BLOCK 1170 LOT 18 &18.02 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin Blvd., PERMIT NO. 12-2794

CONSTRUCTION PERMIT APPLICATION

C12-003323

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: (732) 475-6827

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 305		
2. Electrical	88		
3. Plumbing	75		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	17 ft.	
3. Area — Largest Floor	779 sq. ft.	
4. New Building Area	11,295 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	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	152,817								
☒ Electrical	22,000								
☒ Plumbing	30,000								
☒ Fire Protection	6,500								
☐ Elevator									
TOTAL COST	$211,317								

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 4/10/2014
Control Number C-12-003322
Permit Number 12-2794
Permit Issue Date 10/1/2012
Certificate Number 12-2794

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
MRI access way

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: $75.00
Check Number: 225390
Collected By: Lisa Rose Tavalaiccio

Date Printed: 4/10/2014

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/21/2013
Control Number C-12-003322
Permit Number 12-2794
Permit Issue Date 10/1/2012
Certificate Number 12-2794

Certificate

Construction Code Division

(Temporary 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
MRI access way

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.

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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**
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or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

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☐ Partial or limited time period (years); see file

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☐ 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: 5/31/2013
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Final Building/Electric/Plumbing/Fire/Engineering

David J. Newman Jr.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 2/21/2013 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/28/2013
Control Number C-12-003322
Permit Number 12-2794
Permit Issue Date 10/1/2012
Certificate Number 12-2794

Certificate

Construction Code Division

(Temporary 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
MRI access way

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: 11/30/2013
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 11/30/2013
Conditions to be met:
~~Final Building/electric/plumbing/fire~~ BTMUA

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 1/29/2013 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/20/2012
Control Number C-12-003322
Permit Number 12-2794
Permit Issue Date 10/1/2012
Certificate Number 12-2794

Certificate

Construction Code Division

(Temporary 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
MRI access way

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: 11/19/2012
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 2/19/2013
Conditions to be met:

Final Building/Plumbing/Engineering/MUA

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/29/2012 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/20/2012
Control Number C-12-003322
Permit Number 12-2794
Permit Issue Dat 10/1/2012
Certificate Numb r 12-2794

Certificate

Construction Code Division

(Temporary 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. Numbe r: 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
X MRI access way ONLY

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 Aba ement 5:17**
This serves notice that based on written c rtification, lead abatement was performed as per NJAC5:1 to the following extent.

☐ Total removal of lead-based paint haz rds in scope of work
☐ Partial or limited time period (yea s); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written c rtification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in cope of work
☐ Partial or limited time period (yea s); see file

☐ **Certificate of Compliance**
This serves notice that said potentially haz rdous equipment has been installed and/or maintained in ac ordance with the New Jersey Uniform Construction Code an is approved for use until

☑ **Temporary Certificate of Occupanc y**
The following conditions must be met no l ter than: 11/19/2012
or the owner will be subject to fine or orde r to vacate:
This certificate has an expiration date of: 2/19/2013
Conditions to be met:

Final Building/Plumbing/Engineering/MUA

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/20/2012 U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10/1/12
Control #
Date Issued
Permit # 12-2794

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

ock 1170 Lot 18, 18.02 Qualification Code

Work Site Location Ocean Medical Center - MRI Relocation
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

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	9/20/12	
Approved by:		
SUBCODE APPROVAL for CERTIFICATE		
[ ] CO [ ] CCO [ ] CA		
Date		
Approved by:		

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Grounding Bonding				
Foundation				
Slab				
Frame	Over		10/25/12	
Truss Sys./Bracing				
Barrier Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy	O. Leisure		11-9-12	GP
Mechanical				
TCO				
Other				
Final			12/5/12	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present 12 Proposed 12
No. of Stories 1
Height of Structure 17 ft.
Area — Largest Floor 779 sq. ft.
New Bldg. Area/All Floors 779 sq. ft.
Volume of New Structure 11,295 cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed 1B

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 152,817
2. Rehabilitation $
3. Total (1+ 2) $ 152,817

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 of new access way for Mobile MRI Unit.

addition

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

COMMERCIAL

FEE (Office Use Only)
$

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

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

M.22 - Block 132-416 3408

Date Received
Control # 12-2794
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 Temporary MRI @ Ocean County Medical Center
425 Jack Martin Blvd, Brick, NJ

Owner in Fee: MERIDIAN HEALTH SYSTEM

Tel. 732-751-3366 e-mail

Address 1350 CAMPUS PARKWAY, NEPTUNE NJ 07753
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

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 5458

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

Fire Alarm Contractor No. Exp. Date

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

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 12 Proposed 12

Constr. Class: Present 1B Proposed 1B

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $ 5,000

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: J. Timothy Sodon

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Additional-Initiating & Notification devices in new MRI Cooridor

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	4	
Supervisory Devices (i.e., tampers, low/high air)		71
Signaling Devices (i.e., horn/strobes, bells)	2	
Other Devices		
TOTAL	6	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 9-20-12 RBD
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11-13-12
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Alarm System			11/13/12	RBD
Suppression Sys.			11/13/12	RBD
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			11/13/12	RBD
Other				

U.C.C. F140 (rev. 02/11) Internet version

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

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) 921-8792

Signature _____

Kevin Kane, Project Manager

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy					
☐ Temporary Certificate of Compliance					
☐ Continued Certificate of Occupancy					
☐ Certificate of Compliance					
☐ Certificate of Occupancy					
☐ Certificate of Approval					
☐ Lead Abatement Clearance Certificate					

MRI Holiday Trailer

FIRE SUBCODE TECHNICAL SECTION

Update

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit # 12-30-12

12-2794 HA

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

Block 1170 Lot 18, 18.02 Qualification Code

Work Site Location OCEAN MEDICAL CENTER
425 JACK MARTIN BLVD. BRICK NJ 08723

Owner in Fee: MERIDIAN HEALTH SYSTEM

Tel. (732) 751-3366 e-mail

Address 1350 CAMPUS PARKWAY, NEPTUNE NJ 07753

Contractor: Landmark Fire Protection, Inc Tel. (973) 276-9008

Address 43 Stiles Lane e-mail pace@landmarkfire.com
Pine Brook, NJ. 07058

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00265

Fire Protection Equipment, NJ Div. of Fire Safety Installer No. 153640

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 22-2413548 FAX: (973) 276-9088

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 12 Proposed 12
Constr. Class: Present 1B Proposed 1B
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $ 1500—

Fuel Storage Tank:
Fuel Type: [ ] Flammable or [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

[X] Certified Contractor — Applicant Signature/ Contractor's Signature
[ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Water Supply Source City Water (Existing)
Method of Alarm/Suppression System Supervision Electric (Existing)

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems [ ] System [ ] 110v Interconnected [ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	6	135
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel- Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: 11/12/13 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/12/13 Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1-21-13
Approved by: (CR)

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppresion Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			1-21-13	
Other				

U.C.C. F140 (rev. 12/07) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three parts

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

UCC/F-140 (REV 12/07)
Professional Printing
(856) 468-7933

PLUMBING SUBCODE TECHNICAL SECTION

Update

Date Received 11/30/12
Date Issued
Control #
Permit # 12-2794+B

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

Block 1170 Lot 18 & 18.02
Work Site Location Ocean Medical Center
425 Jack Martin Blvd. Brick, NJ 08723
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 X Proposed
Building Sewer Size Public Sewer X Private Septic
Water Service Size Public Water X Private Well
Est. Cost of Plumbing Work $ 30,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required 11.20.12 PA
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 11-20-12
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-13-12
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough				
Water				
Sewer			10/9/12	PB
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
			10/9/12	

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)
1	Water Closet	$
	Urinal/Bidet	
1	Bath Tub	
1	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	
1	Sewer Connection	
	Water Service Connection	
1	Stacks	
	Other ~~Wall Hydrant~~	
	Other	
	Other	

