BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin Blvd PERMIT NO. 17-1711

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 425 Jack Martin Blvd.
2. Name of Owner in Fee: Ocean Medical Center
   Tel. (____) _____ e-mail _____
   Address 1350 Campus Pkwy Rte 1500 Neptune 07753
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Schneider Construction Tel. (____) _____
   Address 200 W. Parkway Dr. e-mail _____
   Egg Harbor Twp. NJ. 08234
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (____) _____ ✓
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	EV		
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	$ 1156 -		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES *(Check all that apply)*

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

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 10/4/2017
Control Number C-17-000967
Permit Number 17-1711
Permit Issue Date 5/23/2017
Certificate Number 17-1711

Certificate

Construction Code Division

(Certificate of Compliance)

Identification

Work Site Location: 425 JACK MARTIN BLVD. Elevator ~~17 & 18~~ 16 + 17 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 SCHINDLER ELEVATOR CORP

Address 840 N LENOLA RD. STE 4 MOORESTOWN NJ 08057

Telephone: (856) 437-2336 Fax: (856) 437-2322

License Number or Builders Registration Number: Federal Emp. Number: 34127005

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: H-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ELEVATOR FOR ADDITION
ELEVATORS 16 & 17

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 10/4/2018

☐ **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: 1/19/2018

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 _____

Address _____

_____

Telephone (_____) _____

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 10/4/2017
Control Number C-17-000967
Permit Number 17-1711
Permit Issue Date 5/23/2017
Certificate Number 17-1711

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD. Elevator 17 & 18 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 SCHINDLER ELEVATOR CORP

Address 840 N LENOLA RD. STE 4 MOORESTOWN NJ 08057

Telephone: (856) 437-2336 Fax: (856) 437-2322

License Number or Builders Registration Number: Federal Emp. Number: 34127005

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: H-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ELEVATOR FOR ADDITION
ELEVATORS 16 & 17

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☐ **Temporary Certificate of Compliance**
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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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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: 1/19/2018

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

ELEVATOR SUBCODE
TECHNICAL SECTION

C17-000467

Date Received
Control #

Date Issue
Permit # 17-1711

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
435 Jack Martin Boulevard, Brick, NJ 08724

Owner in Fee: Meridian Health

Tel. e-mail

Address 475 Jack Martin Boulevard, Brick, N 08724
street municipality zip code

Contractor/Installer: Schindler Elevator Corporation Tel. (856) 437-2336

Address 840 N. Lenola Road, Ste. 4 e-mail
Moorestown, NJ 08057

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 34-127005 FAX: (856) 437-2322

Maintenance/Service Contractor Schindler Elevator Corporation

Address 840 N. Lenola Road, Ste. 4
Moorestown, NJ 08057 e-mail judith.shelly@us.schindler.com

Tel FAX

B. ELEVATOR CHARACTERISTICS

Building Use Group B H Building Registration No.

Manufacturer SEC Device I.D.

Machine Room Location Above

No. of Stops No. of Openings

Travel (ft.) Speed (f.p.m.)

Type of Control Type of Operation

Passenger Freight

Capacity (lbs.)

Year of Installation Year of Alteration

Estimated Cost of Elevator Work $ 435,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Judy Shelly

Print name here: Judy Shelly 2-17-17

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of (2) geared traction elevators.

QTY.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
2	1 to 10 Floors	$ 612.
	Over 10 Floors	
	Hydraulic	
	Roped Hydraulic	
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	
4	Oil Buffers	216
	Counterweight Governor and Safeties	
	Auxiliary Power Generator	
	Alterations	
1	Other PLAN Review	328
	Other	

Administrative Surcharge $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Building Plans and Elevator Specs.
Date: Approved by:
[ ] Elevator Layout Drawings
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.

