Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/17/2017
Control Number C-16-004312
Permit Number 16-4205
Permit Issue Date 12/05/2016
Certificate Number 16-4205

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: OCEAN MEDICAL CENTER %MERIDIAN

Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone:

Contractor P. AGNES INC

Address 2101 PENROSE AVE PHILADELPHIA PA 19145

Telephone: (215) 755-6900 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 - CAFE & CONFERENCE ROOMS RENOVATION

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

David J. Newman Jr.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 03/17/2017

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

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

Prior Approvals

Approval from the BTMUA (732) 458-7000	**comment**	☑	☐
ok as per Peg email on 2/24/17 MFF			
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐

UCC Requirements

Final Building Inspection	comment	☑	☐
Final Electrical Inspection	comment	☑	☐
Final Plumbing Inspection	comment	☑	☐
Final Fire Inspection	comment	☑	☐
Final Elevator Inspection (If Applicable)	comment	☐	☑
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/5/16

Date Issued / Permit # 16-4205

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center - 425 Jack Martin Blvd, Brick, NJ 08724

Owner in Fee: Ocean Medical Center - Richard Epstein

Tel. (732) 836-4344 e-mail repstein@meridianhealth.com

Address 425 Jack Martin Blvd (street) Brick, NJ (municipality) 08724 (zip code)

Contractor: P.Agnes, Inc. Tel. (215) 755-6900

Address 2101 Penrose Avenue e-mail emiele@pagnes.com

Philadelphia, PA 19145

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 231583648 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [X] All — 12/5/16
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 12/5/16

Approved by: KSH

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 2/13/17

Approved by: KSH

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Frame			12/5/16	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO	Recommend TCO until 2/13/17			
Other				
Final			3/16/17	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____

No. of Stories ____

Height of Structure 160 ft.

Area — Largest Floor 199,000 sq. ft.

New Bldg. Area/All Floors 4,256 sq. ft.

Volume of New Structure ____ cu. ft.

Max. Live Load ____

Max. Occupancy Load ____

Constr. Class Present ____ Proposed ____

If Industrialized Building:

State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $ ____
2. Rehabilitation $ 329,294
3. Total (1+ 2) $ 0

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: [signature]

Print name here: Eric Miele

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

This work will consist of a rennovation to existing conference rooms and cafeteria.

COMMERCIAL

1

TYPE OF WORK:

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

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.

12/21/16 pm - Frame - minor Repair and Demo work. Phase I
Phase I need steel certification Before Above ceiling Inspection.
1/4/17/18pm I Partial Above ceiling - seating and conference Room-ok
1/31/17 pm II Partial Phase II Frame ok. Above ceiling Remained
same.
Phase II TCO 90 DAY Recommend

1170/18

267-230-0645 JOE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 12/5/16

Date Issued Permit # 16-4205

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center- Cafe Library Conference Room Renovations
425 Jack Martin Blvd, Brick, NJ 08724

Owner in Fee: Ocean Medical Center - Richard Epstein

Tel. (732) 836-4344 e-mail

Address 425 Jack Martin Blvd. (street) Brick (municipality) 08724 (zip code)

Contractor: LaManna Electric, Inc. Tel. (609) 259-6282

Address PO Box 9348 e-mail Jason@lamannaelectric.co
Trenton, NJ 08650

Contractor License No. 6565 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223325328 FAX: (609) 259-9320

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 40,800

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: Charles LaManna (Pres)

Print name here: Charles LaManna Sr.

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
All electrical- Ltg., Recepts, HR's for afe Library Conference Rm Renovations

QTY.	SIZE	ITEMS
41		Lighting Fixtures
65		Receptacles
2		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
1		Emergency & Exit Lights
3		Communications Points
5		Alarm Devices/F.A.C. Panel
3		Power Poles- Temp Setup
115		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
2	7	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

COMMERCIAL

FEE (Office Use Only) $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date: 9/19/16 Approved by: PJC

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

SUBCODE APPROVAL for PERMIT
Date: 9/19/16
Approved by: PJC

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 3/16/17
Approved by: PJC

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough SEE BACK;				
Barrier-Free				
Trench Wall			1-30-17 MM	
Temp. Serv.				
Constr. Serv.				
TCO				
Other Open Ceiling			12-28-16 MM	
Service				
Final			3-16-17 MM	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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.