COMMERCIAL

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10/1/12
Control #
Permit # 12-2794

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

Block 1170 Lot 18, 18.02

Work Site Location Ocean Medical Center
425 Jack Martin Blvd. Brick, NJ 08723

Owner in Fee MERIDIAN HEALTH SYSTEM

Address 1350 CAMPUS PKWY., NEPTUNE NJ 07753

Tele. (732) 751-3366

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 X Proposed

Building Sewer Size Public Sewer X Private Septic

Water Service Size Public Water X Private Well

Est. Cost of Plumbing Work $ 30,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved STATE REVIEW

Date: 9/25/12

Approved by:

SUBCODE APPROVAL 9-27-12

[ ] CO [ ] CCO [X] CA

Date: 12-13-12

Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			10/4/12	PA
Water				
Sewer			10-04-12	PA
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO			12/13/12	MM

12-13-12

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)
1	Water Closet	$
	Urinal/Bidet	
1	Bath Tub	
	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	
	Stacks	
1	Other Wall Hydrant	
	Other	
	Other	

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

UPDATE RA 1-SEWER SEE BACK

COMMERCIAL

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 10/1/12
Permit # 12-2794

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 Temporary MRI @ Ocean County Medical Center
425 Jack Martin Blvd, Brick, NJ

Owner in Fee: MERIDIAN HEALTH SYSTEM

Tel. 732-751-3366 e-mail

Address 1350 CAMPUS PARKWAY, NEPTUNE, NJ 07753
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 12 Proposed 12

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

Building Occupied as Utility Co. JCP&L

Est. Cost of Elec. Work $ 22,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved
Date: 9/25/12 Approved by: JS
STATE Review

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

SUBCODE APPROVAL for PERMIT
Date: 9/25/12
Approved by: JS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11/13/12
Approved by: JS

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	10/11/12		10/22/12	DD
Barrier-Free				
Trench	ABOVE GROUND		11-8-12	DD
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11-15-12	DD
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 sign/Contractor sign and seal here:

Print name here: J. Timothy Sodon

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Temporary MRI Location

QTY.	SIZE	ITEMS	FEE (Office Use Only)
8		Lighting Fixtures	
2		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
4		Motors—Fract. HP	
3		Emergency & Exit Lights	
1		Communications Points	
6		Alarm Devices/FAC Panel XXXXXX	
25		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	
1	200	AMP Receptacle	

COMMERCIAL

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.

12-2794

INSPECTOR: PAUL MAGOWAN

DATE: 10/1/13

JOB: OCEAN MEDICAL CENTER SECTION:

TYPE OF WORK: MRI - RELOCATION

WEATHER: CLEAR

LOCATION: 425 JACK MARTIN BLVD.

TEMPERATURE: 70's

BLOCK: 1170 LOT: 18

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	N/A	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	BUILDING ADDITION IN	PROGRESS
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ ] MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 2/5/2014

NAME Meridan Hospital Corp

ADDRESS 1350 Campus Pkwy Ste#1500 Neptune NJ 07753-6821

PROPERTY LOCATION 425 Jack Martin Blvd

Account No 17176807-4 Block 1170 Lot 18

I herby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Peggy Muller

12-2794

INSPECTOR: Russell Harris

DATE: Mon. 11/19/12

JOB: Ocean Medical Center SECTION: MRI Relocation (only)

TYPE OF WORK: Temporary CO (MRI - Relocation)

WEATHER: Overcast

LOCATION: 425 Jack Martin Blvd.

TEMPERATURE: 50's

BLOCK: 1170 LOT: 18

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓ - In Progress	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	Building Addition & Rear Parking Lot	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☒ TEMP. C.O. - Expire 2/19/13

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ECC] MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

NOTICE AND ORDER OF PENALTY

Permit/Control #: 12-2794
Date Issued: 11/20/2012
Violation #: V-12-00322

IDENTIFICATION

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

Block: 1170 Lot: 18 Qualification Code: _____

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Agent/Contractor: Torcon inc.

Address: 328 Newman Springs Rd. Red Bank NJ 07701

To: [X] Owner [ ] Other:

[X] Agent/Contractor

ACTION

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

[X] On 11/5/2012, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [ ] failed to obtain a construction permit; or [X] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that ***Stop Construction Order.***

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 12/4/2012 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: _____ Date: 11-20-12
Construction Official

U.C.C. F212 equiv (rev. 4/2003)

B-21114

INSPECTOR: Russell Harris

DATE: Tues. 2/19/13

JOB: Ocean Medical Center

SECTION: MRI Relocation (only)

TYPE OF WORK: Temp. CO (extension) (MRI - Relocation)

WEATHER: Rain

LOCATION: 425 Jack Martin Blvd.

TEMPERATURE: 40's

BLOCK: 1170 LOT: 18

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	Building Addition & Rear Parking Lot	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☒ TEMP. C.O. - Expire 5/20/13

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Block: 1170
Lot: 18
Owner: NORTHERN OCEAN HOSPITAL SYSTEM INC
Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone: (732) 751-3366
Agent: Torcon inc.
Agent Address: 328 Newman Springs Rd. Red Bank NJ 07701
Telephone: (732) 921-8792

Infraction Details

Subcode: Administrative
Issuing Officer: Kevin Batzel Telephone:
Issue Date: 11/20/2012
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.18(c) Failure to Receive Required Inspections
Infraction Summary: It has been determined that you have not received the required inspections for the work done. You proceeded to work without the required framing inspection.
Certified Mail Number: 7011 2970 0002 5222 1443

Enforcement Details

Inspection Date: 11/5/2012
Notice Date: 11/20/2012
Compliance Date: 12/4/2012
Compliance Inspection Date:
Compliance Summary: The owner or the owner's agent must receive the required inspections for the work, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoeneas to appear in Municipal Court.

Fines Details

Total Due:	$2,000.00
Total Paid:	$0.00
Total Owed:	$2,000.00

NOTICE AND ORDER OF PENALTY

Permit/Control #: 12-2794
Date Issued: 11/20/2012
Violation #: V-12-00324

IDENTIFICATION

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Block: 1170 Lot: 18 Qualification Code: _____
Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC
Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Agent/Contractor: Torcon inc.
Address: 328 Newman Springs Rd. Red Bank NJ 07701

To: [X] Owner [ ] Other:
[X] Agent/Contractor

ACTION

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

[✓] On 11/5/2012, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [ ] failed to obtain a construction permit; or [X] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 12/4/2012 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: _____ Date: 11-20-12
Construction Official

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Block: 1170
Lot: 18
Owner: NORTHERN OCEAN HOSPITAL SYSTEM INC
Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone: (732) 751-3366
Agent: Torcon inc.
Agent Address: 328 Newman Springs Rd. Red Bank NJ 07701
Telephone: (732) 921-8792

Infraction Details

Subcode: Administrative
Issuing Officer: Kevin Batzel Telephone:
Issue Date: 11/20/2012
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.18(c) Failure to Receive Required Inspections
Infraction Summary: It has been determined that you have not received the required inspections for the work done. You proceeded to work without the required insulation inspection approval.
Certified Mail Number: 7011 2970 0002 5222 1450

Enforcement Details

Inspection Date: 11/5/2012
Notice Date: 11/20/2012
Compliance Date: 12/4/2012
Compliance Inspection Date:
Compliance Summary: The owner or owner's agent must receive the required inspections for the work, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due: $2,000.00
Total Paid: $0.00
Total Owed: $2,000.00

Payable through Bank of America Hazleton, Pa.
At Bank of America, Cherry Hill, New Jersey, 08034

55-33
212

Meridian Hospitals Corporation
1350 Campus Parkway
Neptune, New Jersey 07753

CHECK NUMBER	CHECK DATE	CHECK AMOUNT
276811	11/21/12	******$4,000.00

PAY *Four thousand and 00/100 Dollars*

TO THE ORDER OF
TWP OF BRICK
401 CHAMBERS BRIDGE ROAD
BRICK NJ 08723

BY John Lloyd
John D Gentner
AUTHORIZED SIGNATURE

MP

⑈0276811⑈ ⑆021200339⑆ 9429 345555⑈

581318468588 131022 20121126 000000009429345555
TRN_DEBIT MVICARI 400000
Brick Plaza 0813 94004 5813 2 0123

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

WARNING: THE BACK OF THIS CHECK CONTAINS A SIMULATED WATERMARK. HOLD AT 45° ANGLE TO VIEW.

