRUCTION PERMIT APPLICATION

C-12-00173

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

I. IDENTIFICATION

1. Proposed Work Site at: 425 Jack Martin Blvd., Brick, NJ
2. Name of Owner in Fee: Meridian Health System
   Tel. (732) 751-3366 e-mail _____
   Address 1350 Campus Pkwy., Neptune, NJ 07753 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private x
4. Principal Contractor: Torcon, Inc. Tel. (732) 921-8792
   Address 328 Newman Springs Road e-mail _____
   Red Bank, NJ 07701
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-177394 FAX: (732) 704-9810
5. Architect or Engineer WHR Architects Contact Jack Mulligan
   Address 1111 Louisiana, 26th Fl, Houston TX e-mail jmulligan@whrarchitects.com
   Tel. (713) 630-7300 FAX: (713) 665-6213
6. Responsible Person in Charge once Work has Begun Kevin Kane
   Tel. (732) 921-8792 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	59097. $		
2. Electrical	11825 -		
3. Plumbing	5128 -		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	7310. $		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy	1750		
12. Other	EP		
13. TOTAL	81022 $		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	3	
2. Height of Structure	48 ft.	
3. Area — Largest Floor	46,310 sq. ft.	
4. New Building Area	139,099 sq. ft.	
5. Volume of New Structure	2188692 cu. ft.	
6. Max. Live Load	350	
7. Max. Occupancy Load	812	
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	243,138 sq. ft.	
10. Flood Hazard Zone	no	
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no x		

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	19,874,720								
☒ Electrical	4,201,760								
☒ Plumbing	2,900,000								
☒ Fire Protection	547,600								
☒ Elevator	553,600								
TOTAL COST	$28,077,680								

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/3/2014
Control Number C-12-001773
Permit Number 12-1743
Permit Issue Date 6/25/2012
Certificate Number 12-1743

Certificate

Construction Code Division

(Certificate of Occupancy)

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: (732) 751-3366

Contractor Torcon inc.

Address 328 Newman Springs Rd. Red Bank NJ 07701

Telephone: (732) 921-8792 Fax: (732) 704-9810

License Number or Builders Registration Number: Federal Emp. Number: 22-177394

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: COMMERCIAL ADDITION
Emergency room- 3 story
Area E Renovation

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:

David J. Newman Jr

Construction Official

Fee: $7,450.00
Check Number: 264989
Collected By: Christopher Romano

Date Printed: 11/3/2014

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Torcon, Inc.

Address 328 Newman Springs Road

Red Bank, NJ 07701

Telephone (732) 704-9800

Signature _____

Kevin Kane, Project Manager

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

ING SUBCODE
AL SECTION

Date Received
Control #

Date Issued
Permit #
12-1743

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

ck 1170 Lot 18, 18.02 Qualification Code

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

Owner in Fee: Meridian Health System

Tel. (732) 751-3366 e-mail

Address 1350 Campus Pkwy., Neptune, NJ 07753
street municipality zip code

Contractor: Torcon, Inc. Tel. (732) 921-8792

Address 328 Newman Springs Road e-mail kkane@torcon.com
Red Bank, NJ 07701

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

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

Federal Emp. ID No. 22-177394 FAX: (732) 704-9810

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:

Print name here: Kevin Kane

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construction and fit out of:
3 story steel framed structure on poured in place footings/ foundation with structural stud perimeter cavity wall construction and masonry and metal panel clad façade for use as the facility Emergency Department.

12-1744 Medical Office

Staff Office Locker Rms Only

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] 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 [ ] OA		
Date:		
Approved by:		

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing — See Back				
Footing Bonding				
Foundation				
Slab	SEE BACK			
Frame	OVER			
Truss Sys./Bracing				
Barrier Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO — See Back				
Other				
Final				
Barrier Free				

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present 12 Proposed 12
No. of Stories 3
Height of Structure 48 ft.
Area — Largest Floor 46,310 sq. ft.
New Bldg. Area/All Floors 139,099 sq. ft.
Volume of New Structure 2158693 cu. ft.
Max. Live Load 350
Max. Occupancy Load 812

Constr. Class Present Proposed 1B

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 19,874,720
2. Rehabilitation $
3. Total (1+ 2) $ 19,874,720

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

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

GREG, BILL, JIM
1958

Plumber GREG
848-992-6652
992-6114 TOM
TOM Tooley 848-992-6114
848-992-6166

6-25-12

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

12-1743

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, 18.01 Qualification Code

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

Owner in Fee: Meridian Health System

Tel. (732) 751-3366 e-mail

Address 1350 Campus Pkwy, Neptune NJ 07753
street municipality zip code

Contractor Three G's Plumbing & Htg., Inc Tel. (732) 223-4949

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

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

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

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

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed X

Building Sewer Size 8" Public Sewer X Private Septic

Water Service Size 6" Public Water X Private Well

Est. Cost of Plumbing Work $ 2,900,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: James Gourley

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Ocean Medical Center
Master Facility Plan - Phase 1 Expansion

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only)
36	Water Closet	$
2	Urinal/Bidet	
	Bath Tub	
84	Lavatory	
7	Shower	
37	Floor Drain	
40	Sink	
1	Dishwasher	
	Drinking Fountain	
	Washing Machine	
9	Hose Bibb	
2	Water Heater	
6	~~Fuel Oil Piping~~ Sump Pump	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	
	Interceptor/Separator	
3	Backflow Preventer Domestic	
1	~~Grease~~ Water Booster	
1	Sewer Connection	
1	Water Service Connection	
46	Stacks	
68	Other Roof Drains	

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 6-5-12
Approved by: JD Released for permit BCA Mtg No Review

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2-13-14
Approved by: 6/27/2014

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO ✓			2-4-14	Ste
Final			6/23/14	
			7/14/14	

20 6-23-14

10-26-12 PA
① 10 FT OF 6" STORM PIPING BETWEEN FOUNDATION WALLS ON NORTH SIDE OF BASEMENT OK

05.15.13 PA NOT READY
08.06.13 PA NOT READY
09.16.13 NR

11/5/12 - mA

○ PARTIAL BASEMENT SLAB - NORTH SIDE
MECHANICAL - AREA - SEE PLANS

11/27/12 - mA

○ - PARTIAL SLAB - SEE PLANS - P-10U.A.

