ECC

BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin PERMIT NO. 16-3593

CONSTRUCTION PERMIT APPLICATION

C16-003504

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

I. IDENTIFICATION

1. Proposed Work Site at: 425 Jack Martin Blvd Brick NJ 08742
2. Name of Owner in Fee: Meridian Health (Don Ellis)
   Tel. (609) 597-6011 e-mail DonEllis@meridianhealth.com
   Address 1350 (street) Campus Parkway Neptune (municipality) NJ 07753 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Turner Construction Tel. (215) 496-8800
   Address 1500 Spring Garden St Suite 220 e-mail pkerschner@tcco.com
   Philadelphia PA 19103
   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. 231401989 FAX: ( ) _____
5. Architect or Engineer WHR Architects Contact Grant Gehring
   Address 1111 Louisiana 26th Floor Houston e-mail _____
   Tel. ( ) _____ FAX: (TX) _____
6. Responsible Person in Charge once Work has Begun Scott DeJoseph ✓
   Tel.- (215) 651-6990 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 109,101 ✓		
2. Electrical	3416		
3. Plumbing	2926 ✓		21 Leaf
4. Fire Protection	218 ✓	338 ✓	
5. Elevator Devices			
6. Subtotal			
7. Less 35% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	11,491	103 -	238 -
10. Subtotal	$		
11. Cert. of Occupancy	150		
12. Other			
13. TOTAL	$ 129,352	441	2398 ✓

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

COMMERCIAL

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	4127,643	Typ			08/29/16	VAK			
☒ Electrical	760,000	4/21/16			8/9/16	PT			
☒ Plumbing	1,100,000				8-17-16				
☒ Fire Protection	70,000				8/24/16	mh/16			
☐ Elevator		Emg Exempt			8/31/16	ECC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: I-2
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

U.C.C. F100-1 (rev. 8/08)

Rolled Plans

DCA PLANS

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/05/2017
Control Number C-16-003504
Permit Number 16-3593
Permit Issue Date 10/17/2016
Certificate Number 16-3593

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 425 JACK MARTIN BLVD. 3RD FLOOR ED WING Brick Township, NJ Block: 1170 Lot: 18 Qual:

Owner In Fee: OCEAN MEDICAL CENTER %MERIDIAN

Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone:

Contractor TURNER CONSTRUCTION

Address 1500 SPRING GARDEN ST SUITE 220 PHILADELPHIA PA 19130

Telephone: (215) 496-8800 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL - E.D. WING SHELL EXPANSION

Certificate Comments:

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

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

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $150.00
Check Number: 390070
Collected By: Nichol Ponsi

Date Printed: 09/05/2017

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name Turner Construction

Address 1500 Spring Garden Street Suite 720

Philadelphia PA 19103

Telephone (215) 496 - 8900

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/09/2017
Control Number C-16-003504
Permit Number 16-3593
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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

☐ **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: 11/07/2017
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 11/07/2017
Conditions to be met:

Needs Final Building, Electric, and Fire Final Inspections

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 08/09/2017

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

RECEIVING CLERK _____
DATE REC'D 7/28/16

ZONING PERMIT APPLICATION

PERMIT # ZP-16-01490
DATE ISSUED 10/17/16

BLOCK: 1170 LOT: 18 QUALIFIER: _____ SITE ADDRESS: 425 Jack Martin Blvd Brick NJ

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Meridian Health
COMPLETE ADDRESS: 1350 Campus Parkway Neptune NJ 07753
PHONE # 609-597-6011 EMAIL: DONELLIS C MERIDIANHEALTH.COM

2. NAME OF APPLICANT: Turner Construction
APPLICANT ADDRESS: 1500 Spring Garden Street
Philadelphia PA 19103
PHONE # 215-496-8800 EMAIL: pkershner@tcco.com

3. RESPONSIBLE PERSON FOR WORK: Turner Construction - Pat Kershner
PHONE# 215-496-8800 FAX# _____

4. SIGNATURE OF APPLICANT: X

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50-
OTHER: $ _____
TOTAL: $ 50-

REQUIRED BY APPLICANT

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

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

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

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: FIT OUT OF EXISTING SHELL SPACE - 3rd Floor of E.O. Bldg.