Daniel Newman

From: Jack Healy [jhealy@healylongjevin.com]
Sent: Monday, December 10, 2012 11:38 AM
To: Daniel Newman; mvechio@twp.brick.nj.us
Subject: Ocean Medical Wall Pour
Attachments: 20121207_132714.jpg; 20121207_133202.jpg

Dear Dan and Mike,
I once again apologize for pouring the wall at Ocean Medical last Friday.
I talked to our superintendent Friday and once again today , about **pouring anything without the proper inspection and sign off**.
Our company over 35 years just does not due this !
This would normally end up in his dismissal from our Company.
The only reason he is still employed today is his sincere apology , his continued dedication to quality and attention to detail.
I have attached pictures of the "Top of Wall" that was poured.
I have also asked Torcon to have Craig Testing furnish their inspection report to which I will add these pictures and any other pertinent information.
As we discussed I would like to come up and meet with you , Mike and Ken Anderson to assure all of you , that we just don't do this .
Please have Mike let me know a convenient time.
Thanks once again for your help and cooperation.
Regards,
Jack Healy
jhealy@healylongjevin.com

Healy Long & Jevin, Inc.
2000 Rodman Road
Wilmington, DE 19805
Phone: 302-654-8039
Fax: 302-654-8153
Cell: 302-383-2900

(1) pictures
(2) Copy of order from Police
FEB 25 2013

COUNTY OF OCEAN
CONSTRUCTION BOARD OF APPEALS
P.O. Box 2191
239 Washington Street / 5 Mott Place
Toms River, NJ 08754-2191
(732) 929-4730

JOSEPH H. VICARI
Freeholder Liaison

WILLIAM SANTOS
Director

EUGENE WRIGHT
Chairman

Notice of Meeting
Of the
Construction Board of Appeals
Of the
County of Ocean

Take notice that a meeting of the Ocean County Construction Board of Appeals will be held in Room 119 of the Administration Building at 101 Hooper Avenue, Toms River, New Jersey. Any questions, please contact Jamie Jubert, Secretary to the Board at (732) 929-4730.

DATE: March 7, 2013

TIME: 3:00 P.M.

Agenda for Meeting

G & R Property Management	vs	Township of Toms River
Flora	vs	Township of Brick
Torcon	vs	Township of Brick

APPLICATION TO CONSTRUCTION BOARD OF APPEALS

Date Received 12/7/12
Date Issued
Control #
Permit #

IDENTIFICATION

Work Site Location 425 JACK MARTIN BLVD. Block 1170 Lot 18
Owner in Fee MERIDIAN HEALTH
Address 1350 CAMPUS PKWY SUITE 1500 NEPTUNE NJ 07753
Phone ( )
Agent TORCON, INC
Address 328 NEWMAN SPRINGS RD. RED BANK, NJ
Phone (732) 921-8792

APPLICANT STATEMENT

Specific section(s) of the Regulations in question:

NJAC 5:23-2.18C
NO FRAMING INSPECTION
NO INSULATION INSPECTION

NOTE: FINES WERE ALREADY PAID SINCE TOWNSHIP WOULD NOT ISSUE A TCO FOR AN AREA CRITICAL TO THE HOSPITAL.

Briefly state your position in this matter and explain the nature of the relief you seek. (If more space is required, additional pages may be attached). BUILDING DEPT WAS CLOSED DUE TO HURRICANE SANDY. THEREFORE INSPECTORS WERE UNAVAILABLE FOR AN INSULATION INSPECTION. PICTURES WERE TAKEN AND SENT TO BUILDING DEPARTMENT. BEFORE WALLS WERE CLOSED. FRAMING INSPECTION TOOK PLACE AND WE HAVE DOCUMENTATION FOR THAT

The Construction Board of Appeals has 10 business days following the submission of the appeal to make a decision pursuant to N.J.A.C. 5:23-2.37(a).

Fee $ 100.00
Paid [ ] Check No. A226614
Collected by:

(Application will not be considered complete unless accompanied by the appeal fee. Fee shall be waived when appeal is based on failure of agency to act within a specified time frame.)

SIGNED: [signature] APPLICANT 12/3/12 DATE

Jamie Jubert
Secretary to the Board

OCEAN COUNTY
CONSTRUCTION BOARD OF APPEALS

116 days from 11/20/12

PO. Box 2191
339 Washington Street at #5 Mott Pl. Complex (732) 929-4730
Toms River, N.J. 08754-2191 Fax: (732) 505-3262

NOTICE AND ORDER OF PENALTY

Permit/Control #: 12-2794
Date Issued: 11/20/2012
Violation #: V-12-00322

IDENTIFICATION

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Block: 1170 Lot: 18 Qualification Code:
Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC
Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Agent/Contractor: Torcon inc.
Address: 328 Newman Springs Rd. Red Bank NJ 07701

To: [X] Owner [ ] Other:
[X] Agent/Contractor

ACTION

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A [ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

[X] On 11/5/2012, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you [ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [ ] failed to obtain a construction permit; or [X] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A Stop Construction Order was issued. Reinspection of the work site on _____ revealed a failure to comply with that Stop Construction Order.

PENALTY

Therefore, you are hereby *ORDERED* to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 12/4/2012 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this *ORDER*, you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this *ORDER* as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: _____ Date: 11-30-12
Construction Official

U.C.C. F212 equiv (rev. 4/2003)

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Stephen C. Acropolis, Mayor

Township Council:
Bob Moore – President
Susan Lydecker – Vice President
Domenick Brando
John Ducey
Jim Fozman
Joseph Sangiovanni
Dan Toth

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

January 29, 2013

Torcon Inc.
328 Newman Springs Road
Red Bank, NJ 07753

Dear Mr. Kane:

Re: Violations – V-12-00322 and V-12-00324 for Property 425 Jack Martin Boulevard
Block: 1170 Lot: 18 Permit 12-2794 – Non-residential Addition/MRI Access

As requested, outlined below are the specifics relative to the two separate Notice and Order of Penalties issued on November 20, 2012, for the following infractions:

V-12-00322 – you failed to obtain the required inspections for the work done associated with permit 12-2794 and proceeded to work without the required framing inspection approval.

V-12-00324 – you failed to obtain the required inspections for the work done associated with permit 12-2794 and proceeded to work without the required insulation inspection approval.

Please note, the Temporary Certificate of Occupancy issued on November 20, 2012, shall expire on February 19, 2013. Should you have further questions, please contact this office at 732-262-1030.