1/22/13 - mA

○ - PARTIAL SLAB - SEE PLANS - P-10U-B

3/22/13 - mA

① SEWER CONNECTION TO MANHOLES #1 #2

4/19/13 - MA

① - STORM - DRAIN - WITH. AREA - (A) 60' - 12" - 8@ 40. - OK.
② SLAB AREA (A) WITH SIDE - OK

SLAB 5-2-13 NO SLAB WORK CALLED IN - DENIED

05.22.13 PA
① 1ST FLOOR AREA "B" EAST SLAB ONLY IS OK.

08.05.13 PA
① DRAIN, WASTE + VENT AREA "D" EVERYTHING EAST OF COLUMN LINE "D" INCLUDING BASEMENT. 1ST FLOOR + STUBBED UP TO 2ND FLOOR ONLY
② STORM PIPING AREA "B" UP TO 4TH FLOOR MEZZANINE ONLY

08.09.13 PA
① COLUMNS "D" THROUGH "A" (AREA "A") 1ST FLOOR + BASEMENT DWV ONLY EXCLUDING FLOOR DRAINS VENTS IN CLOUD CODE (P-10BA PAGE)
AREA

2-4-14
ALL NEW WATER CLOSETS AND SINKS, SHOWERS ICE MACHINES ON 1ST FL APPROVED. JANITOR'S CLOSET WALLS SURROUNDING MOP SINKS SHALL BE OF A WATERPROOF MATERIAL. WATER COOLER 1ST FL MAIN LOBBY LESS THAN 27" AFF. FLUSH VALVE ON WATER CLOSET IN BASEMENT SHALL HAVE HANDLE ON WIDE SIDE #OCB018.

-DRAWING # P-10U.B
P-10-U.A

10.24.13 PA
① ROUGH FOR BASE MENT, 1ST AND 2ND FLOORS FOR NEW ADDITION ~~OK~~ WITH MED GAS THROUGH THE EXISTING HOSPITAL ONLY IS OK

12-3-13 - mA
○ - 3RD FLOOR FUTURE WASTE + VENTS - JUST OK AREA NO LAYOUT.

12-5-13
① - 3RD FLOOR FUTURE WASTE + VENT. JUST-OK AREA D

(P) tech

((ALL - TEST) BASEMENT) - ALL STORM

08.30.13 PA ALL MED GAS MAINS + ROOMS HIGHLITE IN YELLOW OK - ALL WATER PIPING - MAINS + ROOMS HIGHLITED IN BLUE IS OK
FIRST - FLOOR ONLY

09.12.13. ALL MED GAS COLORED IN GREEN ON 1ST FLOOR IS OK. ALL WATER PIPING - COLORED IN (PINK) 1ST FLOOR IS OK.

09.20.13 PA WATER PIPING (PINK) 1ST FLOOR ROUGH FOR 1ST FLOOR IS COMPLETE - PLUMBING ONLY (NOT MEDICAL GAS)

09.24.13: EAST CANOPY PLUMBING - DWV PIPED UP TO 3RD FLOOR IS OK - STORM PIPING UP TO ROOF IS OK

09.25.13 WEST CANOPY PLUMBING - DWV PIPED UP TO 3RD FLOOR IS OK - STORM PIPING UP TO ROOF OK

separate

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 121743

12-1743+B
11-25-13

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

Block 1170 Lot 18 & 18.02
Work Site Location Ocean Medical Center - Phase 1 Expansion
425 Jack Martin Blvd. - Brick, NJ
Owner in Fee Ocean Medical Center
Address 425 Jack Martin Blvd.
Brick, NJ 08724
Tele. (732) 840-2200
Contractor Three G's Plumbing & Heating, Inc.
Address 1408 Atlantic Avenue
Manasquan, NJ 08736
Tele. (732) 223-4949 Fax (732) 223-4911
Lic. No. 36BI00782800
Federal Emp. No. 22-2200741

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed X
Building Sewer Size 8" Public Sewer X Private Septic _____
Water Service Size 6" Public Water X Private Well _____
Est. Cost of Plumbing Work $ 2,900,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW DCA Review
[X] No Plans Required 10.28.13 PA
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-18-14
Approved by: [signature]

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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	1080-
	Urinal/Bidet	
	Bath Tub	1080-
	Lavatory	
	Shower	
	Floor Drain	
	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	
1	~~Stacks~~ XXX Med. Air Compressor	
1	Other Med. Vac. Pump	
170	Other Med. Gas Outlets	
11	Other Zone Valve Boxes	

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

U.C.C. F130 (rev. 3/96)

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

10-01-13P12:42 FILE

4-15-14

area B rough

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update

12-000 1743 +A

Control #
Date Issued
Permit #

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

ock 1170, Lot 18 Qualification Code

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

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

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

Building Occupied as Hospital Utility Co. JCP&L

Est. Cost of Elec. Work $ 2,000.00 ~~428.00~~

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Walter P. Sodon

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ~~Electrical Work Revised under~~
PR#15- Existing Area

QTY.	SIZE	ITEMS	FEE (Office Use Only)
<- 5 >		Lighting Fixtures	95-
20		Receptacles	
		Switches	3-
		Detectors	
		Light Poles	
		Motors—Fract. HP	98-
<- 1 >		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
3		LV Door Control	
XXXXX	17	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	

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:

[X] Electric Plans Approved
Date: 7/25/13 Approved by: JS

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

SUBCODE APPROVAL for PERMIT
Date: 7/25/13
Approved by: JS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 8/4/14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8/1/14	JS
Barrier-Free				

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

OVER

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

4/15/14 By Doug. TR FINAL APP 2013

SEATON HALL

FIRE SUBCODE
TECHNICAL SECTION

Control # C-12-001773
Date Issued 6/25/2012
Permit # 12-1743

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

Block 1170 Lot 18 Qualification Code

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Address 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753 Email

Tel. (732) 751-3366

Contractor: SODON'S ELECTRIC INC Tel. (732) 291-1713

Address 25 W HIGHLAND AVE ATLANTIC HIGHLANDS NJ 07716- Email

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

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

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. 22-2401656 Fax. (732) 291-8702

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed I-2

Constr. Class Present Proposed

Heating Systems: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Total Cost of Fire Protection Work $275,660

Fuel Storage Tank:

Fuel Type ☐ *Flammable* or ☐ *Combustible*

Capacity

Fire Alarm System: ☐ New or ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New or ☐ Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
COMMERCIAL ADDITION,
Emergency room- 3 story

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 (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices Door holders		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other Review Only	1	

Administrative Surcharge	
Minimum Fee	$65
State Permit Surcharge Fee	
TOTAL FEE	$65

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Fire Protection Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☒ CA

Date: 6-12-14 by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			2/11/14	MC
Flam/Combust Tank				
Fireplace Venting			6/12/14	
Final			6/23/13	KES
Other			Sat	

UCC F140 (rev. 11/09)

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

Mike
Torcon
732-496
5408

7/17/13

200 2hr hydro Brch underground
New Bldg remote & FDC

8/15/13 -
Above ceiling RN area Basement

8/21/13 Seton Hall Classroom - Fined
This week
only

8/25/13 Volunteer offices (2) m/w Jack or Sito
OK for The Temp use of Volunteer Rooms 2" only

(F) tech

FIRE SUBCODE
TECHNICAL SECTION

Control # C-12-001773
Date Issued 06/25/2012
Permit # 12-1743

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

Block 1170 Lot 18 Qualification Code

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Address 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753 Email

Tel. (732) 751-3366

Contractor: SODON'S ELECTRIC INC Tel. (732) 291-1713

Address 25 W HIGHLAND AVE ATLANTIC HIGHLANDS NJ 07716- Email

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

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

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. 22-2401656 Fax. (732) 291-8702

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed I-2

Constr. Class Present Proposed

Heating Systems: ☐ New *or* ☐ Modification to Existing *or* ☐ Conversion *or* ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Total Cost of Fire Protection Work $275,660

Fuel Storage Tank:

Fuel Type ☐ *Flammable or* ☐ *Combustible*

Capacity

Fire Alarm System: ☐ New *or* ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New *or* ☐ Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
COMMERCIAL ADDITION,
Emergency room- 3 story

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 (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices Door holders		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other Review Only	1	

Administrative Surcharge	
Minimum Fee	$65
State Permit Surcharge Fee	
TOTAL FEE	$65

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Fire Protection Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing ☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☒ CA

Date: 6-12-14 by: KER

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Cumbust Tank				
Fireplace Venting				
Final			6/12/14 LV	
Other				

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

need paperwork 9/19/13

200/2hr main 6 inch
discuss added 3rd Heat stairwell
4/15/13 values

200 hr/2hr
- All 4 stairwells - roof area "C"
  2 Mech Shafts (N-Sout)
  All Standpipes paperwork attached

12/18/13

Hydro - 1st/2nd fl

Still need canopys = basement
3rd ✓

1/13/14 Hydro basement - Loading Dock

Need 3rd fl & canopys (2)

1/23/13 extra Day Alum testing Front Risers
Penthouse/3rd/2nd only
See deficiency list

(F) tech

Security

Alarm Paperwork ×
Knox box ×
Alarm keys / keysets ×
Emergency Plans book?
Stickers ×
Door Holders ×
As builts - sprinkler/Alarm
F.D. Connection signage
Fire Extinguishers signs ×
Evac diagrams on wall

1/23/14

#5356-OMC INSPECTORS FIRE ALARM TEST

OC5002 No Audio (2) SP/S

Roof ~~Effss~~ WP SP/S No Audio

OC5004 No Audio (1) SP/S

OC5003 No Audio 1 SP/S

OC5003 Smoke Damper T.O.S. ~~T.O.S~~ Fix Program to only Activated by Smoke in Start

OC5003 Elev #1 Shunt Trip Didn't work #2 OK

OC5002: Fix Desc. 0419 "Test OC5002 Roof Hydrant Tamper"

*Verify Duct Detectors report as "Supervisory"

OC3016: Pull ⇒ Fix Description 0389: "Pull Station 3rd Fl South Stair"

OC314: DD 0322 → change to supervisory

OC 3003: Missing outside SP/S

OC3000; Stair #1: Correct Descriptions @ all (3) Flows & (3) Tamper

OC2009; Smoke won't reset after alarm #0019

OC2002; Fix Pull 0130 Desc: "OC2002: Pull @ Stair #1/OC2007"

OC2007; Fix Desc. @ Tamper # 127 Fix Label OC2007: Tamper Stair #1, 2nd Fl OC2007

↓ @ Flow # ~~316~~ 126 Fix OC2007: Flow Stair #1/OC2007, 2nd Fl

OC2008; Fix Description @ DD #0029; "OC2008: Duct Smoke @ Shell North Supply"