12/16/16 – PASS PARTIAL ROUGH – PERIMETER RECEPTACLES IN 2 CONFERENCE ROOMS. (PJC)

12-29-16 above Caley For Sonne Room above MM

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update 12/16/16

Date Received 2/8/17
Control #
Date Issued
Permit # 16-4285 +B

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

Block 1110 Lot 5 Qualification Code

Work Site Location OCEAN MEDICAL CENTER 425 JACK MARTIN BOULEVARD BRICK, NJ

Owner in Fee: OCEAN MEDICAL CENTER

Tel. (732 840-2200 e-mail

Address 425 JACK MARTIN BLVD BRICK, NJ 08724

Contractor: SYSTEMS CONNECT, INC. Tel. (732) 681-3887

Address 1025 HOWARD AVE BRIELLE, NJ 08730 e-mail HARRY@SYSTEMSCONNECT.COM

Contractor License No. 561 TEL EXEMPT Exp. Date N/A

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

Federal Emp. ID No. 22-3549548 FAX: (732) 223-0088

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 7500.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here.

Print name here: HARRY J. MONTANTO

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL 28 COMMUNICATIONS TOKES - RELOCATED EXISTING

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
28		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 150
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		Administrative Surcharge	$
		Minimum Fee	$ 14
		State Permit Surcharge Fee	$
		TOTAL FEE	$ 164

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 12-28-16
Approved by: WM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 3/16/17
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-16-17	WM
Barrier-Free				

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

PLUMBING SUBCODE
TECHNICAL SECTION

John G.
215-399-8069

Date Received 12/5/16
Control #

Date Issued
Permit # 16-4205

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

Block 1170 Lot 18 Qualification Code

Work Site Location OCEAN MEDICAL CENTER
425 JACK MARTIN BLVD BRICK, NJ 08724

Owner in Fee: OCEAN MEDICAL CENTER - RICHARD EPSTEIN

Tel. (732) 830-4344 e-mail repstein@MeridianHealth.com

Address 425 JACK MARTIN BLVD BRICK, NJ 08724
street municipality zip code

Contractor: PJM Mechanical Contractors, Inc. Tel. 609 921-1394

Address 1688 Fifth Street e-mail pmosner@pjmmechanical.com
Ewing NJ 08638

Contractor License No. 6694 Exp. Date 6/30/17

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-2808980 FAX: 609 771-4474

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 29,360 + $11,170

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: Patrick J. Mosner

Print name here: Patrick J. Mosner

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Cafe renovation

COMMERCIAL

QTY.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
1	Floor Drain
1	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
1	Stacks
2	Other Kitchen equip hook-ups
7	

WASTE & VENT

FEE (Office Use Only)

$

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 12-7-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3-13-17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab - Under			12-16-16	
Rough			2-22-17	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	2-22-17		3-13-17	

Demolition off 3WC + Urinal Rm. 13 ok 12-16-16

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

Servery Rm.

~~Partial~~

2-22-17

Soda Dispenser not Installed

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/5/16
Control #
Date Issued
Permit # 16-4205

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

Block 1170 Lot 18 Qualification Code

Work Site Location 425 JACK MARTIN BLVD
OCEAN MEDICAL CENTER

Owner in Fee: OCEAN MEDICAL CENTER

Tel. e-mail

Address

Contractor: PREFERRED FIRE PROTECTION (street, municipality) Tel. 302 256-0607 (zip code)

Address 4321 Miller Rd, Wilmington, DE 19802 e-mail RGOODMAN@
PREFERRED-FIRE.COM

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01405

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 180439

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 45-5377777 FAX: 302 256-0609

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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 $ 6,100

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 am authorized to make this application.