Sincerely,

Daniel F. Newman, Jr.
Construction Official

DFN/ls

Enclosures: V-12-00322/V-12-00324
C: Northern Ocean Hospital System Inc.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Block: 1170
Lot: 18
Owner: NORTHERN OCEAN HOSPITAL SYSTEM INC
Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone: (732) 751-3366
Agent: Torcon Inc.
Agent Address: 328 Newman Springs Rd. Red Bank NJ 07701
Telephone: (732) 921-8792

Infraction Details

Subcode: Administrative
Issuing Officer: Kevin Batzel Telephone:
Issue Date: 11/20/2012
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.18(c) Failure to Receive Required Inspections
Infraction Summary: It has been determined that you have not received the required inspections for the work done. You proceeded to work without the required insulation inspection approval.
Certified Mail Number: 7011 2970 0002 5222 1450

Enforcement Details

Inspection Date: 11/5/2012
Notice Date: 11/20/2012
Compliance Date: 12/4/2012
Compliance Inspection Date:
Compliance Summary: The owner or owner's agent must receive the required inspections for the work, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due:	$2,000.00
Total Paid:	$0.00
Total Owed:	$2,000.00

HEALY LONG & JEVIN CONCRETE CONTRACTORS, LLC
GENERAL ACCOUNT
P.O. BOX 30278
WILMINGTON, DE 19805-7278

WSFS bank

Check Number 1937 1937
Check Date 12/27/2012

62-10/311 Check Amount *****2,000.00

PAY THE SUM OF:
*** Two Thousand Dollars ****

PAY TO THE ORDER OF: Brick Township
401 Chambersbridge Road
Brick, NJ 08723-

TRUE VALUE MARK PAPER - HOLD TO LIGHT TO VIEW — HEAT SENSITIVE RED IMAGE DISAPPEARS WITH HEAT

⑈001937⑈ ⑆031100102⑆ 209493 675⑈

581305368505 125624 20121227 000000000209493675
TRN_DEBIT BLASIXJX 200000
Brick Plaza 0813 94004 5813 1 0130

WHR ARCHITECTS

Architecture with People in Mind®

November 9, 2012

Mr. Dan Newman
Construction Official
401 Chambers Bridge Road
Brick Township, NJ 08723

RE: Ocean Medical Center Temporary Mobile Technology Dock Relocation
H10013-00.25B
Permit #12-2794 (MRI)

Mr. Newman:

I have reviewed the photos of the batt insulation taken just prior to closing the inside of the exterior walls at the MRI corridor project at Ocean Medical Center. It is my opinion that the insulation meets the requirements of the design documents and the code.

My client and I thank you for your time and attention to this very important matter, especially during these trying times in Brick.

Sincerely,

Charles Griffin, AIA, FACHA, EDAC
Senior Principal

WHR Architects, Inc.
1111 Louisiana 26th Floor · Houston, Texas 77002
713.665.5665 phone · 713.665.6213 fax
whrarchitects.com

TORCON

Transmittal Cover Sheet

Each #

OMC - Master Facility Plan Phase I
Torcon, Inc.
Construction Trailer
c/o Ocean Medical Center
425 Jack Martin Boulevard
Brick, New Jersey 08724

Project # 11009
Tel: 732-475-6816 Fax: 732-475-6827

Torcon, Inc.

Date:	**01/11/2013**	**Reference Number: 0020**

Transmitted To: Dan Newman
Township of Brick

Transmitted By: Kevin Kane
Torcon, Inc.
Ocean Medical Center
425 Jack Martin Blvd.
Att: Torcon Project Trailer
Brick, NJ 08724
Tel: 732-475-6816
Fax: 732-475-6827

Package Transmitted For	Delivered Via	Tracking Number
As Requested	Hand	

Item #	Qty	Item	Description	Reference	Status
0001	1.00	Test Reports	Craig Testing Report for Southern Retaining wall		

Notes:

Cc: Company Name	Contact Name	Copies	Notes

Remarks

Craig Testing Report for southern retaining wall poured without inspection.

Signature Kevin Kane **Signed Date**

NOTE: If enclosures are not as noted, kindly notify Torcon, Inc. immediately.

CRAIG
TESTING LABORATORIES, INC.
5439 Harding Highway • P.O. Box 427 • Mays Landing, NJ 08330-0427 • (609) 625-1700 • FAX (609) 625-1798

CLIENT: Meridian Health
c/o Stantec Consulting Services, Inc.
PROJECT NO.: 215019-5

PROJECT: Ocean Medical Center Phase 1 Expansion
425 Jack Martin Boulevard, Brick, New Jersey
P.O. No. 540061100csv
PERMIT NO.: 12-1743

INSPECTED BY: K.Hahn
DCA LICENSE NO.: 010326

DATE INSPECTED: 12/7/12
REPORT NO.: CP-61

PROJECT PLANS BY: Walter P Moore
DATED: 10/28/11
REVISION NO.: 3

GOVERNING AGENCY: Twp. Of Brick
APPROVAL DATE: 3/14/12

CONCRETE PLACEMENT REPORT

(compressive strength)

LOCATION: Retaining wall along southern edge running 40 feet from 160 feet east of western edge extending eastward

Craig Testing Laboratories, Inc. inspector arrived at site as requested by client and inspected concrete placement at the above location per the project plans and documents.

Slump (ASTM C143):	6.5"	Approved Slump Range:	7 +/-1"
Air Content (ASTM C231):	6.30%	Approved Air % Range:	6 +/- 1.5%
Temperature (ASTM C1064):	62°F	Todays Yardage:	50
Concrete Supplier:	Silvi	Approved Mix ID:	5094G SUP

Consolidation Method: ☑ Internal ☐ External ☐ Both ☐ None ☐ Other _____

Ambient Temperature (F): 53°F

Strength of Concrete Placed (PSI): 5000

No. of Samples (ASTM C31): 5 (1 set of 5) 92

On Site Curing Facilities Available ☑ Yes ☐ No

Required Strength of Concrete (PSI): 5000 (ACI 301 - 1.6.3.2.d)

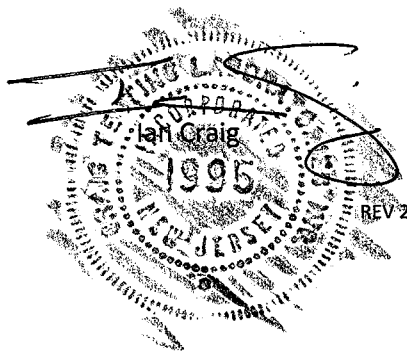
☐ Not Ready for inspection; Cancelled On-Site
☐ Work Above is in Progress and Requires Further Inspection
☑ Work is in Substantial Compliance with Referenced Plans and Documents
☐ ***Work Deviates from Approved Plans and/or Documents, See NCR No.*** _____

Hours on Site: 8:00A - 3:30P

Remarks: Steady light rain throughout pour.

Reported to: Project Distribution

Reviewed By: Ian Craig



REV 2/10

CRAIG
TESTING LABORATORIES, INC.
5439 Harding Highway • P.O. Box 427 • Mays Landing, NJ 08330-0427 • (609) 625-1700 • FAX (609) 625-1798

CLIENT: Meridian Health
c/o Stantec Consulting Services, Inc.
PROJECT: Ocean Medical Center Phase 1 Expansion
425 Jack Martin Boulevard, Brick, New Jersey
P.O. No. 540061100csv

PROJECT NO.: 215019-5
PERMIT NO.: 12-1743

INSPECTED BY: K.Hahn
DCA LICENSE NO.: 010326

DATE INSPECTED: 12/7/12
REPORT NO.: CP-61

CYLINDER ID	AREA OF CYLINDER	CRUSHED AT (DAYS)	DAYS CURED IN FIELD	TYPE OF FRACTURE	TOTAL LOAD	COMPRESSIVE STRENGTH (PSI)
92	12.57	7	5	3	47970	3820
92	12.57	7	5	3	44210	3520
92	12.57	28	5			
92	12.57	56	5			
92	12.57	56	5			

Type 1 Type 2 Type 3 Type 4 Type 5 Type 6

Reported to: Project Distribution

Respectfully Submitted,
CRAIG TESTING LABORATORIES, INC.

