BLOCK 11170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin Blvd-6West PERMIT NO. 17-3778

CONSTRUCTION PERMIT APPLICATION

CN17-005046

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

I. IDENTIFICATION

1. Proposed Work Site at: 425 Jack Martin Blvd 6th floor west
2. Name of Owner in Fee: Ocean Medical Center
   Tel. ( ) _____ e-mail _____
   Address 425 Jack Martin Blvd (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: OA Peterson Constr. Tel. (973) 744-6200
   Address 78 N. Willow St e-mail _____
   Montclair, NJ 07042
   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. 22-1196565 FAX: ( ) _____
5. Architect or Engineer Sapphire Albarran Contact Ed Albarran
   Address 12 N. Main St Pennington NJ 08534 e-mail _____
   Tel. (609) 737-5924 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Chris Gubitosi
   Tel. (973) 985-7405 FAX: ( ) Jason 908-418-2120

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1000 ✓		300 ✓ 220 ✓
2. Electrical		546-1	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	38 -	19 -	39 -
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 1038 -	565 -	559 -

TC

1 of 1

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

Alteration

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		MK			12/18/17	KCH			
☑ Electrical		11/16/17		12/12/17		PE	12/14/17		PE
☐ Plumbing					12-5-17	[illegible]			
☐ Fire Protection				12/5/17		[illegible]			
☐ 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 01/11/2018
Control Number C-17-005046
Permit Number 17-3778
Permit Issue Date 11/16/2017
Certificate Number 17-3778

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 OA PETERSON CONSTRUCTION

Address 78 North Willow Street MONTCLAIR NJ 07042

Telephone: (973) 744-6200 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 - 6TH FLOOR WEST: MODIFICATIONS TO NURSES STATION & MED ROOM

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: 01/11/2018

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/02/2018
Control Number C-17-005046
Permit Number 17-3778
Permit Issue Date 11/16/2017
Certificate Number 17-3778

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: OCEAN MEDICAL CENTER %MERIDIAN

Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone:

Contractor OA PETERSON CONSTRUCTION

Address 78 North Willow Street MONTCLAIR NJ 07042

Telephone: (973) 744-6200 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 - 6TH FLOOR WEST: MODIFICATIONS TO NURSES STATION & MED ROOM

Certificate Comments:

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☐ **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:

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☐ 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: 04/02/2018
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 04/02/2018
Conditions to be met:

Needs Final Fire Subcode Approval

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 01/02/2018

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 OA Peterson Constr.

Address 78 N. Willow St

Montclair NJ 07042

Telephone (973) 744-6200

Signature _____

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

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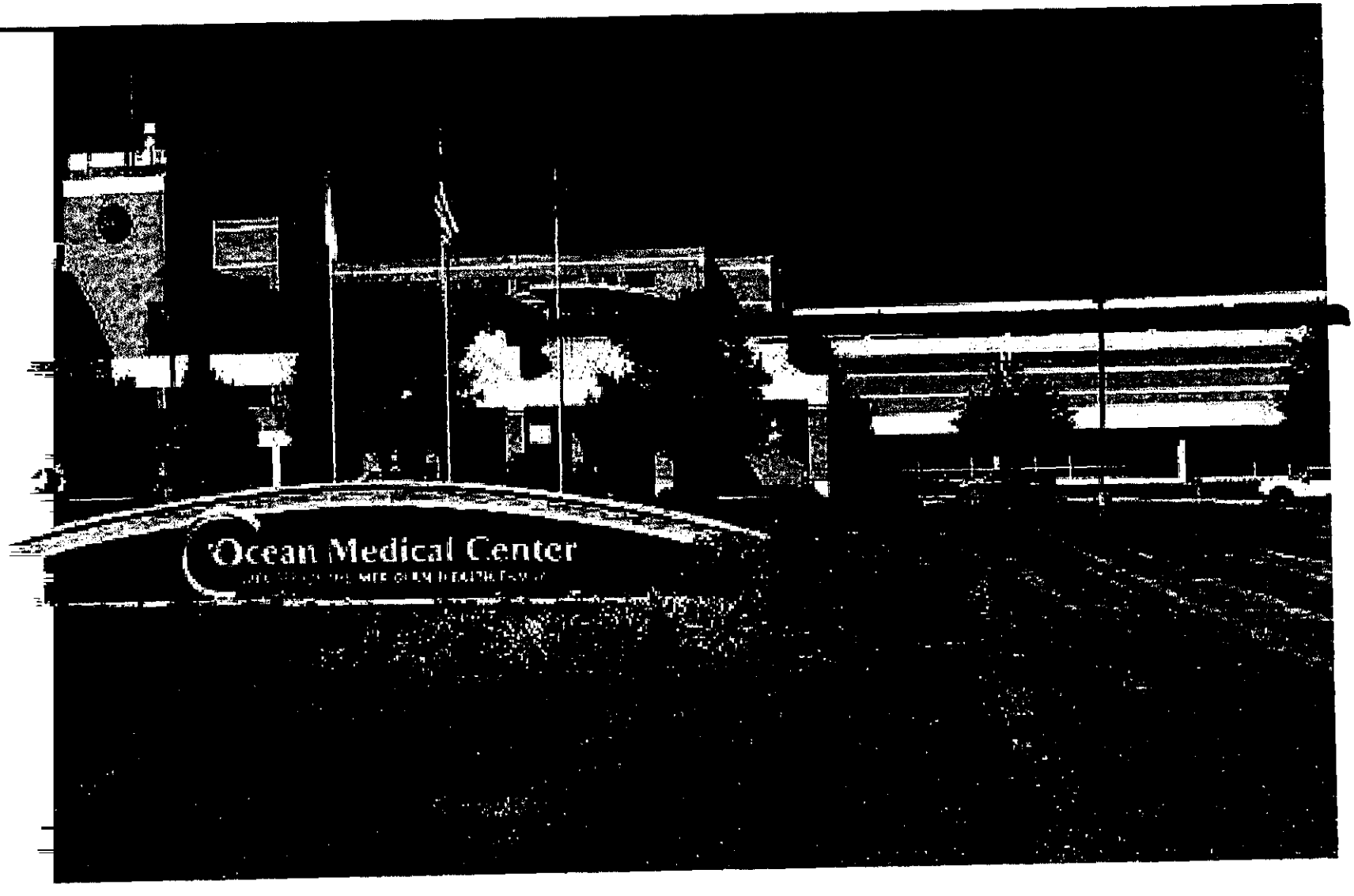
saphire + albarran
ARCHITECTURE LLC



Herman Miller's Modular Caregiver Work Environments

bfi

Ocean Medical Center

saphire + albarran
ARCHITECTURE LLC

Hackensack Meridian Health - Partial List of Recent bfi's Projects:

Hackensack Meridian Health – Corporate Office - 343 Thornall Street

Hackensack Meridian Health – Corporate Office - 1350 Campus Drive

Ocean Medical Center - Cancer Center – Jackson

Ocean Medical Center – Physical Therapy – Jackson

Riverview Medical Center – Jane H & Jon Marshall Booker Cancer Center

Riverview Medical Center – Main Lobby Furniture, IR Suite, Executive Office, Radiology, Surgical Suites, Administrative Areas, Clinical Areas

Bayshore Medical Center – Lobby, Cath Lab/Endo, Executive Board Room, Sleep Center, Wound Center, Cancer Flex Space, Administration Areas