OC2008: Duct Dampers have been disconnected by others

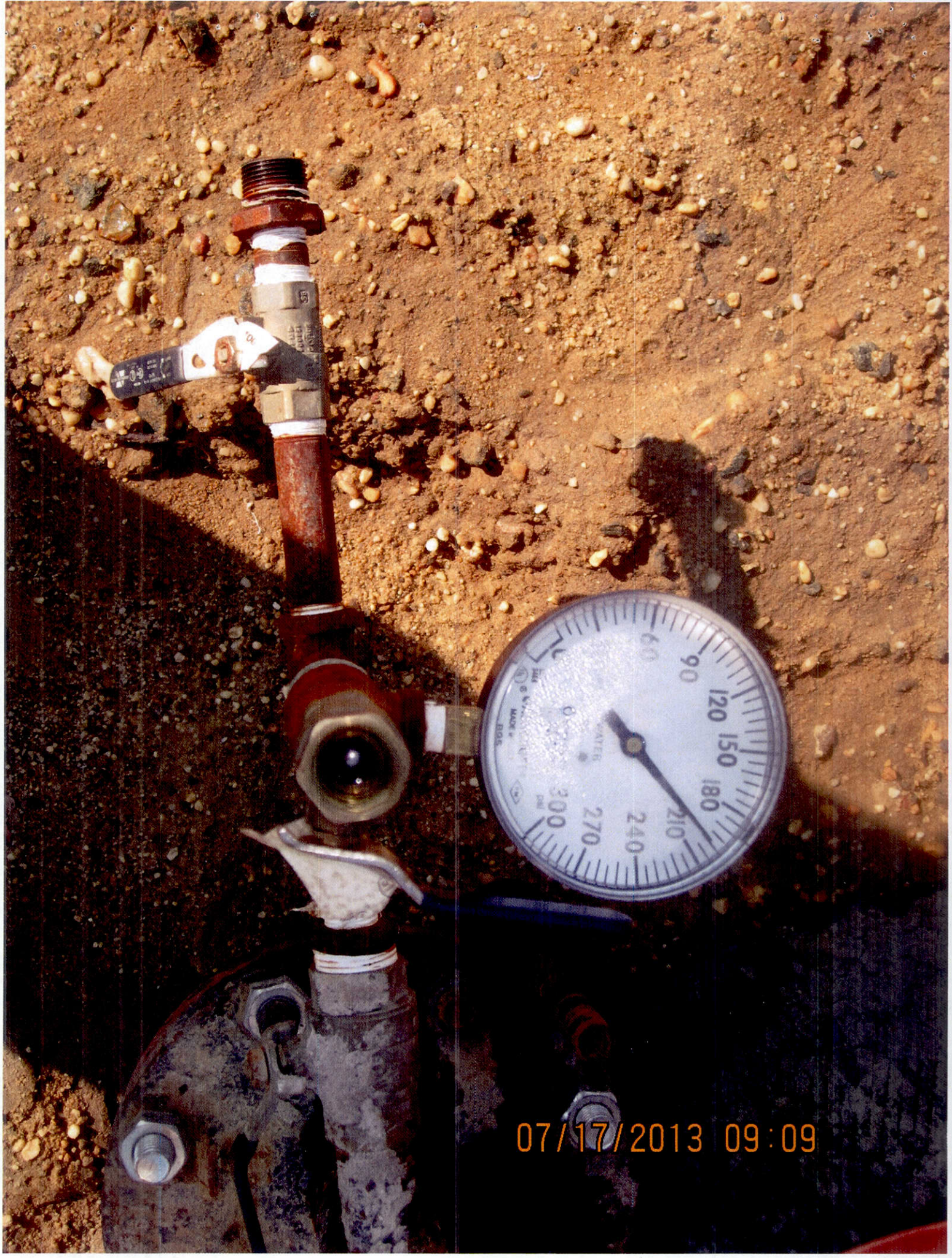
February 6th @ 7:00 PM for Firemans Orientation

1/28/14 All day fire testing for continuation of fire testing


06/19/2013 09:09


06/18/2013 13:15


KOMATSU
06/05/2013 13:52


60
90
120
150
180
210
240
270
300
07/17/2013 09:09

06/18/2013 13:16

Systems Sales Corporation
1345 Campus Parkway
Wall Township NJ 07753
732-751-0600 www.ssnnj.com

1 South

NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION

Date: June 2, 2014

1. PROTECTED PROPERTY INFORMATION

Property Name : OCEAN MEDICAL CENTER NEW ED BUILDING
Extension : RENOVATIONS AREA E 1S ONLY
Address : 425 JACK MARTIN BLVD
City : BRICK State : NJ Zip : 08724
Description of Property : ADDITION TO HOSPITAL Occupancy Type : HOSPITAL

Property Contact : RICH MCCANN
Address : 425 JACK MARTIN BLVD
City : BRICK State : NJ Zip : 08724
Email : Phone : (732) 840-2200 Fax :

Authority Having Jurisdiction : BRICK FD
Email : Phone : 732-458-4100 Fax :

2. FIRE ALARM SYSTEM INSTALLATION & SERVICE COMPANY INFORMATION

Installation Contractor for this Equipment : SODONS ELECTRIC
Address: 25 W Highland Ave Ste 4
City : ATLANTIC HIGHLANDS State : NJ Zip : 07716
Email : Phone : 732-291-1713 Fax :

Service Organization for this Equipment : Systems Sales Corporation
Address : 1345 Campus Parkway
City : Wall Township State : NJ Zip : 07753-6815
Email : service@sscnj.com Phone : 732-751-0600 Fax : 732-751-0489

Location of As-Built Drawings : MAINTENANCE OFFICE
Location of Historical Test Reports : MAINTENANCE OFFICE
Location of Operation & Maintenance Manuals: MAINTENANCE OFFICE

2.1 SERVICE & TESTING CONTRACT

A Contract for Test & Inspection in accordance with NFPA standards is in effect as of : 01/01/14 **Expires :** 01/01/15
Contracted Testing Company : SYSTEMS SALES CORP
Address : 1345 CAMPUS PKWY
City : WALL State : NJ Zip : 07753
Email : SSCNJ.COM Phone : 732-751-0600 Fax :
Inspection Frequency : ANNUAL Contract # :