Ian Craig
VP, Construction Services

CRAIG
TESTING LABORATORIES, INC.
5439 Harding Highway • P.O. Box 427 • Mays Landing, NJ 08330-0427 • (609) 625-1700 • FAX (609) 625-1798

CLIENT: Meridian Health
c/o Stantec Consulting Services, Inc.
PROJECT NO.: 215019-5

PROJECT: Ocean Medical Center Phase 1 Expansion
425 Jack Martin Boulevard, Brick, New Jersey
P.O. No. 540061100csv
PERMIT NO.: 12-1743

INSPECTED BY: K. Hahn
DCA LICENSE NO.: 010326

DATE INSPECTED: 12/7/12
REPORT NO.: RCI-80

PROJECT PLANS BY: Walter P Moore
DATED: 10/28/11
REVISION NO.: 3

GOVERNING AGENCY: Twp of Brick
APPROVAL DATE: 3/14/12

REINFORCING STEEL SPECIAL INSPECTION REPORT

LOCATION: Retaining wall along southern edge running 40 feet from 160 feet east of western edge extending eastward

Craig Testing Laboratories, Inc. inspector arrived at site as requested by client and inspected reinforcing steel at the above location per the project plans and documents.

DRAWING SHEETS / DETAILS USED: S10B.1, S311

REMARKS:

- ☐ Not Ready for inspection; Cancelled On-Site
- ☐ Work Above is in Progress and Requires Further Inspection
- ☑ Work is in Substantial Compliance with Referenced Plans and documents, and is ready for concrete placement
- ☐ **Work Deviates from Approved Plans and/or Documents, See NCR No.**

Hours on Site: 8:00 - 3:30

Reported to: Project Distribution

Reviewed By: Ian Craig

REV 2/10

425 Jack Martin Blvd

11/21/12 penalty PIF - ls

12/07/12 -Jamie Hubert called, appeal filed, notified DN and KB

01/23/13 - Kevin Kane called to speak w/DN 2:30 pm would like reimbursement (split the difference between the two violation's paid $4,000 total) and the Hospital would drop the appeal/message given to Mr. Newman 732-921-8792 (TCO issued on 11/20/12 expires on 2/19/13 for permit 12-2794) - ls

Daniel Newman

From: Juan Bellu
Sent: Saturday, November 10, 2012 6:34 AM
To: Daniel Newman
Subject: Re: Brick Hospital TORCON Construction CAS-100043-C299MX CRM:00060000041

Mayor gave us support to continue.

Juan Carlos Bellu
Sent from my iPad

On Nov 9, 2012, at 1:14 PM, "Daniel Newman" <dnewman@twp.brick.nj.us> wrote:

> Juan,
>
> As far as I am concerned I am handling this. They just may complain to administration. They are not happy with me because I actually wanted to review the reports prior to allowing them to continue.
>
>
> Dan Newman Jr.
> Construction Official
> Ext. 1030
> dnewman@twp.brick.nj.us
>
>
>
> -----Original Message-----
> From: Scott Pezarras
> Sent: Friday, November 09, 2012 11:29 AM
> To: Daniel Newman; Juan Bellu
> Subject: Re: Brick Hospital TORCON Construction CAS-100043-C299MX CRM:00060000041
>
> This is juans world I will let him handle as he sees fit
>
> ----- Original Message -----
> From: Daniel Newman
> To: Juan Bellu
> Cc: Scott Pezarras
> Sent: Fri Nov 09 10:45:42 2012
> Subject: Brick Hospital TORCON Construction CAS-100043-C299MX CRM:00060000041
>
> Gentleman,
>
>
>
> I wanted to warn you both about a situation at Brick Hospital. During the travel ban last week TORCON contracting called the call center and asked if they could violate the travel ban so they could have deliveries of construction material. They were told no by the call center.
>
>
>
> On Thursday the 1st TORCON called and spoke to Michael Fowler and asked if they could continue construction without inspections while the Township was closed. They were referred

to me by Michael. I called TORCON back at the number they left and the voice mailbox was full and no message could be left. If I had talked to them I would have told them no, inspections are required by state law. State laws say that the work must cease until the inspection is made.
>
>
>
> On Monday, knowing that they wanted to continue I sent an inspector to the site first thing in the morning. They had poured concrete without inspections. They also covered walls with drywall without inspections on the insulation.
>
>
>
> Michael Vecchio told the project manager to go into the office and see me personally. On Wednesday they contacted Michael again trying to get him to approve the inspection. The project manager said he was unable to reach me. Of course he never came in. I was here all day Monday, Tuesday and Wednesday. Also the phones would have been answered on Monday, and Tuesday they would have gone to the call center. Michael informed him that seeing me in person was required.
>
>
>
> Instead of coming in he called late Wednesday. He stared with "somehow work got covered." I was not rude or unprofessional but I made myself perfectly clear. The work did not "somehow get covered" it was purposely covered. They were told they will receive no additional inspections and work should not proceed until they provide me the reports from their architect on the work that was done without inspections. Also they may yet be fined, and drywall may need to be removed. His argument was that waiting for the inspection would cost money and delay the project. I reminded him that it also was costing citizens money when they could not get to their homes, or jobs during the hurricane. Frankly last week the flood victims were, and are going to be my priority for the foreseeable future. I made it clear that I was outraged that he would dare discuss money and schedules during this type of crisis.
>
>
>
> As a token they then had an architect from a previous project call me hoping to appease me. I told him that their actions were unacceptable also. He apologized and told me they would do what I wanted. He also mentioned that he had contacted John Terry at DCA to discuss this. Dropping John Terry's name was meant to intimidate me but frankly that did not work. DCA should support us as long as we are being reasonable and I think we are. If DCA thinks I am not being reasonable I welcome that discussion with them.
>
>
>
> They delivered a report at 3 pm Thursday. The report is unsigned and not reviewed by the architect of record. They come from an independent inspection company, which is good, but the signature section was left blank. These will not be accepted. They will be told today. I am sure they will be screaming.
>
>
>
> I did create a RFA regarding this but I am sure they will be calling the administration or the Mayor's office with this, especially if I fine them.
>
>
>

>
>
> Daniel F. Newman Jr.
> Construction Official
> Department of Land Use & Community Development Division of Inspections Township of Brick
> 401 Chambers Bridge Road
> Brick, NJ 08723
> 732-262-1030
> Fax 732-262-8954
> dnewman@twp.brick.nj.us <mailto:dnewman@twp.brick.nj.us>
>
>
>
>

Stantec Consulting Services Inc.
1500 Spring Garden Suite 1100
Philadelphia PA 19130
Tel: (215) 665-7000
Fax: (215) 665-7001

JAN 28 2013

January 24, 2013

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

Reference: MERIDIAN HEALTH – OCEAN MEDICAL CENTER
425 Jack Martin Boulevard, Brick, NJ 08724
MRI ACCESS WAY (Temporary Mobile Technology Dock Relocation)
Control Number: C-12-003322
Permit Number/Certificate Number: 12-2794

Dear Mr. Newman:

Thank you for taking the time to meet with me this morning. Ocean Medical Center is requesting an extension to the Temporary Certificate of Occupancy expiration date for the project listed above from 2/19/2013 to 11/1/2013. The reason for this request is the existing Mobile Technology Dock will continue to be located in a construction zone until November 2013.

If you have any questions, please contact me at (215) 771-8409.

Respectfully,

STANTEC CONSULTING SERVICES INC.