Raritan Bay Medical Center – Executive Offices, Executive Boardroom, ICC Waiting Rooms, Family Waiting Room

Meridian Health – Urgent Care Locations

Meridian At Home – 1350 Office

Meridian At Home Pharmacy – Lodi Office

Meridian Subacute & Rehabilitation – Lobby, Lounges, Patient Rooms - Wall

Meridian Health Resources Division – Approximately 100 Off-Site Doctor Offices

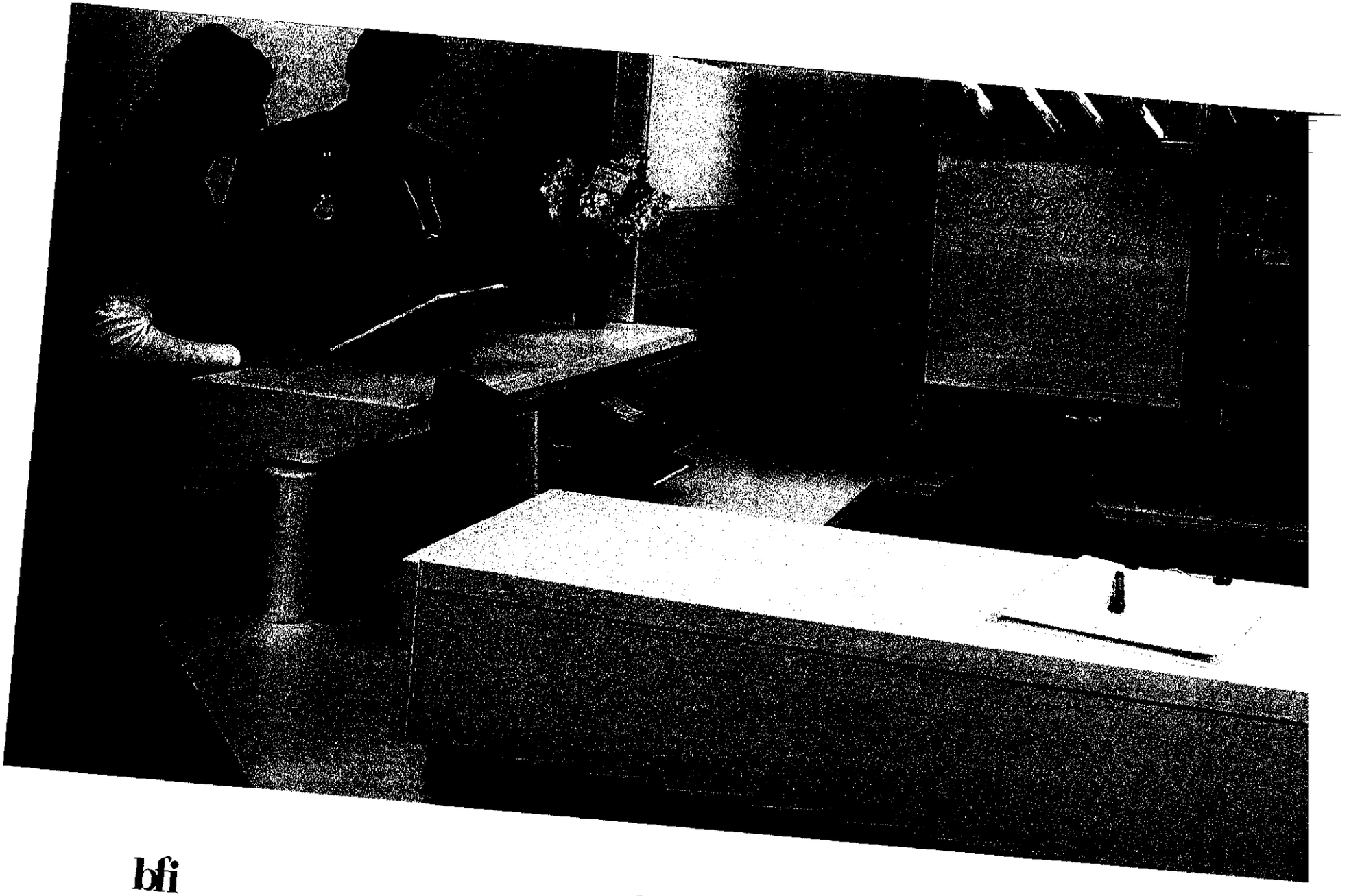
Meridian – Brick Wellness Center

Meridian Outreach Conf Centers – Jackson, Brick, Freehold

Southern Ocean Medical Center – Cancer Center, Lobby, ED,

Jersey Shore Medical Center - PICU, NICU, Liam's Room, Pediatrics

Hackensack Meridian - Integrated Health and Medicine - Jackson



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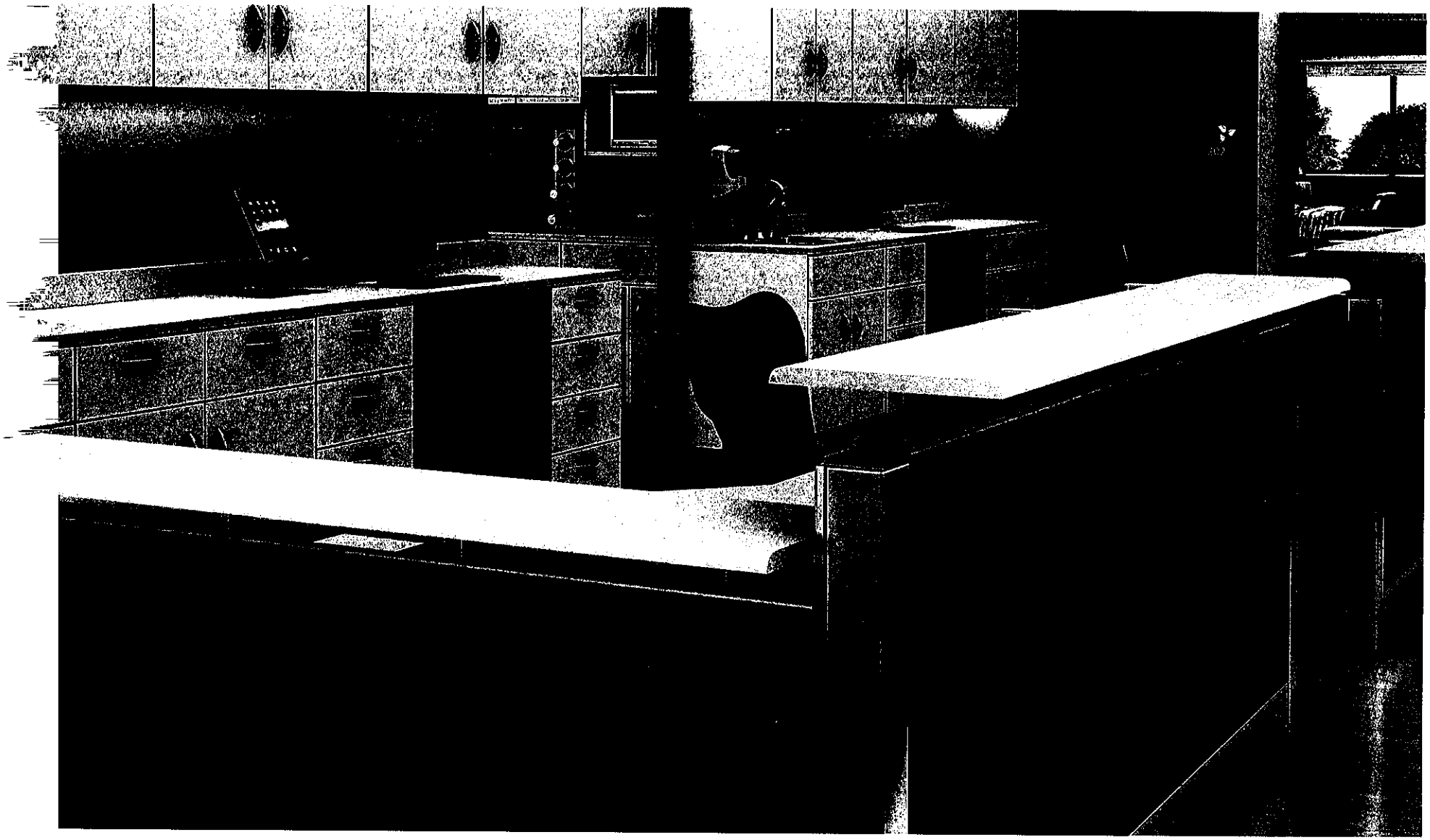
ARCHITECTURE LLC