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE

NFPA 72 Chapter Reference of System Type : 6 & 8
Name of Organization receiving alarm signals with telephone numbers (*if applicable*):
Monitoring Entity : RAPID Phone : 800 558 7767
Alarm/Trouble/Supv signaled to: RAPID Phone : 800 558 7767
Type of Transmission : DIGITAL DIALER Format : CID

If Chapter 8, note the means of transmission : [X] Digital Dialer [ ] Cellular [ ] Multiplex [ ] McCulloh [ ] N/A
If Chapter 9, note the connection type : [ ] Local Energy [ ] Shunt [ ] N/A

Systems Sales Corporation
1345 Campus Parkway
Wall Township NJ 07753
732-751-0600 www.ssnnj.com

NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION

3.1 System Software

Operating system software revision level : 14.05.30

Site-specific software revision date : 14.05.30 Revision completed by : JFM

4. SIGNALING LINE CIRCUITS

Characteristics of signaling line circuits connected to the system (*see NFPA 72, Table 6.6.1*) :

Quantity : 1 Style : 4A Class : B

5. ALARM-INITIATING DEVICES AND CIRCUITS

Characteristics of initiating device circuits connected to the system (*see NFPA 72, Table 6.5*) :

Quantity : 1 ADRESSABLE LOOP Style : 4 Class : B

5.1 MANUAL INITIATING DEVICES

5.1.1 Manual Pull Stations

Quantity of Manual Pull Stations : 2

Type of devices : [X] Addressable [ ] Coded
[ ] Conventional [ ] Transmitter

5.2 AUTOMATIC INITIATING DEVICES

5.2.1 Area Smoke Detectors

Quantity of Smoke Detectors : 17

Type of coverage : [X] Complete Area Quantity of Beam Smoke Detectors : 0
[ ] Partial Area

Type of devices : [X] Addressable [ ] Coded
[ ] Conventional [ ] Transmitter

Type of sensing technology : [X] Photoelectric [ ] Ionization [ ] Beam Smoke Detector

5.2.2 Duct Smoke Detectors

Quantity of Duct Smoke Detectors :

Type of devices : [ ] Addressable [ ] Coded
[ ] Conventional [ ] Transmitter

Type of sensing technology: [ ] Photoelectric [ ] Ionization

5.2.3 Heat Detectors

Quantity of Heat Detectors :

Type of coverage : [ ] Complete Area
[ ] Partial Area [ ] Non-required Partial Area

Type of devices : [ ] Addressable [ ] Coded
[ ] Conventional [ ] Transmitter

5.2.4 Sprinkler Waterflow Detectors

Quantity of Waterflow Detectors :

Type of devices : [ ] Addressable [ ] Coded
[ ] Conventional [ ] Transmitter

5.2.5 Alarm Verification

Quantity of devices subject to alarm verification :

Alarm verification the system is : [X] Disabled [ ] Enabled [ ] Verification Delay

Systems Sales Corporation
1345 Campus Parkway
Wall Township NJ 07753
732-751-0600 www.ssnnj.com

NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION

6. SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUITS

6.1 Sprinkler System

Quantity of Valve Supervisory Devices : _____

Type of devices :
- [ ] Addressable
- [ ] Conventional
- [ ] Coded
- [ ] Transmitter

6.2 Fire Pump

Type of fire pump :
- [ ] None
- [ ] Electric
- [ ] Diesel

Pump supervisory devices :
- [ ] Addressable
- [ ] Conventional
- [ ] Coded
- [ ] Transmitter

Functions supervised :
- [ ] Fire Pump Power
- [ ] Fire Pump Running
- [ ] Fire Pump Phase Reverse
- [ ] Selector switch not in audio
- [ ] Engine or Control Panel Trouble
- [ ] Low fuel
- [X] Other : MONITORIED BY OTHERS

6.3 Engine-Driven Generator

Type of Generator :
- [ ] None
- [ ] Gas
- [ ] Diesel

Generator supervisory devices :
- [ ] Addressable
- [ ] Conventional
- [ ] Coded
- [ ] Transmitter

Functions supervised :
- [ ] Generator Running
- [ ] Selector Switch Not In Auto
- [X] Other: MONITORED BY OTHERS
- [ ] Engine or Control Panel Trouble
- [ ] Low fuel

7. ANNUNCIATORS

7.1 Annunciator 1

- [ ] Panel
- [X] Remote
- Location : FRONT LOBBY

Type of annunciator :
- [X] Addressable
- [ ] Directory
- [ ] Graphic

7.2 Annunciator 2

- [ ] Panel
- [ ] Remote
- Location : _____

Type of annunciator :
- [ ] Addressable
- [ ] Directory
- [ ] Graphic

7.3 Annunciator 3

- [ ] Panel
- [ ] Remote
- Location : _____

Type of annunciator :
- [ ] Addressable
- [ ] Directory
- [ ] Graphic

8. ALARM NOTIFICATION DEVICES AND CIRCUITS

8.1 Emergency Voice Alarm Service

Quantity of single voice alarm channels : _____
Number of speakers : _____
Quantity of multiple voice alarm channels : _____
Quantity of speaker zones : _____

Type of devices installed :
- [ ] Speakers
- [ ] With Visual Device

8.2 Fire Fighters Telephone System

Quantity of Telephone Jacks installed : _____
Quantity of telephone handsets on site : _____

Type of system installed :
- [ ] Electrically powered
- [ ] Sound Powered

Systems Sales Corporation
1345 Campus Parkway
Wall Township NJ 07753
732-751-0600 www.ssnnj.com

NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION

8.3 Nonvoice Audible System
Characteristics of notification circuits connected to the system (*see NFPA 72, Table 6.5*) :
Quantity : _____ Style : _____ Class : _____