ZONING REVIEW:
DATE REVIEWED: 7-30-16 DATE DENIED: _____ DATE APPROVED: 7-30-16 INITIALS: _____

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
JUL 30 2016
ZONING SG

ZONING REVIEW:

DATE REVIEWED: 7/30/16 DATE DENIED: — DATE APPROVED: 7/30/16 INTLS: SG

DATE:	COMMENTS:	INITIALS:
7/30/16	SENT TO ECC	SG

Fittings Used Summary

Fitting Legend Abbrev.	Name	½	¾	1	1¼	1½	2	2½	3	3½	4	5	6	8	10	12	14	16	18	20	24
Avk	Alarm Viking J1								10		13		20	23							
B	NFPA 13 Butterfly Valve	0	0	0	0	0	6	7	10	0	12	9	10	12	19	21	0	0	0	0	0
E	NFPA 13 90' Standard Elbow	1	2	2	3	4	5	6	7	8	10	12	14	18	22	27	35	40	45	50	61
Fsp	Flow Switch Potter VSR	Fitting generates a Fixed Loss Based on Flow																			
S	NFPA 13 Swing Check	0	0	5	7	9	11	14	16	19	22	27	32	45	55	65					
T	NFPA 13 90' Flow thru Tee	3	4	5	6	8	10	12	15	17	20	25	30	35	50	60	71	81	91	101	121

Units Summary

Diameter Units	Inches
Length Units	Feet
Flow Units	US Gallons per Minute
Pressure Units	Pounds per Square Inch

Note: Fitting Legend provides equivalent pipe lengths for fittings types of various diameters. Equivalent lengths shown are standard for actual diameters of Sched 40 pipe and CFactors of 120 except as noted with *. The fittings marked with a * show equivalent lengths values supplied by manufacturers based on specific pipe diameters and CFactors and they require no adjustment. All values for fittings not marked with a * will be adjusted in the calculation for CFactors of other than 120 and diameters other than Sched 40 per NFPA.

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
DP01	16.80	1.049	1E	2.0	1.000	9.000		K Factor = 5.60
to		120.0		0.0	2.000	-0.433		
EQ01	16.8	0.0943		0.0	3.000	0.283		Vel = 6.24
	0.0							
	16.80					8.850		K Factor = 5.65
1	16.80	1.049	1E	2.0	3.770	8.850		K Factor @ node EQ01
to		120.0	1T	5.0	7.000	0.217		
2	16.8	0.0942		0.0	10.770	1.014		Vel = 6.24
2	16.91	1.38		0.0	11.770	10.081		
to		120.0		0.0	0.0	0.0		
3	33.71	0.0900		0.0	11.770	1.059		Vel = 7.23
3	17.74	1.38		0.0	11.770	11.140		
to		120.0		0.0	0.0	0.0		
4	51.45	0.1965		0.0	11.770	2.313		Vel = 11.04
4	19.52	1.38	1T	6.0	4.590	13.453		
to		120.0		0.0	6.000	0.0		
5	70.97	0.3565		0.0	10.590	3.775		Vel = 15.22
5	63.83	2.635		0.0	0.540	17.228		
to		120.0		0.0	0.0	0.0		
6	134.8	0.0500		0.0	0.540	0.027		Vel = 7.93
6	22.13	2.635		0.0	7.500	17.255		
to		120.0		0.0	0.0	0.0		
7	156.93	0.0663		0.0	7.500	0.497		Vel = 9.23
7	93.96	2.635		0.0	10.990	17.752		
to		120.0		0.0	0.0	0.0		
8	250.89	0.1580		0.0	10.990	1.736		Vel = 14.76
8	68.43	2.635	3E	24.711	219.490	19.488		
to		120.0		0.0	24.711	0.0		
9	319.32	0.2468		0.0	244.201	60.258		Vel = 18.79
9	0.0	3.26	3E	28.223	73.060	79.746		
to		120.0	1B	13.44	41.663	3.000		* * Fixed Loss = 3
10	319.32	0.0875	1Fsp	0.0	114.723	10.040		Vel = 12.27
10	100.00	4.26	2E	26.334	52.000	92.786		Qa = 100
to		120.0		0.0	26.334	13.426		
11	419.32	0.0394		0.0	78.334	3.084		Vel = 9.44
11	0.0	6.357	14E	246.438	397.440	109.296		
to		120.0		0.0	246.438	7.293		
TOR	419.32	0.0056		0.0	643.878	3.609		Vel = 4.24
TOR	0.0	6.357	1Avk	25.147	7.830	120.198		
to		120.0		0.0	25.147	3.391		
BOR	419.32	0.0056		0.0	32.977	0.185		Vel = 4.24
BOR	0.0	6.357	1E	17.603	3.000	123.774		
to		120.0	1S	40.235	57.838	0.866		
TEST	419.32	0.0056		0.0	60.838	0.341		Vel = 4.24
	150.00							Qa = 150.00
	569.32					124.981		K Factor = 50.93
12	16.91	1.049	2E	4.0	2.310	8.967		K Factor @ node EQ01
to		120.0		0.0	4.000	0.217		
13	16.91	0.0954		0.0	6.310	0.602		Vel = 6.28