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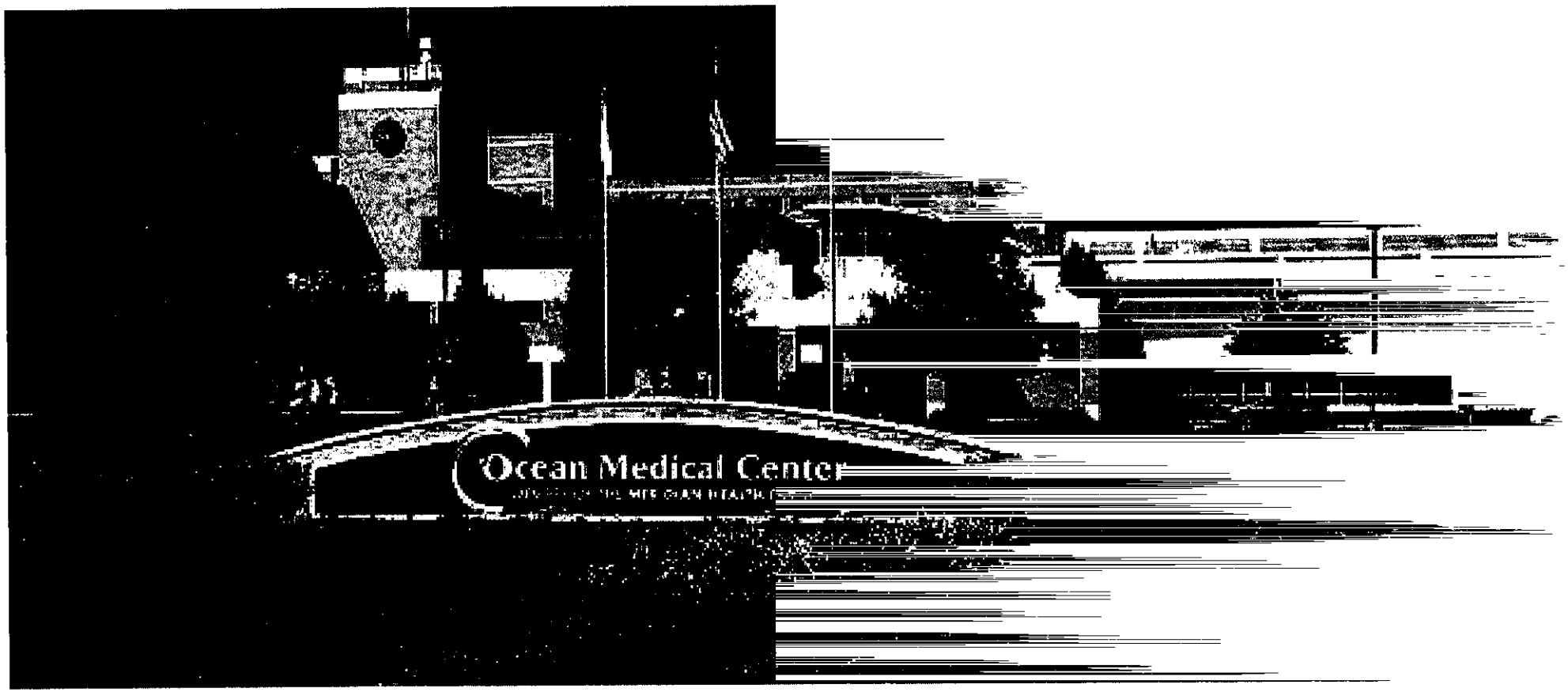
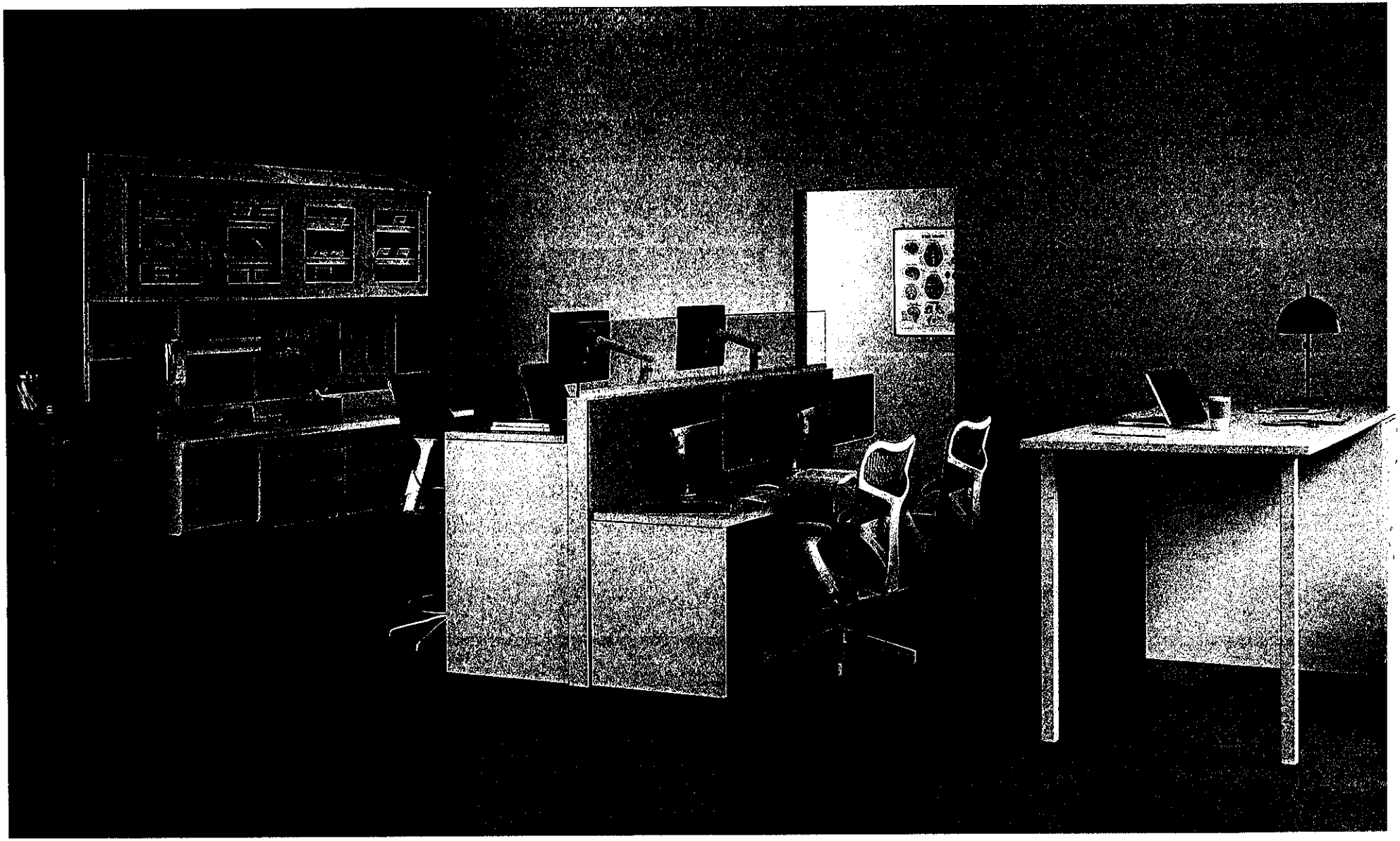
ARCHITECTURE LLC