8.4 Types and Quantities of Nonvoice Notification Appliances Installed

[X] Horns [X] With Visual Device [ ] Chimes [ ] With Visual Device
[ ] Bells [ ] With Visual Device

Quantity of non-voice audible devices : 17 Other (describe): _____
Quantity of visual device without audible : 9 Other (describe): _____

9. EMERGENCY CONTROL FUNCTIONS ACTIVATED

[ ] Door Unlocking [X] Hold-Open Door Releasing Devices
[ ] Elevator Control [ ] Smoke Management / Smoke Control
[ ] Other: _____

10. SYSTEM POWER SUPPLY

10.1 Primary Power

Primary power — Nominal voltage : 120 Vac — Nominal amps : 5
Overcurrent protection — Type : Breaker — Rating : 20
Primary supply panelboard — Panel name : OMC(1N,1S,3S)ELL-LS — Circuit No. : 24,6,2
Disconnecting means location : RMS OC1051, OC1346,OC3009

10.2 Secondary Power

Secondary power — Nominal voltage : 24 Vdc — Amp hour rating : 20
Standby batteries — Type : Sealed Lead Acid — Quantity : 6
Location of standby batteries : IN FACP PANELS 8 9 AND 10
Location of emergency generator : SOUTH BASMENT
Location of fuel storage : OUTSIDE BOILER RM

Calculated capacity of secondary power to drive the system :
Standby mode : 24 Alarm mode : 5

11. RECORD OF SYSTEM INSTALLATION

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching but before conducting operational acceptance tests.

The system has been installed in accordance with the following NFPA standards. (*Note any that apply*)

[X] NFPA 72 [X] NFPA 70, Article 760
[X] Manufacturers published instructions [ ] Other: _____

System deviation from referenced NFPA standards: _____

Signed : _____ Printed name : FRANK POWERS Date : June 2, 2014
Organization : SODONS ELECTRIC Title : FOREMAN Phone : 732-291-1713

Systems Sales Corporation
1345 Campus Parkway
Wall Township NJ 07753
732-751-0600 www.ssnnj.com

NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION

12. RECORD OF SYSTEM OPERATION

All operational features and functions of the system were tested by or in the presence of the signer below, on the date shown below, and were found to be operating properly in accordance with the requirements of;

- [X] NFPA 72
- [X] NFPA 70, Article 760
- [X] Manufacturers published instructions
- [ ] Other:
- [X] Documentation in accordance with Inspection and Testing Form is attached

System deviation from referenced NFPA standards:

Signed : Printed name : JOHN MARTINEZ Date : June 2, 2014
Organization : Systems Sales Corporation Title : TECHNICIAN Phone : 732-751-0600

13. CERTIFICATIONS AND APPROVALS

13.1 Installation Contractor

This system as specified herein has been installed according to all NFPA standards cited herein.

Signed : Printed name : FRANK POWERS Date : June 2, 2014
Organization : SODONS ELECTRIC Title : FOREMAN Phone : 732-291-1713

13.2 Testing Company

This system as specified herein has been tested according to all NFPA standards cited herein.

Signed : Printed name : JOHN MARTINEZ Date : June 2, 2014
Organization : Systems Sales Corporation Title : TECHNICIAN Phone : 732-751-0600

13.3 Central Station

This system as specified herein is monitored according to all NFPA standards cited herein.

Signed : Printed name : Rich McCann Date : June 2, 2014
Organization : RAPID Title : Maint Supv Phone : (315) 422-9946

13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed : Printed Name : RICH MCCANN Date : June 2, 2014
Organization : OCEAN MEDICAL CENTER Title : MANAGER Phone : (732) 840-2200

13.5 Authority Having Jurisdiction

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, its approved sequence of operations and with all NFPA standards cited herein.

Signed: Printed Name: Richard O
Organization: Title: Asst Chief Date: 6/3/14
Phone: 732-458-412

Systems Sales Corporation
1345 Campus Parkway
Wall Township NJ 07753
732-751-0600 www.ssnnj.com

NFPA 72
FIRE ALARM SYSTEM INSPECTION & TESTING FORM

Date: June 2, 2014

INSPECTION & TESTING PROVIDED BY

Systems Sales Corporation
1345 Campus Parkway
Neptune, NJ 07753

Representative : JOHN MARTINEZ
License No. : P-00525
Telephone : (732) 751-0600

PROTECTED PROPERTY INFORMATION

Name : OCEAN MEDICAL CENTER NEW ED BUILDING
Extension: AREA E RENOVATIONS ONLY SODONS ELECTRIC
Address: 425 JACK MARTIN BLVD
City : BRICK State : NJ Zip : 08724
Contact : RICH MCCANN
Phone : (732) 840-2200

MONITORING ENTITY

Name : RAPID
Telephone : 800 558 7767
Monitoring Account Number : M38-0370

AUTHORITY HAVING JURISDICTION

Name : BRICK FD
Email :
Phone : 732-458-4100 Fax :

TYPE TRANSMISSION

- [X] Digital Dialer
- [ ] Cellular Transmitter
- [ ] IP Internet Transmitter
- [ ] Reverse Polarity
- [ ] Local System
- [ ] McCulloh
- [ ] Multiplex
- [ ] Radio
- [ ] Local Energy / Shunt
- [ ] Other :

SERVICE

- [X] Acceptance
- [ ] Annual
- [ ] Semi-Annual
- [ ] Monthly
- [ ] Quarterly

Control Unit Manufacturer : EST Model No : EST3
Current Software Revision : 14.05.30
Last Date System had any Service Performed : 6/2/2014
Last Date System Software/Configuration was revised : 2-Jun