Applicant/Contractor sign here: Ronald R. Goodman

Print name here: RONALD R. GOODMAN

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Relocate 32 sprinkler heads

Water Supply Source CITY SUPPLY

Method of Alarm/Suppression System Supervision CENTRAL STATION

COMMERCIAL

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	32	
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:
[X] Fire Protection Plans Approved
Date: 12/1/16 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12/1/16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3-13-17
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			1/4/17	
Flam/Combust. Tanks				
Fireplace Venting				
Final			3/13/17	
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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Update 10/21/16

Date Received 12/5/16
Control #
Date Issued
Permit # 16-4205 +A

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

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center- Cafe Library Conference Room Renovations
425 Jack Martin Blvd, Brick, NJ 08724

Owner in Fee: Ocean Medical Center- Richard Epstein

Tel. (732) 836-4344 e-mail

Address 425 Jack Martin Blvd. Brick 08724
street municipality zip code

Contractor: LaManna Electric, Inc. Tel. (609) 259-9320

Address ~~PO Box 9348~~ e-mail Jason@lamannaelectric.co

Trenton, NJ 08650

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

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

Fire Alarm Contractor No. 6565 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223325328 FAX: (609) 259-9320

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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 $ 800

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:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[X] Fire Protection Plans Approved
Date: 12/7/16 Approved by: JU
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12/7/16
Approved by: JU

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3/21/17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			3/21/17	JU
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Charles LaManna (Pres)

Print name here: Charles LaManna Sr.

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: RELOC. (2) Ceiling strobes & (3) RELOC. Smokes

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[X] System Existing System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	3	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	2	
Other Devices		
TOTAL	5	
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 $		

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.

2/22/17

GOTCO phase 1

Red Hawk Fire & Security
1345 Campus Parkway
Wall Township NJ 07753
732-751-0600 www.redhawkus.com

RED HAWK
Fire & Security

FIRE ALARM SYSTEM INSPECTION & TESTING FORM

Inspection Date: February 7, 2017

PROTECTED PROPERTY INFORMATION

Name:	Ocean Medical Center	**Representative :**	Bart Fraley
Email:	RMcCann@meridianhealth.com		
Address:	425 Jack Martin Blvd.	**MONITORING ENTITY**	
City:	Brick State: NJ Zip: 08724	Name:	Rapid Response
Contact:	Rich McCann	Telephone:	1-855-831-6298
Phone:	732-840-3296	Monitoring Account Number:	M38-0370

INSPECTION FREQUENCY

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

NOTIFICATION MADE PRIOR TO TESTING

	YES	NO	OPER # or NAME	TIME	COMMENTS
Building Management	X		Security	12:30	
Monitoring Agency	X		Rapid Response	12:30	
Building Occupants					
Other :					

TYPE TRANSMISSION

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

Control Panel :

Control Unit Manufacturer : GE Model No : EST 3

Number Of SLC / Style: Qty 1 Style 4 Number Of IDC / Style: Qty [ ] Style -
Initiation Circuits Monitored For Integrity: Yes [ ] No [ ] Alarm Verification feature: Disabled [ ] Enabled [ ]

SYSTEM TESTS AND INSPECTIONS

	VISUAL	FUNCTIONAL	PASS	FAIL	COMMENTS
Control Unit					
Remote Annunciators					
Interface Equipment					
Disconnect Switches					
Primary Power Supply					
Fuses / Circuit Breakers					
Ground-Fault Monitoring					
Lamps/LEDs					
Trouble Signals					
Other					
Other					

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FIRE ALARM SYSTEM INSPECTION & TESTING FORM

Location: Ocean Medical Center

Date: February 7, 2017

ALARM & SUPERVISORY INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Installed Devices	Circuit Style	Pass	Fail	
1	4	1	0	Manual Stations
3	4	3	0	Smoke Detectors
0	-	0	0	Heat Detectors
0	-	0	0	Duct Smokes
0	-	0	0	Duct Test
0	-	0	0	Beam
0	-	0	0	Waterflow Devices
0	-	0	0	Ansul
0	-	0	0	Pressure
0	-	0	0	Sprinkler - Riser Valve Tamper Switches
0	-	0	0	Sprinkler - Low Air Supervisory
0	-	0	0	Low Temperature
0	-	0	0	Fire Pump Running
0	-	0	0	Fire Pump Phase Reversal
0	-	0	0	Fire Pump Power / Controller Trouble / Fail
0	-	0	0	CO Detector
-	-	-	-	Generator Running
-	-	-	-	Generator in Auto Position
-	-	-	-	Generator Trouble / Low Fuel
-	-	-	-	Generator Switch Transfer
-	-	-	-	Other :
-	-	-	-	Other :

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Installed Devices	Circuit Style	Pass	Fail	
12	Y	12	-	Horn /Strobes
-	-	-	-	Horns
-	-	-	-	Speaker / Strobes
-	-	-	-	Speakers
-	-	-	-	Bell / Strobes
-	-	-	-	Bells
-	-	-	-	Chime / Strobes
-	-	-	-	Chimes
3	Y	3	-	Strobes
-	-	-	-	Other : -