Thank You!



bfi
Robyn Slatnick
Account Executive
609-619-6302
rslatnick@bfifurniture.com



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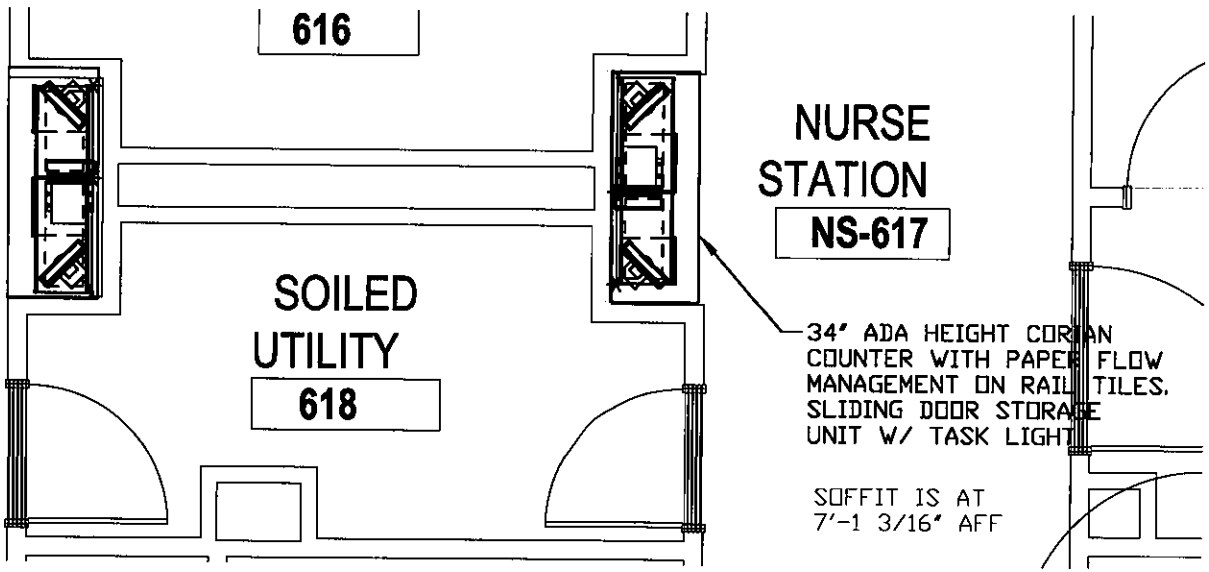
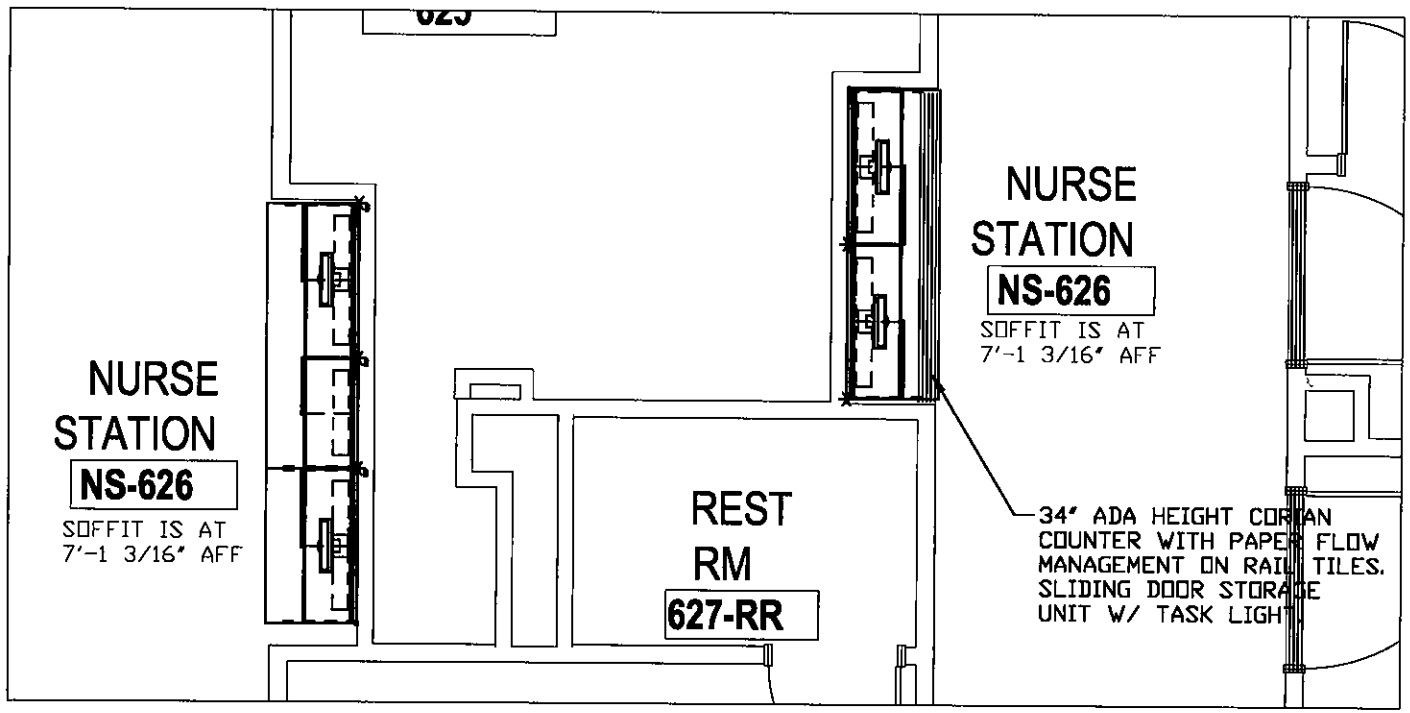
Ocean Medical Center

saphire + albarran
ARCHITECTURE LLC





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DESCRIPTION		
REV	DATE	INIT
DESCRIPTION		
REV	DATE	INIT
DESCRIPTION		

ISSUED FOR CLIENT REVIEW

APPROVAL

DATE

bfi
PLANNING AND DESIGN FACILITY MANAGEMENT
133 RAHWAY AVENUE
ELIZABETH, NEW JERSEY 07202
908-355-3400
10 LANIDEX CENTER WEST
PARSIPPANY, NEW JERSEY 07054
973-503-0730
336 W. 37TH ST. SUITE 360
NEW YORK, NEW YORK 10018
212-685-9344