SUBCODE APPROVAL for PERMIT
Date: 3-25-17
Approved by: R Eby

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Temporary	8/22	9/26		JVR
Final			10/11	ER

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [X] CA
Date: 10-11-17
Approved by: R Eby

U.C.C. F150 (rev. 11/09)
Internet version

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

SUPPLEMENT FOR MULTIPLE EQUIPMENT

ELEVATOR SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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, 435 Jack Martin Blvd., Brick, NJ

CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature Jody Shelby Date 2-17-17

	ID	ID	ID	ID	ID	ID	ID
DEVICES CHARACTERISTICS	Car 1	Car 2					
Traction/Winding Drum	✓	✓					
Hydraulic							
Roped Hydraulic							
Escalator/Moving Walk							
Dumbwaiter							
Stairway/Chair/Man Lift							
Oil Buffers	1	1					
Counterweight Governor							
Auxilary Power Generator							
Manufacturer	SEC	SEC					
Machine Room Location	ABOVE	ABOVE					
Number of Stops	3	3					
Number of Openings	3	3					
Travel (ft.)	31	31					
Speed (f.p.m.)	350	350					
Type of Control	NX300 NA	NX300 NA					
Type of Operation	COLL SEL AUTO	COLL SEL AUTO					
Passenger/Freight	Passenger	Passenger					
Capacity	3,500	3,500					
Year of Installation/Major Alteration	2017	2017					
Temp. Cert. of Comp. Issue Date / Expire Date							
Cert. of Compliance Number / Date							

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

ELEVATOR INSPECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Name Ocean Medical Ctr.
Address 425 Jack Martin Blvd.
Brick NJ

Date 10/17/12

BUILDING REGISTRATION NO. _____
If FA, Permit No. _____

TYPE OF INSPECTION/TEST

1 = FA	4 = 3 Yr	7 = Alteration
2 = 6 Mo	5 = 5 Yr	P = Passenger
3 = 1 Yr	6 = Reinspection	F = Freight

S = SATISFACTORY U = UNSATISFACTORY (Use NA When Not Applicable)

	DEVICE TYPE		Elec		Elec									
	DEVICE NUMBER		16		17									
	TYPE OF INSPECTION/TEST		6		6									
		S	U	S	U	S	U	S	U	S		S	U	U
A.	**MACHINE ROOM & MACHINE ROOM EQUIPMENT**													
1.	Enclosure/Lighting/Vents													
2.	Machine/Brake/Gears/Motor	✓		✓										
3.	Hydro Power Motor Unit													
4.	Motor Generator Set/SCR Drive													
5.	Controller/Selector													
6.	Governor(s)													
7.	Relief & Check Valves													
8.	Required Disconnects													
9.	Oil/Hydro Fluid, Leaks, Level													
10.	Hydro Fluid Hoses or Pipe													
11.	Seals, Plates, Labels, Unit ID, Tags, Signs													
12.	Routine Maintenance													
13.														
B.	**ELEVATOR CAR AND COUNTERWEIGHT**													
1.	Car Enclosure/Platform/Sling/Flooring	✓		✓										
2.	Guide Shoes/Rollers													
3.	Car Gate/Door/Accessories/Car Door Reopening Device(s)													
4.	Car Gate or Door Operator													
5.	Car Lighting/Standard & Emergency													
6.	Rope Hitches/Platen Hitch													
7.	Top-of-Car Operating Station/Stop Switch													
8.	Car Operating Station/Stop Switch/Indicators													
9.	Emergency Signals & Communication													
10.	Emergency Exits/Top/Side													
11.	Safeties & Accessories													
12.	Seals, Plates, Labels, Unit ID, Tags, Signs													
13.	Firefighter Service PHI & II													
14.	Counterweight/Car &Counterweight Sheaves													
15.	Routine Maintenance													
16.														
C.	**HOISTWAY, HOISTWAY ENTRANCES AND PIT**													
1.	Enclosure	✓		✓										
2.	Door, Closers & Accessories													
3.	Door Interlocks/Emergency Key/Access Keys													
4.	Guide Rails: Main & Counterweight													
5.	Switches and Cams													
6.	Pit/Stop Switch/Light/Ladder	✓		✓										
7.	Counterweight Guard													
8.	Buffers: Spring or Oil													
9.	Ropes: Hoist, Governor, Counterweight, Compensating, Tail													
10.	Traveling Cable and Wiring													
11.	Plunger, Cylinder and Gland													
12.	Governor Rope Tension Sheave & Assembly													
13.	Compensating Sheave or Chain													
14.	Clearances and Runby													
15.	Seals, Plates, Labels, Tags													
16.	Hall Station/Hall Position Indicator (if required), Hall Lantern													
17.	Routine Maintenance													
18.														