Quantity of Notification Appliance Circuits : 1 Notification Circuits monitored for integrity : Yes _____ No _____

EMERGENCY COMMUNICATIONS EQUIPMENT TESTS AND INSPECTIONS

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

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FIRE ALARM SYSTEM INSPECTION & TESTING FORM

Location: Ocean Medical Center

Date: February 7, 2017

AUXILIARY CONTROL & FUNCTIONS TESTS AND INSPECTIONS

DEVICE TYPE	VISUAL	FUNCTIONAL	PASS	FAIL	SIMULATED	COMMENTS
Elevator Helmet Display	☐	☐	☐	☐	☐	Existing
Elevator Power Shunt Trip	☐	☐	☐	☐	☐	
Elevator Primary Recall	☐	☐	☐	☐	☐	
Elevator Alternate Recall	☐	☐	☐	☐	☐	
Fan Control / Shutdown	☐	☐	☐	☐	☐	
Door Control / Release	☐	☐	☐	☐	☐	
Smoke Damper Control	☐	☐	☐	☐	☐	
Smoke / Atrium Exhaust	☐	☐	☐	☐	☐	
Stair Pressuration	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	

SYSTEM POWER SUPPLIES

Primary Power — Nominal Voltage: 120 — Nominal Amps: 20
Primary Supply Panelboard — Panel Name: E-15 — Circuit No.: 1
Disconnecting Means Location: Basement Electrical Room

(b) Secondary (Standby): Nominal Voltage: 12vdc — Amp Hour Rating: 55ahr

(c) Calculated capacity to operate system in hours: ☐ 24 Hours ☐ 60 Hours

SECONDARY POWER TESTS AND INSPECTIONS

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

SUPERVISING STATION MONITORING

	YES	NO	OPER # or NAME	TIME	COMMENTS
Alarm Signal Sent	X	☐	Rapidweb 3000	14:20	
Supervisory Signal Sent	☐	☐			
Trouble Signal Sent	☐	☐			
Alarm Restore Signals	X	☐	Rapidweb 3000	14:22	
Supervisory Restore Signals	☐	☐			
Trouble Restore Signals	☐	☐			

NOTIFICATION THAT TESTING IS COMPLETE

	YES	NO	OPER # or NAME	TIME	COMMENTS
Building Management	X	☐	Security	15:30	
Monitoring Agency	X	☐	Rapidweb3000	15:30	
Building Occupants	☐	☐			
Other :	☐	☐			

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FIRE ALARM SYSTEM INSPECTION & TESTING FORM

Location: Ocean Medical Center

Date: February 7, 2017

FIRE ALARM DEFICIENCIES

System restored to normal : Date: 02/07/17 Time: 3:30 PM

Name of Inspector : Bart Fraley Date: 2/7/2017 Time: 3:30 PM
Signature : Bart Fraley

Name of Owner or Representative : Date: Time:
Signature :

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RED HAWK
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FIRE ALARM SYSTEM INSPECTION & TESTING FORM

Date: February 7, 2017

SYSTEM NOTES

SYSTEM RECOMMENDATIONS

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RED HAWK
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FIRE ALARM SYSTEM RECORD OF COMPLETION

Date: February 7, 2017

1. PROTECTED PROPERTY INFORMATION

Property Name : Ocean Medical Center
E-Mail: RMcCann@meridianhealth.com
Address : 425 Jack Martin Blvd.
City : Brick State : NJ Zip : 08724
Description of Property : Occupancy Type :

Property Contact : Rich McCann
Address : 425 Jack Martin Blvd.
City : Brick State : NJ Zip : 08724
Email : RMcCann@meridianhealth.com Phone : 732-840-3296 Fax :

Authority Having Jurisdiction : Brick Township Bureau of Fire Safety
Email : bureau@brickfire.org Phone : 732-458-4100 Fax : 732-458-4153

2. FIRE ALARM SYSTEM INSTALLATION & SERVICE COMPANY INFORMATION

Installation Contractor for this Equipment : Breaker Electric
Address: 488 Monmouth Road
City : Clarksburg State : NJ Zip : 08510
Email : Phone : 609-208-1818 Fax : 609-208-2145

Service Organization for this Equipment : Red Hawk Fire & Security
Address : 1345 Campus Parkway
City : Wall Township State : NJ Zip : 07753-6815
Email : service@sscnj.com Phone : 732-751-0600 Fax : 732-751-0489

Location of As-Built Drawings : Facilities management office.
Location of Historical Test Reports : Facilities management office.
Location of Operation & Maintenance Manuals: Facilities management office.