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Installed Devices	Circuit Style	Quantity of Devices Tested		
2	4	2	Manual Stations	
			Heat Detectors	
18	4	18	Photoelectric Smoke Detectors	
			Ionization Smoke Detectors	18
			Beam Smoke Detectors	
			Carbon Monoxide Detectors	
			Duct Smoke Detectors	
			Sprinkler System Alarm Devices	
			Other :	

Quantity of Alarm Initiating Circuits : 1 ADRESSABLE LOOP Circuit Style : 4 Class : B

Initiation Circuits monitored for integrity : [X] Yes [ ] No

Alarm Verification feature functionality : [X] Disabled [ ] Enabled

Systems Sales Corporation
1345 Campus Parkway
Wall Township NJ 07753
732-751-0600 www.ssnnj.com

NFPA 72
FIRE ALARM SYSTEM INSPECTION & TESTING FORM

Date: June 2, 2014

SUPERVISORY SIGNAL - INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Installed Devices	Circuit Style	Quantity of Devices Tested	
			Sprinkler - Riser Valve Tamper Switches
			Sprinkler - Elevator Shaft/Pit Valve Tamper Switches
			Sprinkler - Low Air Supervisory
			Duct Smoke Detectors
			Building Low Temperature
			Fire Pump Power / Controller Trouble
			Fire Pump Running
			Fire Pump Phase Reversal
			Fire Pump in Auto Position
			Fire Pump Low Fuel
			Generator Running
			Generator in Auto Position
			Generator Trouble
			Generator Switch Transfer
			Generator Low Fuel
			Other :

0
Quantity of Supervisory Initiating Circuits :

Supervisory Circuits monitored for integrity : [X] Yes [ ] No

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Installed Devices	Circuit Style	Quantity of Devices Tested	
17	Y	17	Horn /Strobes
			Horns
			Speaker / Strobes
			Speakers
			Bell / Strobes
			Bells
			Chime / Strobes
			Chimes
9	Y	9	Strobes
			Other :

17
Quantity of Notification Appliance Circuits :

Notification Circuits monitored for integrity : [X] Yes [ ] No

SIGNALING LINE CIRCUITS (*per NFPA72, Table 6.6.1*)

Quantity of Signaling Line Circuits : 1 Style : 4B

Systems Sales Corporation
1345 Campus Parkway
Wall Township NJ 07753
732-751-0600 www.ssnnj.com

NFPA 72
FIRE ALARM SYSTEM INSPECTION & TESTING FORM

Date: June 2, 2014

SYSTEM POWER SUPPLIES

(a) Primary (Main):

Primary Power — Nominal Voltage: 120 Vac — Nominal Amps: 5
Overcurrent Protection — Type: Breaker — Rating: 20
Primary Supply Panelboard — Panel Name: OMC(1N,1S,3S)ELL-LS — Circuit No.: 24,6,2
Disconnecting Means Location: RMS OC1051, OC1346,OC3009

(b) Secondary (Standby): Nominal Voltage: 24 Vdc — Amp Hour Rating: 33

Standby Battery Type: [X] Sealed Lead-Acid [ ] Lead Acid [ ] Nickel-Cadmium [ ] Other

(c) Calculated capacity to operate system in hours: [X] 24 Hours [ ] 60 Hours

Engine-driven generator dedicated to fire alarm system: NA
Location of fuel storage: NA

(d) Emergency system used as a backup to primary power supply, instead of using a secondary power supply:

Emergency system described in NFPA 70, Article 700: NA
Legally required standby described in NFPA 70, Article 701: NA
Optional standby system described in NFPA 70, Article 702, (also meets the performance requirements of Article 700 or 701): NA

NOTIFICATIONS MADE PRIOR TO TESTING

	YES	NO	TIME	WHO NOTIFIED
Monitoring Agency	X		8:00 AM	VIA SECURITY
Municipal Authorities	X		8:00 AM	VIA SECURITY
Building Management	X		8:00 AM	VIA SECURITY
Building Occupants	X		8:00 AM	VIA SECURITY
AHJ Notified of any impairments	X		8:00 AM	VIA SECURITY
Other:				

SYSTEM TESTS AND INSPECTIONS

	VISUAL	FUNCTIONAL	PASS	FAIL	COMMENTS
Control Unit	X	X	X		
Remote Annunciators	X	X	X		
Interface Equipment	X	X	X		
Disconnect Switches	X	X	X		
Primary Power Supply	X	X	X		
Fuses / Circuit Breakers	X		X		
Transient Suppressors			X		

Lamps/LEDs	X	X	X		
Trouble Signals	X	X	X		
Ground-Fault Monitoring	X	X	X		
Other					

Systems Sales Corporation
1345 Campus Parkway
Wall Township NJ 07753
732-751-0600 www.ssnnj.com

NFPA 72
FIRE ALARM SYSTEM INSPECTION & TESTING FORM

Date: June 2, 2014

SECONDARY POWER TESTS AND INSPECTIONS

	VISUAL	FUNCTIONAL	PASS	FAIL	COMMENTS
Battery Condition					
Load Voltage Test					
Discharge Test					
Charger Test					

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

DEVICE TYPE	VISUAL	FUNCTIONAL	PASS	FAIL	COMMENTS
Manual Stations	X	X	X		
Heat Detectors					
Smoke Detectors	X	X	X		
Beam Smoke Detectors					
Duct Smoke Detectors					
CO Detectors					
Sprinkler Waterflow Alarm					
Sprinkler Valve Tamper					
Sprinkler Supervisory					
Suppression Systems					
Temperature Monitoring					
Fire Pump Monitoring					
Generator Monitoring					

Comments:

NOTIFICATION APPLIANCE TESTS AND INSPECTIONS

	VISUAL	FUNCTIONAL	PASS	FAIL	COMMENTS
Audible Appliances	X	X	X		
Visual Appliances	X	X	X		