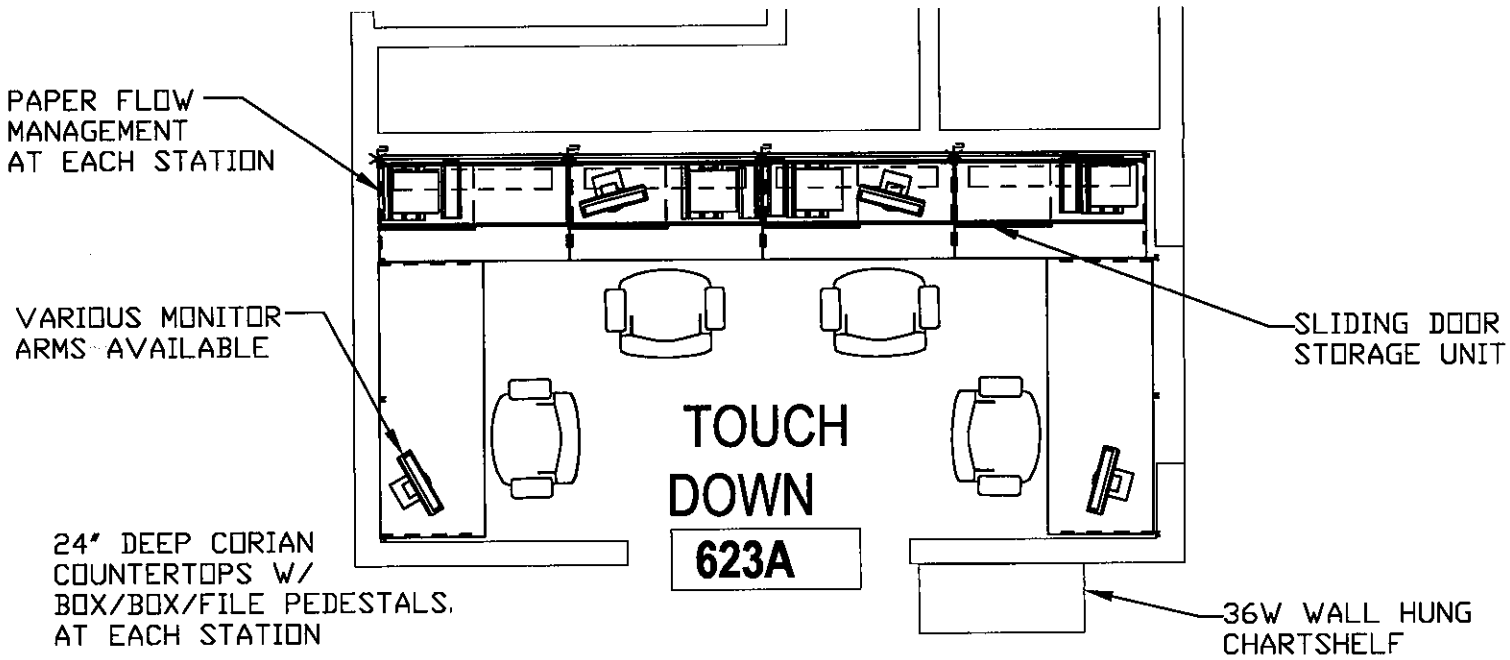
OCEAN MEDICAL CENTER

BRICK, NJ

6TH FLOOR
NURSE STATION

CHART STATIONS

SCALE	DATE
1/4" = 1'-0"	10.18.2017
DRAWN BY: JMK	CHECKED:
JOB NUMBER: PROJECT NUMBER	



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DESCRIPTION		
REV	DATE	INIT
DESCRIPTION		

ISSUED FOR CLIENT REVIEW

APPROVAL

DATE

bfi
PLANNING AND DESIGN FACILITY MANAGEMENT
133 RAHWAY AVENUE
ELIZABETH, NEW JERSEY 07202
908-355-3400
10 LANDEX CENTER WEST
PARSIPPANY, NEW JERSEY 07054
973-503-0730
336 W. 37TH ST. SUITE 360
NEW YORK, NEW YORK 10018
212-685-9344

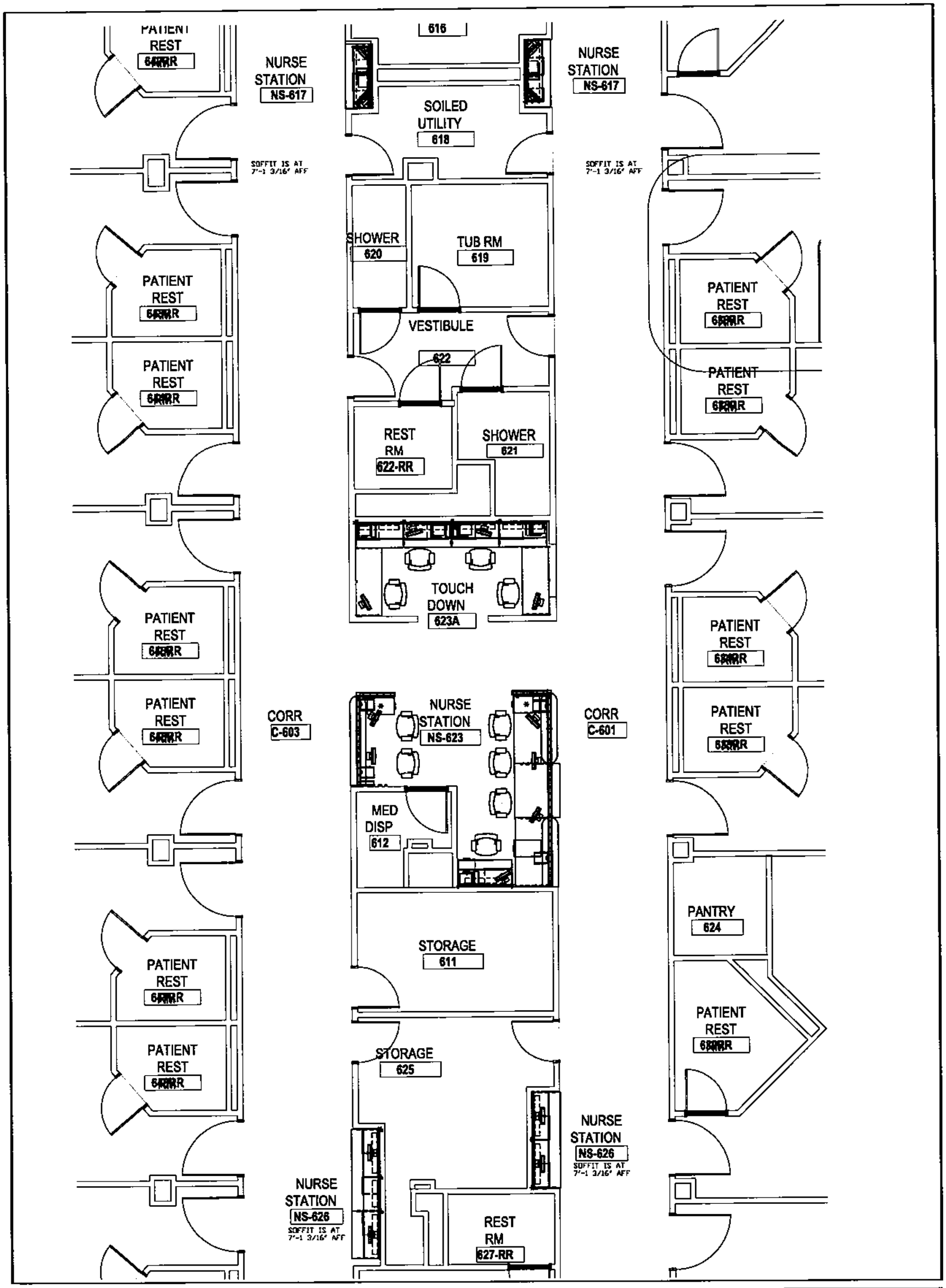
OCEAN MEDICAL CENTER

BRICK, NJ

6TH FLOOR
NURSE STATION

TOUCH DOWN ROOM

SCALE	DATE
1/4" = 1'-0"	10.18.2017
DRAWN BY: JMX	CHECKED:
JOB NUMBER: PROJECT NUMBER	



SCALE 1/8" = 1'-0"