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELEVATOR INSPECTION

DEVICE TYPE
DEVICE NUMBER
TYPE OF INSPECTION/TEST

S = SATISFACTORY U = UNSATISFACTORY (Use NA When Not Applicable)

D. ESCALATOR/MOVING WALKS (Device Type)												
	S	U	S	U	S	U	S	U	S	U	S	U
1. Stair Treads/Comb Plates												
2. Balustrade/Handrails												
3. Shear Points Protection												
4. Emergency Stop Switches												
5. Steps, Rollers & Tracks												
6. Chains & Sprockets												
7. Safety Devices												
8. Kiosk/Wellway/Safety Zone												
9. Clearances												
10. Protection of Trusses & Machinery Space (Fire)												
11. Skirt & Steps Clearance												
12. Machinery Access Space & Lighting												
13. Escalator Brakes												
14. Machine/Brakes/Gears/Motor												
15. Starting & Switches												
16. Speed Governor												
17. Roller Shutter Device												
18. Signs, Seals, Planks, Labels, Unit ID, Tags												
19. Step Lighting												
20. Required Disconnect												
21. Routine Maintenance												
22. Tests												
23.												

E. TESTS: TRACTION ELEVATOR DEVICES (Pass or Fail)						
1. Device Number						
2. Car Rated Speed						
3. Overspeed Switch						
4. Tripping Speed						
5. Capacity						
HYDRO ELEVATOR DEVICES (Pass or Fail)						
1. Car Registration Number						
2. Working Pressure						
3. Relief Pressure						
4. Capacity						
5. Tags						

F. APPLICABLE CODES						
A17.1- 2013	✓	✓				

ACTION TAKEN						
1. Device Number	16	17				
2. Recommended Type of Certificate (Cyclical Inspections Only)	C.C	C.C-				
3. Removed from Operation						

Note: When unsatisfactory conditions are noted, see "Notice" attached. C.C til 10/30/18
No violations
Close permit

John J. Rocha 10807
Inspector's Name (print) and Lic. No.

Inspector's Signature

U.C.C. F310-2
(rev. 2/07)

ELEVATOR SUBCODE
TECHNICAL SECTION

C17-000967

Date Received
Control #

Date Issued
Permit #

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

Block 1170 Lot 18, 18.02 Qualification Code

Work Site Location Ocean Medical Center
435 Jack Martin Boulevard, Brick, NJ 08724

Owner in Fee: Meridian Health

Tel. e-mail

Address 475 Jack Martin Boulevard, Brick, N 08724
street municipality zip code

Contractor/Installer: Schindler Elevator Corporation Tel. (856) 437-2336

Address 840 N. Lenola Road, Ste. 4 e-mail
Moorestown, NJ 08057

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 34-127005 FAX: (856) 437-2322

Maintenance/Service Contractor Schindler Elevator Corporation

Address 840 N. Lenola Road, Ste. 4
Moorestown, NJ 08057 e-mail judith.shelly@us.schindler.com

Tel FAX

B. ELEVATOR CHARACTERISTICS

Building Use Group B H Building Registration No.

Manufacturer SEC Device I.D.

Machine Room Location Above

No. of Stops No. of Openings

Travel (ft.) Speed (f.p.m.)

Type of Control Type of Operation

Passenger Freight

Capacity (lbs.)

Year of Installation Year of Alteration

Estimated Cost of Elevator Work $ 435,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Judy Shelly

Print name here: Judy Shelly 2-17-17

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installation of (2) geared traction elevators.

QTY.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
2	1 to 10 Floors	$ 612.
	Over 10 Floors	
	Hydraulic	
	Roped Hydraulic	
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	
4	Oil Buffers	216.
	Counterweight Governor and Safeties	
	Auxiliary Power Generator	
	Alterations	
1	Other PLAN Review	328
	Other	

Administrative Surcharge $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Building Plans and Elevator Specs.
Date: Approved by:
[ ] Elevator Layout Drawings
Date: Approved by:
Joint Plan Review Required:
[X] Bldg. [ ] Elec. [X] Plumb. [ ] Fire.
SUBCODE APPROVAL for PERMIT
Date: 3-25-17
Approved by: R Eby