James N. Uricchio

James N. Uricchio, AIA
Associate / Project Manager
Tel: (215) 665-7143
james.uricchio@stantec.com

Attachments: TCO

c. file
C. Buboltz
R. Foley
K. Kane

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/20/2012
Control Number C-12-003322
Permit Number 12-2794
Permit Issue Date 10/1/2012
Certificate Number 12-2794

Certificate

Construction Code Division

(Temporary 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
X MRI access way ONLY

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: 11/19/2012
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 2/19/2013
Conditions to be met:
Final Building/Plumbing/Engineering/MUA

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/20/2012 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Block: 1170
Lot: 18
Owner: NORTHERN OCEAN HOSPITAL SYSTEM INC
Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone: (732) 751-3366
Agent: Torcon inc.
Agent Address: 328 Newman Springs Rd. Red Bank NJ 07701
Telephone: (732) 921-8792

Infraction Details

Subcode: Administrative
Issuing Officer: Kevin Batzel Telephone:
Issue Date: 11/20/2012
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.18(c) Failure to Receive Required Inspections
Infraction Summary: It has been determined that you have not received the required inspections for the work done. You proceeded to work without the required insulation inspection approval.
Certified Mail Number: 7011 2970 0002 5222 1450

Enforcement Details

Inspection Date: 11/5/2012
Notice Date: 11/20/2012
Compliance Date: 12/4/2012
Compliance Inspection Date:
Compliance Summary: The owner or owner's agent must receive the required inspections for the work, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due:	$2,000.00
Total Paid:	$0.00
Total Owed:	$2,000.00

Date Printed: 11/20/2012

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Stephen C. Acropolis, Mayor

Township Council:
Bob Moore – President
Susan Lydecker – Vice President
Domenick Brando
John Ducey
Jim Fozman
Joseph Sangiovanni
Dan Toth

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

January 29, 2013

Torcon Inc.
328 Newman Springs Road
Red Bank, NJ 07753

Dear Mr. Kane:

Re: Violations – V-12-00322 and V-12-00324 for Property 425 Jack Martin Boulevard
Block: 1170 Lot: 18 Permit 12-2794 – Non-residential Addition/MRI Access

As requested, outlined below are the specifics relative to the two separate Notice and Order of Penalties issued on November 20, 2012, for the following infractions:

V-12-00322 – you failed to obtain the required inspections for the work done associated with permit 12-2794 and proceeded to work without the required framing inspection approval.

V-12-00324 – you failed to obtain the required inspections for the work done associated with permit 12-2794 and proceeded to work without the required insulation inspection approval.

Please note, the Temporary Certificate of Occupancy issued on November 20, 2012, shall expire on February 19, 2013. Should you have further questions, please contact this office at 732-262-1030.

Sincerely,

Daniel F. Newman, Jr.
Construction Official

DFN/ls

Enclosures: V-12-00322/V-12-00324
C: Northern Ocean Hospital System Inc.

311 ACCESS BRICK TOWNSHIP

7011 2970 0002 5222 1443

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

V-12-00322

Sent To: Northern Dutchess Hospital System Inc
Street, Apt. No.; or PO Box No.: 1350 Campus Pkwy STE 1500
City, State, ZIP+4: Neptune NJ 07753

PS Form 3800, August 2006 — See Reverse for Instructions

7011 2970 0002 5222 1276

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

V-12-00324

Sent To: TORCON INC
Street, Apt. No.; or PO Box No.: 328 Newman Springs Rd
City, State, ZIP+4: Neptune NJ 07701

PS Form 3800, August 2006 — See Reverse for Instructions

7011 2970 0002 5222 1283

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

V-12-00322

Sent To: TORCON INC
Street, Apt. No.; or PO Box No.: 328 Newman Springs Rd
City, State, ZIP+4: Neptune NJ 07701

PS Form 3800, August 2006 — See Reverse for Instructions

7011 2970 0002 5222 1450

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

V-12-00324

Sent To: Northern Dutchess Hospital Syst
Street, Apt. No.; or PO Box No.: 1350 Campus Pkwy Ste 1500
City, State, ZIP+4: Neptune NJ 07753

PS Form 3800, August 2006 — See Reverse for Instructions

PERMIT UPDATE

Date Update Issued 11/30/12
Control # C-12-004064
Permit # 12-2794+B

IDENTIFICATION Block: 1170 Lot: 18 Qualifier

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

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

Telephone: (732) 751-3366

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:

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

DESCRIPTION OF WORK:

SEWER SERVICE CONNECTION
MRI access way

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 $30,000

Construction Official

Date 11/30/12

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$60
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$51
CO Fee	
Other	$0
Total	$111
Check No.	22515
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

PLUMBING SUBCODE TECHNICAL SECTION

Update

11/30/12

12-2794+B

Date Received
Date Issued
Control #
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 & 18.02

Work Site Location Ocean Medical Center
425 Jack Martin Blvd. Brick, NJ 08723

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 X Proposed

Building Sewer Size Public Sewer X Private Septic

Water Service Size Public Water X Private Well

Est. Cost of Plumbing Work $ 30,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW 11.20.12 PA

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 11-20-12

Approved by: BV

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

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)
1	Water Closet	$
	Urinal/Bidet	
1	Bath Tub	
1	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	
1	Sewer Connection	
	Water Service Connection	
1	Stacks	
	Other Wall Hydrant	
	Other	
	Other	

COMMERCIAL

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

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

PERMIT UPDATE

Date Update Issued
Control # C-12-003974
Permit # 12-2794+A

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC
1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone: (732) 751-3366

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:

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

DESCRIPTION OF WORK:
WET/DRY SPRINKLER HEADS

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,500

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$78
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED

JAMES J. GOURLEY
T/A THREE G'S PLBG & HTG INC
2 DRAWBRIDGE LANE
MANASQUAN, NJ 08736

FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

06/02/2011 TO 06/30/2013
VALID

36BI00782800
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

V-12-00323

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Northern Ocean Hospital System
1350 Campus Pkwy
Ste 1500
Neptune NJ 07753

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Wm Terry ☐ Agent ☐ Addressee

B. Received by (Printed Name) NOV 21 2012 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 2970 0002 5222 1450

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

V-12-00322

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Northern Ocean Hospital System
1350 Campus Pkwy Ste 1502
NEPTUNE NJ 07753

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Wm Terry ☐ Agent ☐ Addressee

B. Received by (Printed Name) NOV 21 2012 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 2970 0002 5222 1443

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TORCON INC
328 Newman Springs Rd
Red Bank NJ 07701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kevin Kwiecki C. Date of Delivery 11/21/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 2970 0002 5222 1276

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

425 Jack Martin V-12-00322

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TORCON INC
328 Newman Springs Rd
Red Bank NJ 07701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) Kevin Kwiecki C. Date of Delivery 11/21/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 2970 0002 5222 1283

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

NOTICE AND ORDER OF PENALTY

Permit/Control #: 12-2794
Date Issued: 11/20/2012
Violation #: V-12-00324

IDENTIFICATION

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Block: 1170 Lot: 18 Qualification Code:
Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC
Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Agent/Contractor: Torcon inc.
Address: 328 Newman Springs Rd. Red Bank NJ 07701

To: [X] Owner [ ] Other:
[X] Agent/Contractor

ACTION

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

[X] On 11/5/2012, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [ ] failed to obtain a construction permit; or [X] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 12/4/2012 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: _____ Date: 11-20-12
Construction Official

U.C.C. F212 equiv (rev. 4/2003)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Block: 1170
Lot: 18
Owner: NORTHERN OCEAN HOSPITAL SYSTEM INC
Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone: (732) 751-3366
Agent: Torcon inc.
Agent Address: 328 Newman Springs Rd. Red Bank NJ 07701
Telephone: (732) 921-8792

Infraction Details

Subcode: Administrative
Issuing Officer: Kevin Batzel Telephone:
Issue Date: 11/20/2012
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.18(c) Failure to Receive Required Inspections
Infraction Summary: It has been determined that you have not received the required inspections for the work done. You proceeded to work without the required insulation inspection approval.
Certified Mail Number: 7011 2970 0002 5222 1450

Enforcement Details

Inspection Date: 11/5/2012
Notice Date: 11/20/2012
Compliance Date: 12/4/2012
Compliance Inspection Date:
Compliance Summary: The owner or owner's agent must receive the required inspections for the work, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due: $2,000.00
Total Paid: $0.00
Total Owed: $2,000.00

1170 18

Mary Jane Rinaldi

From: Ken Anderson [KAnderson@tomsrivertownship.com]
Sent: Monday, November 19, 2012 12:57 PM
To: Mary Jane Rinaldi
Subject: RE: Brick Hospital MRI emergency

MJ,

I am ok with TCO. I want to collect $4000 in penalties for failure to call for required inspections. Run It past Kevin B. NJAC 5:23-2.18(b); $2,000 for failure to obtain framing inspection approval. $2,000 for failure to obtain insulation approval. Job completed without inspection approvals.