DATE 10.18.2017

DRAWN BY JMK

CHECKED

JOB NUMBER PROJECT NUMBER

1 OF 4

OCEAN MEDICAL CENTER

STREET ADDRESS
CITY, STATE, ZIP

6TH FLOOR NURSE STATION

OVERALL FURNITURE PLAN

bfi

PLANNING AND DESIGN FACILITY MANAGEMENT

133 RAHWAY AVENUE
ELIZABETH, NEW JERSEY 07202
908-355-3400

10 LANIDEX CENTER WEST
PARSIPPANY, NEW JERSEY 07054
973-503-0730

354 W. 37TH ST. SUITE 340
NEW YORK, NEW YORK 10018
212-683-9044

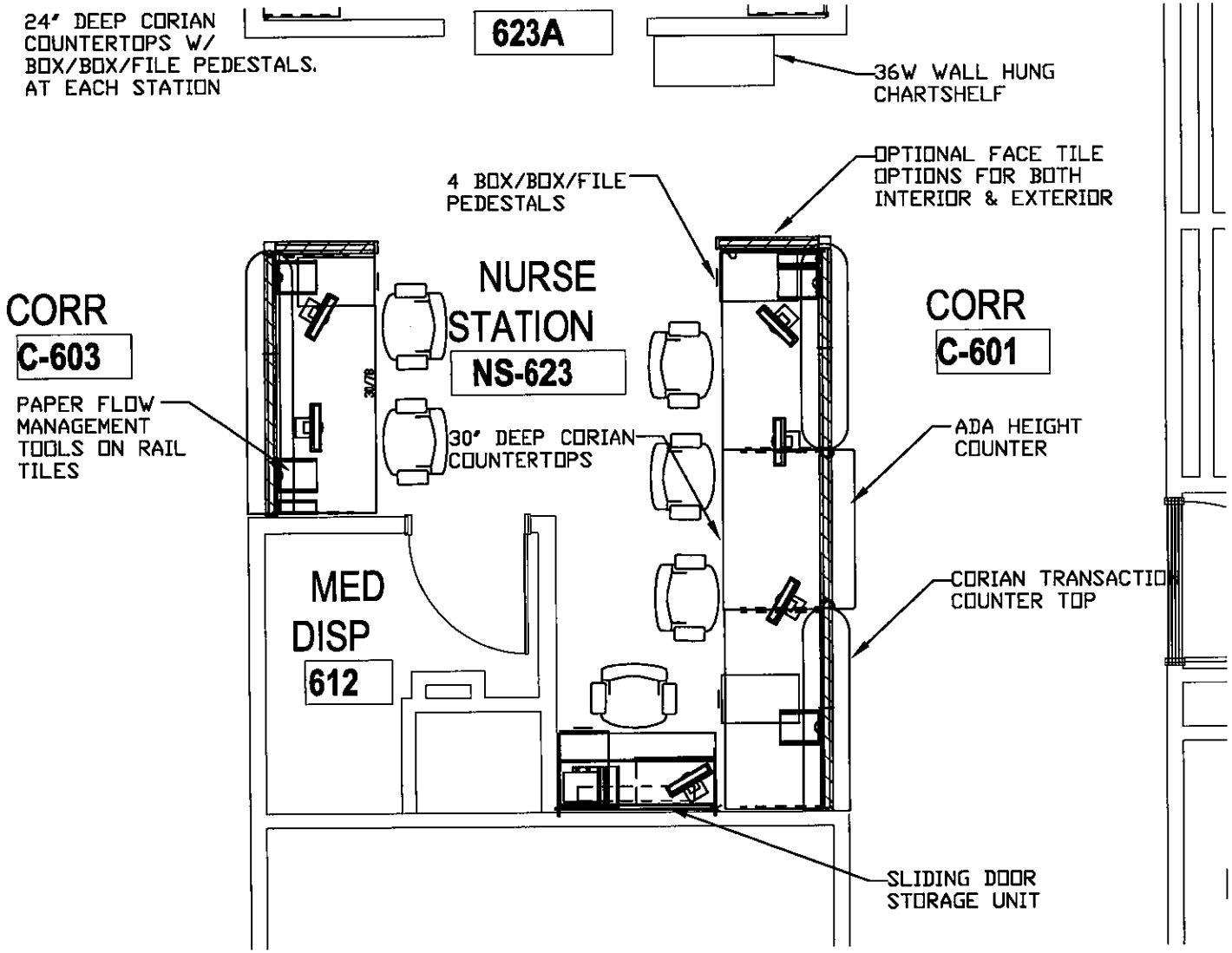
DATE

APPROVAL

ISSUED FOR CLIENT REVIEW

DESCRIPTION	REV	DATE	INIT

DESCRIPTION	REV	DATE	INIT



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DESCRIPTION		
REV	DATE	INIT
DESCRIPTION		
REV	DATE	INIT
DESCRIPTION		

ISSUED FOR CLIENT REVIEW

APPROVAL

DATE

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PLANNING AND DESIGN FACILITY MANAGEMENT