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Temporary				
Final				

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

U.C.C. F150 (rev. 11/09)
Internet version

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

ELEVATOR SUBCODE
TECHNICAL SECTION

SUPPLEMENT FOR MULTIPLE EQUIPMENT

Date Received
Control #

Date Issued
Permit #

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

CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Block 1170 Lot 18, 18.02 Qualification Code

Work Site Location Ocean Medical Center, 435 Jack Martin Blvd., Brick, NJ Signature Judy Shelly Date 2-17-17

	ID	ID	ID	ID	ID	ID	ID
DEVICES CHARACTERISTICS	Car 1	Car 2					
Traction/Winding Drum	✓	✓					
Hydraulic							
Roped Hydraulic							
Escalator/Moving Walk							
Dumbwaiter							
Stairway/Chair/Man Lift							
Oil Buffers	1	1					
Counterweight Governor							
Auxilary Power Generator							
Manufacturer	SEC	SEC					
Machine Room Location	ABOVE	ABOVE					
Number of Stops	3	3					
Number of Openings	3	3					
Travel (ft.)	31	31					
Speed (f.p.m.)	350	350					
Type of Control	NX300 NA	NX300 NA					
Type of Operation	COLL SEL AUTO	COLL SEL AUTO					
Passenger/Freight	Passenger	Passenger					
Capacity	3,500	3,500					
Year of Installation/Major Alteration	2017	2017					
Temp. Cert. of Comp. Issue Date / Expire Date							
Cert. of Compliance Number / Date							

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

(e) the grade of material used or the suspension-means manufacturer's designation, as applicable

(f) construction classification, where applicable

(g) for steel wire rope, non-preformed, if applicable

(h) for steel wire rope, finish coating, if applicable

(i) for steel wire rope, compacted strands, if applicable

(j) name or trademark of the suspension-means manufacturer

(k) name of person or organization who installed the suspension means

(l) the month and year the suspension means were installed

(m) the month and year the suspension means were first shortened

(n) lubrication information, if applicable

(ED) **2.20.3 Factor of Safety**

The factor of safety of the suspension means shall be not less than shown in Table 2.20.3. Figure 8.2.7 gives the minimum factor of safety for intermediate speeds. The factor of safety shall be based on the actual speed of the suspension means corresponding to the rated speed of the car.

Where suspension means are different from traditional steel wire ropes, technical criteria for essential safety requirements and parameters, such as minimum factor of safety, monitoring, residual strength, replacement, etc., shall be selected on the basis of best engineering practice compatible with the product technology, including performance testing under elevator operating conditions for its range of application.

The minimum factor of safety for any suspension means shall be not less than the values shown in Table 2.20.3 except that the factor of safety of steel wire suspension ropes with diameters equal to or greater than 8 mm (0.315 in.) but less than 9.5 mm (0.375 in.) shall be not less than 12 or they shall meet the requirements of 2.20.8.2. See also Nonmandatory Appendix U.

The factor of safety shall be calculated by the following formula:

$$f = \frac{S \times N}{W}$$

where

N = number of runs of suspension members under load. For 2:1 arrangements, N shall be two times the number of suspension members used, etc.

S = manufacturer's rated breaking force in kN (lbf) of one suspension member

W = maximum static load in kN (lbf) imposed on all suspension members with the car and its rated load at any position in the hoistway

Table 2.20.3 Minimum Factors of Safety for Suspension Members

Suspension-Member Speed, m/s (ft/min)	Minimum Factor of Safety	
	Passenger	Freight
0.25 (50)	7.60	6.65
0.37 (75)	7.75	6.85
0.50 (100)	7.97	7.00
0.62 (125)	8.10	7.15
0.75 (150)	8.25	7.30
0.87 (175)	8.40	7.45
1.00 (200)	8.60	7.65
1.12 (225)	8.75	7.75
1.25 (250)	8.90	7.90
1.50 (300)	9.20	8.20
1.75 (350)	9.50	8.45
2.00 (400)	9.75	8.70
2.25 (450)	10.00	8.90
2.50 (500)	10.25	9.15
2.75 (550)	10.45	9.30
3.00 (600)	10.70	9.50
3.25 (650)	10.85	9.65
3.50 (700)	11.00	9.80
3.75 (750)	11.15	9.90
4.00 (800)	11.25	10.00
4.25 (850)	11.35	10.10
4.50 (900)	11.45	10.15
4.75 (950)	11.50	10.20
5.00 (1,000)	11.55	10.30
5.25 (1,050)	11.65	10.35
5.50 (1,100)	11.70	10.40
5.75 (1,150)	11.75	10.45
6.00 (1,200)	11.80	10.50
6.25 (1,250)	11.80	10.50
6.50 (1,300)	11.85	10.55
6.75 (1,350)	11.85	10.55
7.00–10.00 (1,400–2,000)	11.90	10.55

2.20.4 Minimum Number and Diameter of Suspension Means

2.20.4.1 Steel Wire Ropes. The minimum number of suspension members used shall be three for traction elevators and two for drum-type elevators.