2.1 SERVICE & TESTING CONTRACT

A Contract for Test & Inspection in accordance with NFPA standards is in effect as of : **Expires :**
Contracted Testing Company : Red Hawk Fire & Security
Address : 1345 Campus Parkway
City : Wall Township State : NJ Zip : 07753-6815
Email : service@sscnj.com Phone : 732-751-0600 Fax : 732-751-0489
Inspection Frequency : Annual Contract # :

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE

NFPA 72 Chapter Reference of System Type :
Name of Organization receiving alarm signals with telephone numbers (*if applicable*):
Monitoring Entity : Rapid Response Phone : 1-888-213-0795
Alarm/Trouble/Supv signaled to: Rapid Response Phone : 1-888-852-3909
Type of Transmission : Digital Format : contact ID

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

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NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION

Date: February 7, 2017

3.1 System Software

Operating system software revision level : 5.2
Site-specific software revision date : 02/07/17 Revision completed by : Bart Fraley

4. SIGNALING LINE CIRCUITS

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

Quantity : 1 Style : 4 Class : B

5. ALARM-INITIATING DEVICES AND CIRCUITS

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

Quantity : - Style : - Class : -

5.1 MANUAL INITIATING DEVICES

5.1.1 Manual Pull Stations

Quantity of Manual Pull Stations : 1

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

5.2 AUTOMATIC INITIATING DEVICES

5.2.1 Area Smoke Detectors

Quantity of Smoke Detectors : 3

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

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

Type of sensing technology : [X] Photoelectric [ ] Ionization

5.2.2 Duct Smoke Detectors

Quantity of Duct Smoke Detectors : -

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

Type of sensing technology: [ ] Photoelectric [ ] Ionization

5.2.3 Heat Detectors

Quantity of Heat Detectors : -

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

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

5.2.4 Sprinkler Waterflow Detectors

Quantity of Waterflow Detectors : -

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

5.2.5 Alarm Verification

Quantity of devices subject to alarm verification : 8

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

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NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION

Date: February 7, 2017

6. SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUITS

6.1 Sprinkler System

Quantity of Valve Supervisory Devices : -

Type of devices : ☐ Addressable ☐ Coded
☐ Conventional ☐ Transmitter

6.2 Fire Pump

Type of fire pump : ☐ None ☐ Electric ☐ Diesel

Pump supervisory devices : ☐ Addressable ☐ Coded
☐ Conventional ☐ Transmitter

Functions supervised : ☐ Fire Pump Power ☐ Engine or Control Panel Trouble
☐ Fire Pump Running ☐ Low fuel
☐ Fire Pump Phase Reverse ☐ Other : _____
☐ Selector switch not in audio

6.3 Engine-Driven Generator

Type of Generator : ☐ None ☐ Gas ☐ Diesel

Generator supervisory devices : ☐ Addressable ☐ Coded
☐ Conventional ☐ Transmitter

Functions supervised : ☐ Generator Running ☐ Engine or Control Panel Trouble
☐ Selector Switch Not In Auto ☐ Low fuel
☐ Other: _____

7. ANNUNCIATORS

7.1 Annunciator 1 ☐ Panel ☐ Remote Location : _____

Type of annunciator : ☐ Addressable ☐ Directory ☐ Graphic

7.2 Annunciator 2 ☐ Panel ☐ Remote Location : _____

Type of annunciator : ☐ Addressable ☐ Directory ☐ Graphic

7.3 Annunciator 3 ☐ Panel ☐ Remote Location : _____

Type of annunciator : ☐ Addressable ☐ Directory ☐ Graphic

8. ALARM NOTIFICATION DEVICES AND CIRCUITS

8.1 Emergency Voice Alarm Service

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

Type of devices installed : ☐ Speakers ☐ With Visual Device

8.2 Fire Fighters Telephone System

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

Type of system installed : ☐ Electrically powered ☐ Sound Powered