133 RAHWAY AVENUE
ELIZABETH, NEW JERSEY 07202
908-355-3400

10 LANDEX CENTER WEST
PARSIPPANY, NEW JERSEY 07054
973-503-0730

336 W. 37TH ST. SUITE 360
NEW YORK, NEW YORK 10018
212-685-9344

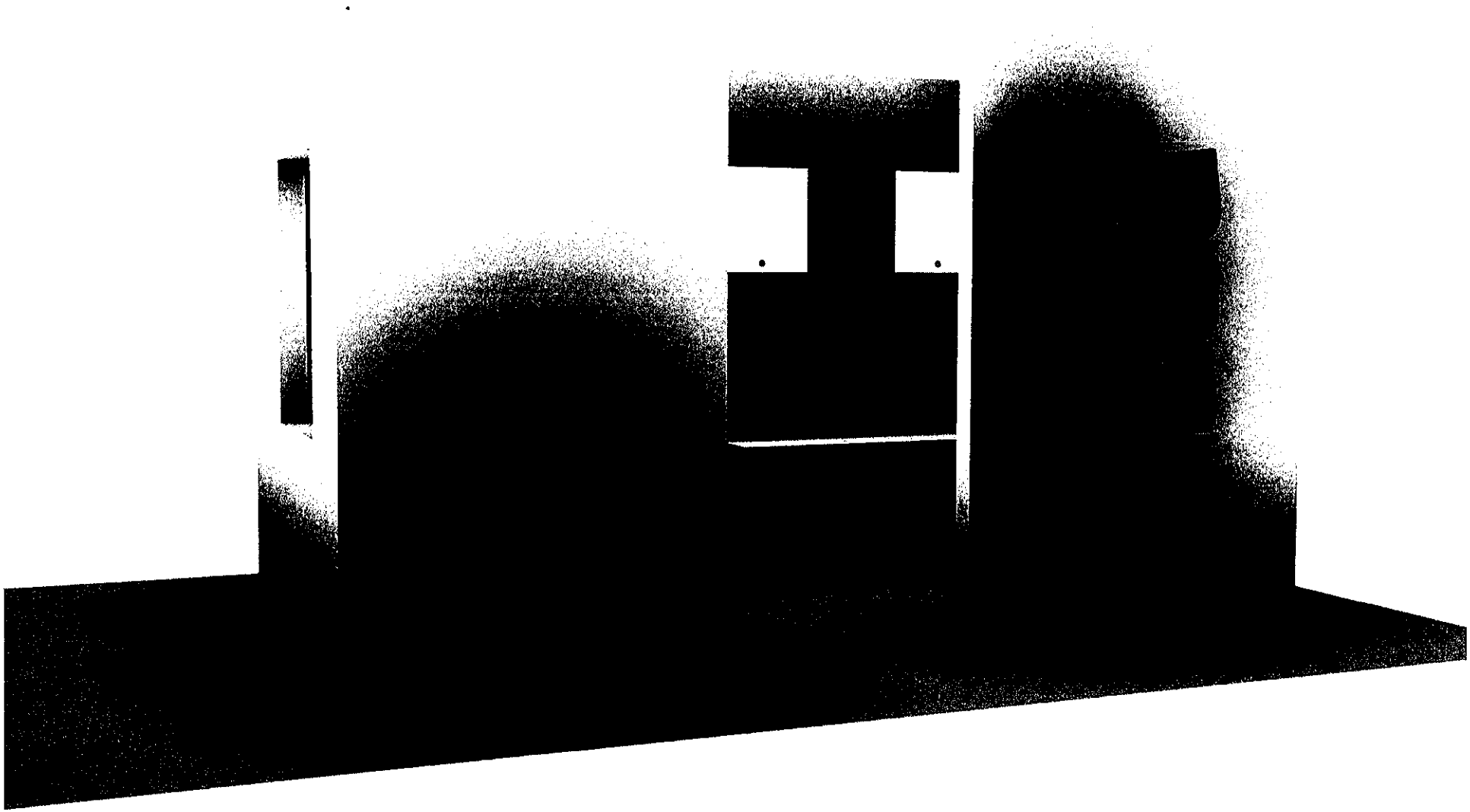
OCEAN MEDICAL CENTER

BRICK, NJ

6TH FLOOR
NURSE STATION

NURSE STATION AREA

SCALE	DATE
1/4" = 1'-0"	10.18.2017
DRAWN BY	CHECKED	JOB NUMBER
JMK		PROJECT NUMBER



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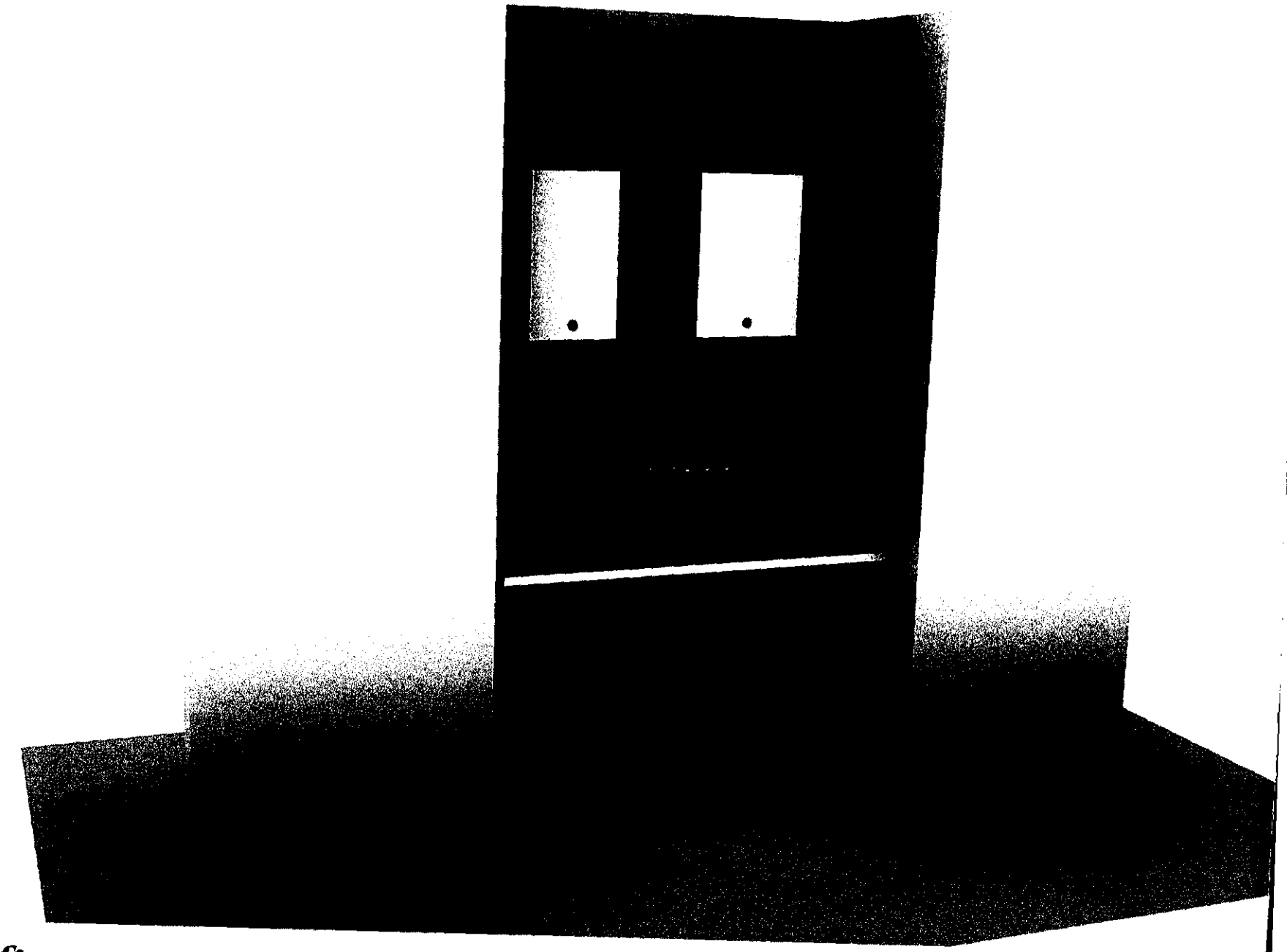
Ocean Medical Center