Where a car counterweight is used, the number of counterweight ropes used shall be not less than two.

The term "diameter," where used in reference to ropes, shall refer to the nominal diameter as given by the rope manufacturer.

The minimum diameter of hoisting and counterweight ropes shall be 4.0 mm (0.156 in.). Outer wires of steel wire ropes shall be not less than 0.21 mm (0.008 in.) in diameter.

March 25, 2017

TO: SCHINDLER ELEVATOR
ATTN: JUDY

RE: OCEAN MEDICAL CENTER
BRICK, NJ

THE FOLLOWING INFORMATION WILL BE REQUIRED PRIOR TO ISSUANCE OF PERMIT.

- FIRE SERVICE ALTERNATE FLOOR LOCATION
- HOIST ROPE SIZE
- GOVERNOR AND COUNTERWEIGHT GOVERNOR SIZE
- CAB VENTILATION INFORMATION
- CAB HANDRAIL INFORMATION
- WILL BOTH ELEVATORS RUN ON EMERGENCY GENERATOR? IF YES, INDICATOR LIGHT SHALL BE PROVIDED IN LOBBY.
- PLEASE PROVIDE GENERAL CONTRACTORS PHONE NUMBER. I WILL NEED THE FOLLOWING: SUMP PUMP DISCHARGE LOCATION, MACHINE ROOM VENTILATION INFORMATION, SPRINKLER INSTALLATION INFORMATION FOR POSSIBLE SHUNT TRIP.

THANK YOU

RAY ELY

732-677-3779

Judith Shelly

From: Jeffrey Widgeon
Sent: Monday, March 27, 2017 3:17 PM
To: Judith Shelly
Subject: Ocean Medical Center code questions
Attachments: Ocean Medical K4738 Code Official Questions.pdf

Importance: High

Judy,

Please forward in response to Ray Ely's questions.

1. The alternate Fire Service Floor location is "2".
2. This elevator uses STM's (Suspension Traction Media), which is a non-circular suspension member which is constructed of poly urethane (PU) encapsulating steel cords with an elastomeric coating. They replace the traditionally used hoist ropes. The size is 40mm in width.
3. The governor and counterweight governor size is 6mm in diameter.
4. A cab fan is being provided and mounted in the canopy.
5. Handrails are being provided on the side walls and rear wall and are 1 ½" in diameter.
6. Elevator emergency power light is included in the pushbutton cover plate in the lobby.
7. GC: Turner Construction Co. Kyle Kelly at 732-354-5916.

Jeff Widgeon | Project Manager
Phone 856.437.2334 | Fax 856.437.2322
jeff.widgeon@us.schindler.com

Schindler Elevator Corporation | New Installations
840 N. Lenola Rd., Suite 4 | Moorestown, NJ 08057, USA
www.us.schindler.com

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Permit #
Date Issued 10/4/17
-or-
Control #
Certificate Issued Date: 17-1711

IDENTIFICATION

Block _____ Lot _____ Qualification Code _____
Work Site Location 425 JACK MARTIN BLVD
Back NJ
Owner in Fee _____
Address _____

Tel. (____) _____
Contractor _____
Address _____

Tel. (____) _____ FAX (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Employer No. _____

Home Warranty No. _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group _____
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:

Elevator # 16 + 17

☐ **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 the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

☐ **CERTIFICATE OF CLEARANCE – LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

☐ **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 _____.

Fee $ _____
Paid [ ] Check No. _____
Collected by: _____

_____ _____
CONSTRUCTION OFFICIAL DATE

U.C.C. F260
(rev. 8/05)

1 WHITE – APPLICANT 2 CANARY – OFFICE 3 PINK – TAX ASSESSOR