Ken Anderson
Construction Official
Building Subcode Official
Toms River Township

From: Mary Jane Rinaldi [mailto:mrinaldi@twp.brick.nj.us]
Sent: Monday, November 19, 2012 12:28 PM
To: Ken Anderson
Subject: Brick Hospital MRI emergency

Mike Vecchio called me from the field and left a message saying that if the hospital puts in the exit light he will sign off for a tco. Did he discuss that with you and am I still just going to wait for you tomorrow on that? Should I call them and ask them to install it? Let me know. Thanks.

Mary Jane Rinaldi,
Senior Permit Clerk
Department of Land Use
Township of Brick

Lowell - Hospital
2 seperate notices - NOOP
2 instead of 3

Date per MV - 11/05/12
NOOP X

Brick Township

401 Chambersbridge Rd
Brick, NJ 08723

(732) 262-1030

Receipt

Payment Date 11/21/2012

Transaction # PMT-12-07404

Receipt #

Issued To Brick Hospital

Description proceeding without proper inspection for framing

Date Printed 11/21/2012

Check Number 276811

Cash	$0.00
Check	$2,000.00
Charge	$0.00
Total Paid	$2,000.00

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST BRICK, NEW JERSEY 08724 458-7000

SEWER SERVICE PERMIT

Block: 1170 Lot: 18 CONTRACT NO._____
425 Jack Martin Blvd HOSP MRI Room

added bathroom, ran new sewer service line.

Meridian Hosp.
1350 Campus Pkwy
Neptune NJ 07753

ACCOUNT # 17176807-2

SIZE OF SVC LINE 4"

CONNECTION FEE $_____

INSPECTION FEE $ 15.00 JCook 11/19/12

DIST: DIST:

LENGTH_____ DEPTH_____

STREET NAME_____

INSPECTIONS	Date 1st	Date 2nd	Comments	Inspector
A. Lateral				
B. Curb Connection				
C. House Connections				

PCT-a
Homeowner/Applicant

11/14/2012
Date

Inspector

Plumber

Lisc. No.

Paul Auth,
Now has a
Permit ☺
Happy
Turkey!

NOV-19-2012 MON 10:07 AM FAX NO. P. 01/01

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Monday, November 19, 2012

To: NORTHERN OCEAN HOSPITAL SYSTEM INC
1350 CAMPUS PKWY STE 1500
NEPTUNE, NJ 07753

RE: Plumbing Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD.
Permit Number: 12-2794+B Control Number: C-12-004064
Last Submit Date: Wednesday, November 14, 2012

Dear NORTHERN OCEAN HOSPITAL SYSTEM INC,

Your request is hereby denied based upon the following infractions.
1- provide copy of sewer permit from the Brick Utilities

Sincerely,

Paul Auth , Subcode Official

CC:

CONSTRUCTION PERMIT

Date Issued 10/1/12
Control # C-12-003322
Permit # 12 2194

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone: 7327513366

Contractor: Torcon inc.
Address: 328 Newman Springs Rd. Red Bank NJ 07701
Telephone: 7329218792
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-177394

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
COMMERCIAL ADDITION
MRI access way

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 $209,817

Construction Official — Date 9-27-12

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

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

PAYMENTS (Office Use Only)

Building	$305
Electrical	$40
Plumbing	$80
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$38
CO Fee	$75.00
Other	$150
Total	$763
Check No.	33390
Cash	$0
Credit	$0
Collected By	

150
-813.

REQUIRED INSPECTIONS

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

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

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be perfc med 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.

RECEIVING CLERK CR
DATE REC'D 9-6-12

ZONING PERMIT APPLICATION

PERMIT # ZP-12-00903
DATE ISSUED 10/1/12

BLOCK: 1170 LOT: 18, 1802 QUALIFIER: _____ SITE ADDRESS: 425 JACK MARTIN BLVD. BRICK NJ
Ocean Medical Center

IDENTIFICATION:

1. NAME OF OWNER IN FEE: MERIDIAN HEALTH SYSTEM
COMPLETE ADDRESS: 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753
PHONE # 732-751-3366 EMAIL: _____

2. NAME OF APPLICANT: TORCON, INC.
APPLICANT ADDRESS: 328 NEWMAN SPRINGS ROAD
RED BANK, NJ 07701
PHONE # 732-921-8792 EMAIL: tkane@torcon.com

3. RESPONSIBLE PERSON FOR WORK: KEVIN KANE, SR PM - TORCON, INC.
PHONE# 732-921-8792 FAX# 732-435-6021

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: I2 Hospital
PROPOSED USE: I2 Hospital

BOARD APPROVAL: X PB ___ ZB
RESOLUTION#: R-33-12
APPROVAL DATE: 7-20-2012

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION ✓ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

COMMERCIAL

HEIGHT: 16' 9" (highest point) (*IF APPLICABLE)

OTHER _____

DESCRIPTION: CONSTRUCTION OF NEW ACCESS WAY FOR MOBILE MRI UNIT

ZONING REVIEW:
DATE REVIEWED: 9-18-12 DATE DENIED: _____ DATE APPROVED: 9-18-12 INTLS: MGR

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
SEP 18 2012
NCZO

ZONING REVIEW:

DATE REVIEWED: 9-18-12 DATE DENIED: — DATE APPROVED: 9-18-12 INTLS: NCZO

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
7322621027

Date Issued: 10/1/12
Application Number: ZA-12-00921
Application Date: 09/18/2012
Project Number: ZP-12-00903
Permit Number:
Fee: $50

Zoning Permit

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

Block: **1170**
Lot: **18 & 18.0**
Qualifier:
Zone: **H-S**

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

Applicant: **Kevin Kane; Torcon, Inc.**
Address: **328 Newman Springs Road**
Red Bank, NJ 07701

Application Approved Date: 09/18/2012

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

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

Work Description:

Addition - Construction of a temporary mobile technology dock, 70 feet long, 16'9" high, for a new access way for the mobile MRI unit.

Site plan approved by the Planning Board.
Case No. 2716-(2699)-A-FSP-7/12.
Resolution NO. R-33-12 adopted on July 25, 2012.
Map signed on September 5, 2012.

An additional zoning permit is required for any additional work.

A deed consolidating Lot 18 and Lot 18.02 into a single lot should be filed with the Ocean County Clerk.