Audio (Voice) Appliances ☐ ☐ ☐ ☐ _____

Comments: _____

_____

_____

Systems Sales Corporation
1345 Campus Parkway
Wall Township NJ 07753
732-751-0600 www.ssnnj.com

NFPA 72
FIRE ALARM SYSTEM INSPECTION & TESTING FORM

Date: June 2, 2014

AUXILIARY CONTROL & FUNCTIONS TESTS AND INSPECTIONS

DEVICE TYPE	VISUAL	FUNCTIONAL	PASS	FAIL	COMMENTS
Alarm Monitoring		X	X		
Elevator Helmet Display					
Elevator Power Shunt Trip					
Fan Control / Shutdown	X	X	X		
Door Control / Release	X	X	X		
Smoke Damper Control	X	X	X		
Smoke / Atrium Exhaust					
Stair Pressuration					
Sprinkler Supervisory					
_____					

Comments: _____

_____

_____

EMERGENCY COMMUNICATIONS EQUIPMENT TESTS AND INSPECTIONS

	VISUAL	FUNCTIONAL	PASS	FAIL	COMMENTS
Phone Sets					
Phone Jacks					
Off-Hook / Call-In Signal					
Amplifiers	X	X	X		
Tone/Message Generators	X	X	X		
Voice Clarity	X	X	X		
System Performance	X	X	X		

INTERFACE EQUIPMENT	VISUAL	TESTING MEANS DEVICE	TESTING MEANS SIMULATED	
DOOR RELEASE	X	X		
_____				
_____				

SPECIAL HAZARD SYSTEMS

	☐		☐	☐	
	☐		☐	☐	
	☐		☐	☐	

Special Procedures:

Comments:

Systems Sales Corporation
1345 Campus Parkway
Wall Township NJ 07753
732-751-0600 www.ssnnj.com

NFPA 72
FIRE ALARM SYSTEM INSPECTION & TESTING FORM

Date: June 2, 2014
Page **6 of 6**

SUPERVISING STATION MONITORING

	YES	NO	TIME	COMMENTS
Alarm Signal	X	☐		REPORT FROM CS TO BE SENT
Trouble Signal	X	☐		REPORT FROM CS TO BE SENT
Supervisory Signal	☐	☐		
Restore Signals	X	☐		REPORT FROM CS TO BE SENT

NOTIFICATION THAT TESTING IS COMPLETE

	YES	NO	TIME	COMMENTS
Monitoring Agency	X	☐		VIA SECURITY
Municipal Authorities	X	☐		VIA SECURITY
Building Management	X	☐		VIA SECURITY
Building Occupants	X	☐		
Other :	☐	☐		

System restored to normal : Date: June 2, 2014 Time: 3:30 PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector : JOHN MARTINEZ Date: 06/02/14 Time: 3:30 PM
Signature :

Name of Owner or Representative : ~~RICH MCCANN~~ FRED CINGLE Date: 06/02/14 Time: 3:30 PM
Signature :

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update

Date Received 11-25-13
Control #
Date Issued
Permit # 12-1743+E

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 ONC

Owner in Fee: Northern Ocean Hospital System

Tel. ( ) e-mail

Address 1350 Campus Pkwy. Ste 1800 Neptune 07753
street municipality zip code

Contractor: Kane Communications, LLC Tel. (609) 586-8800

Address 572 Whitehead Road, Suite 201, Trenton, NJ 08619 e-mail info@kanecomm.com

Contractor License No. 1203 Exp. Date

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

Federal Emp. ID No. 74-3126299 FAX: (609) 586-8855

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 185,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required 10/24/13 JF

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

Date:
Approved by:

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 2 28 14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	2-13-14		2/28/14	TO
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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL DATA CABLING & SPEAKERS

EXISTING PERMIT # 12-1743

590-
314-
904-

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
565		Communications Points	
		Alarm Devices/F.A.C. Panel	
		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	

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

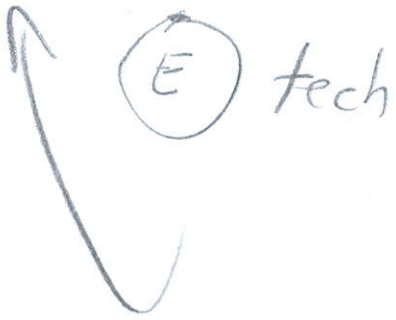
QUS

U.C.C. F120 (rev. 10/06)
Internet version

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

I ce & SNOW

2-13-14 FAILED CONTRACTOR NOT ON SITE



ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

BRICK TOWNSHIP RECEIVED OCT -4 2013 BUILDING DEPARTMENT

Control # 12-1743+D

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 425 JACK MARTIN BLVD
BRICK NJ 08724

Owner in Fee: OCEAN MEDICAL CENTER c/o MERIDAN HEALTHCARE

Tel. 1-800-560-9990 e-mail

Address 1350 CAMPUS PARKWAY, SUITE 1500, NEPTUNE NJ 07753
street municipality zip code

Contractor: JSC ELECTRIC Tel. 732 206-0010

Address 1105 INDUSTRIAL PARKWAY e-mail
BRICK NJ 08724

Contractor License No. 9455A Exp. Date 3/31/2005

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

Federal Emp. ID No. 46-1693051 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present ✓ Proposed

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

Building Occupied as HOSPITAL Utility Co.

Est. Cost of Elec. Work $ 174,000—

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: FRANCISCO NIEVES

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
HVAC ATC/DDC CONTROLS - LOW VOLTAGE WIRING

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	
1000		COMMUNICATION PTS	1015—
0		TOTAL NUMBERS	296—
		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	
			1311—
		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: 10/24/13
Approved by: JF

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2/28/14
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/28/14	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

BRICK TOWNSHIP RECEIVED OCT - 4 2013 BUILDING DEPARTMENT

OVER

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

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

ICE & SNOW

2-13-14 FAILED CONTRACTOR NOT ON SITE