Upon review it was determined that the Development Application:

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

Sean Kinnevy, Zoning Officer — 09/18/2012 Date

Michael P. Fowler, Township Planner — 9/18/12 Date

RECEIVED
SEP 17 2012
Zoning

AMENDED FINAL SITE PLAN
OCEAN MEDICAL CENTER
425 JACK MARTIN BLVD.
Block 1170, Lots 18 and 18.02
Hospital Support Zone

Resolution R-33-12
Application No. 2716-(2699)-A-FSP-7/12

July 25, 2012

RESOLUTION OF APPROVAL
PLANNING BOARD, TOWNSHIP OF BRICK

WHEREAS, an application has been made by **Ocean Medical Center,** for approval of an Amended Final Site Plan application for **Block 1170, Lots 18 and 18.02**, as set forth on the Tax Maps of the Township of Brick

File
App
App Att
App Eng
PB Att
PB Eng
Zoning
Tax A
Eng 2

WHEREAS, the Planning Board, after carefully considering the evidence presented by the applicant at the Planning Board meeting of July 25, 2012, and considering the reports of its professional staff, hereby makes the following findings of fact:

1. The property is owned by the applicant.

2. The applicant has requested approval in accordance with the Ordinances of the Township of Brick.

3. . The site in question is located at 425 Jack Martin Boulevard within the Hospital Support Zone. The site has frontage on Route 88, Jack Martin Boulevard and the terminal end of Sherwood Lane.. The site contains 26.47 acres and is fully developed. The site is occupied by a six-story hospital and associated improvements.

4. The applicant is requesting approval of an amended final site plan the Brick Township Land Use and Development Regulations for the purpose of relocating the MRI/PET trailers from the south side of the emergency room building expansion to the west end of the existing parking lot on the south side of the existing building not under construction, which is approximately 400 feet to the east of the existing location. The applicant intends to demolish approximately 3,600 sf. of property to the south of the easterly wing of the building consisting of a parking lot, curbing, sidewalks, landscaping and trees. The applicant proposes construction a 70-foot-long covered walkway containing a flat metal roof structure with garage door-type access to the relocated trailers. The applicant is also modifying the existing circulation aisle and parking area.

The plan has a notation that the proposed relocation of the MRI/PET trailers and temporary and that it will be completed restored to its original configuration once site improvements for the emergency room facilities have been completed to a point that will allow the relocation.

No new variances or design waivers will be created by the proposed development.

5. The Board Engineer, Wayne R. McVicar, P.E., P.P., C.M.E., of Remington & Vernick, prepared a reported dated July 13, 2012. The Township Planner, Michael Fowler, P.P., prepared a report dated July 20, 2012. The Board hereby adopts the findings in the reports and incorporates them in this Resolution by reference.

The applicant was represented by Kevin I. Asadi, Esq., of Zager, Fuchs, P.C., Red Bank, NJ. The applicant's professional engineer is Chris Cirrotti, P.E. of Dewberry-Goodkind, Inc., Parsippany, NJ. The applicant's architect is Charles Griffin, A.I.A., of WHR Architects, PC, Houston, TX.

6. Mr. Cirrotti testified that the proposed amended final site plan is in keeping with the area and neighborhood and would in no way be detrimental to the public good.

The Brick Township Planning Board concurs with these representations and so finds.

WHEREAS, the Planning Board has determined that the applicant should be granted the requested relief for the following reasons:

1. The relocation of the MRI\PET trailers is temporary in nature. It will be returned to its original location without the need for a new amended site plan or land use approval other than this Resolution when the emergency room facilities have been completed to a point which would allow the relocation.

2. The granting of the application will not have a substantial detriment to the public good and will not substantially impair the intent and purpose of the Zone Plan, Master Plan, and Zoning Ordinances of the Township of Brick.

3. The positive criteria outweigh the negative, if any.

4. There were no objectors present at the hearing.

5. The safety and well being of the immediate area will not be adversely affected by the proposed amended final site plan.

6. The application is in substantial compliance with the Zone Plan, and will not unduly impact upon the neighborhood scheme.

NOW, THEREFORE, BE IT RESOLVED, **by the Brick Township Planning Board that the application is hereby approved subject to the following conditions:**

1. The applicant must submit proof of payment of all currently due taxes to the Brick Township Planning Board.

2. The applicant must post all bonds and guaranties as required and recommended by this Board and the Township Board Engineer. Moreover, the applicant must post all required engineering inspection fees.

3. All representations and statements made by the applicant, as well as applicant's representatives and witnesses, shall be considered and deemed to be relied upon by the Board in rendering this decision and to be an expressed condition of this Board's actions in approving the subject application. Any misstatement or misrepresentation, whether by mistake or change in circumstance, shall be deemed a breach of this condition of approval and shall subject this application to further review of this Board's own motion.

4. In the event the Planning Board determines that it reasonably relied upon any misstatement or misrepresentation, then and in that event, any approvals previously given may be rescinded and any improvements at the time in place on the premises in question shall not be in compliance with the ordinances of the Township of Brick.

5. The applicant must comply with all conditions as contained in the Board Engineer's Report dated

July 13, 2012, and the Township Planner's Report of July 20, 2012, with the following modifications:

a. The Applicant will restore the sidewalk area to its original condition with no jog to meet the new curb line.

b. The third parking space will be temporarily eliminated.

c. When the trailers are moved it shall be only between 4:00 PM and 8:00 P.M. The trailers will be in operation only six days a week. There are no changes proposed to the current operation of the trailers.

d. The Applicant agrees to install concrete pads instead of metal plates as originally proposed.

e. Reflective signage shall be installed on the trailers.

f. The Applicant agrees to striping signage and cross-hatching to current standards as per the requirements of the Fire Department and Board Engineer.

g. The temporary trailers will be in place for a 12-month period.

h. Restoration plans will include sidewalks, crosswalks, striping, removal of the canopy to the edge of the building, removal of jog in sidewalk, replacement of signage, and replacement of one tree of the same species with a 3.5 to 4 inch caliber that should be readily available at local nurseries.

i. The applicant agrees to the change of elevation with the approval of the Board Engineer and Township Planner.

6. No building permit shall be issued until the Board Secretary confirms that the Planning Board professional fees have been paid in full. In the event a building permit is issued and there are outstanding Planning Board professional fees, a stop work order will be filed against the applicant/contractor until all professional fees have been paid.

7. In the event there is an *existing* violation, the applicant shall have thirty (30) days from the date the Notice of Decision was published to correct the violation. Failure to correct the existing violation within the time proscribed will result in the issuance of a summons.

8. The applicant must comply with all conditions outlined in Schedule A attached hereto.

9. The applicant shall obtain any other local, state and other regulatory approvals as may be required.

10. The relocation of the MRI\PET trailers is temporary in nature. The trailers shall be returned to the original location when the emergency room facilities have been completed to a point which would allow the relocation.

11. The conditions of the Resolution of Approval R-9-2012 adopted by this Board on January 25, 2012, remain in full force and effect, with the exception of Condition No. 16 which was rescinded by this Board pursuant to Resolution of Approval R-21-2012, adopted on April 11, 2012.

NOW, THEREFORE, BE IT RESOLVED, the application, limited to the terms and conditions as set forth more fully in the preamble of this Resolution, be and hereby is approved.

BE IT FURTHER RESOLVED that the Planning Board secretary shall cause notification of this favorable Resolution to be published in an official newspaper of the Brick Township within ten (10) days of the adoption of this resolution.

MOVED BY:	Mr. Rappoccio
SECONDED BY:	Mr. Burkland
VOTING IN THE AFFIRMATIVE:	Mr. Rappoccio, Mr. Coakley,Mr. Marra, Mr. Burkland, Mr. Palmieri, Mr. Beshears, Mr. Catalano
VOTING IN THE NEGATIVE:	Mr. Scott, Councilwoman Lydecker, Mr. Catalano
INELIGIBLE TO VOTE:	Mr. Liloia
ABSTAINING:	Mr. DiMatteo
ABSENT:	

CERTIFICATION

I, **JUDITH FOX NELSON**, Clerk of the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that I am duly authorized to certify Resolutions. I certify that the foregoing Resolution was adopted by the Planning Board of the Township of Brick at a meeting held on the 25th day of July, 2012.

Judith Fox Nelson

JUDITH FOX NELSON,
CLERK OF THE PLANNING BOARD