saphire + albarran
ARCHITECTURE LLC



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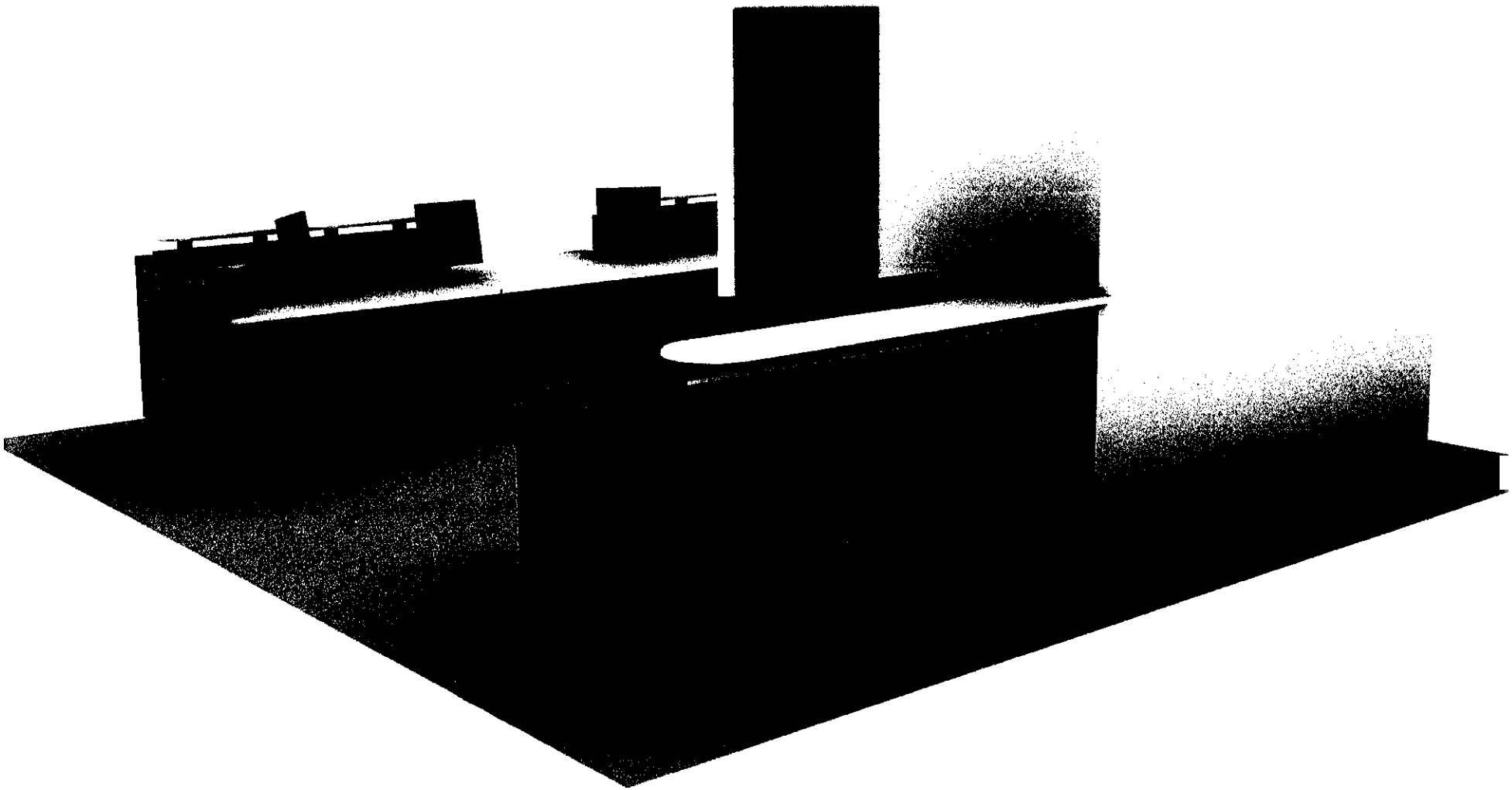
Ocean Medical Center

saphire + albarran
ARCHITECTURE LLC



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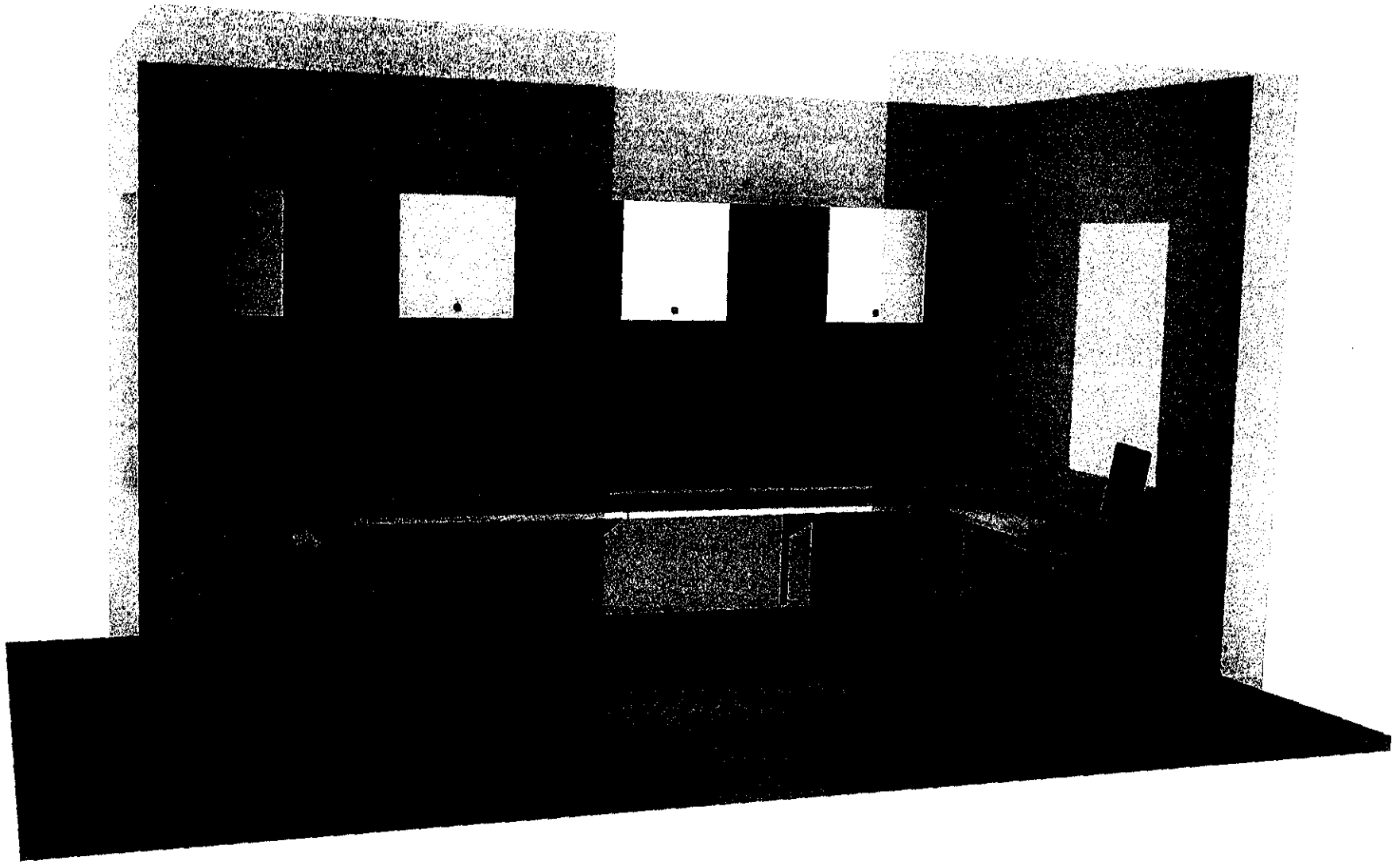
Ocean Medical Center

saphire + albarran
ARCHITECTURE LLC



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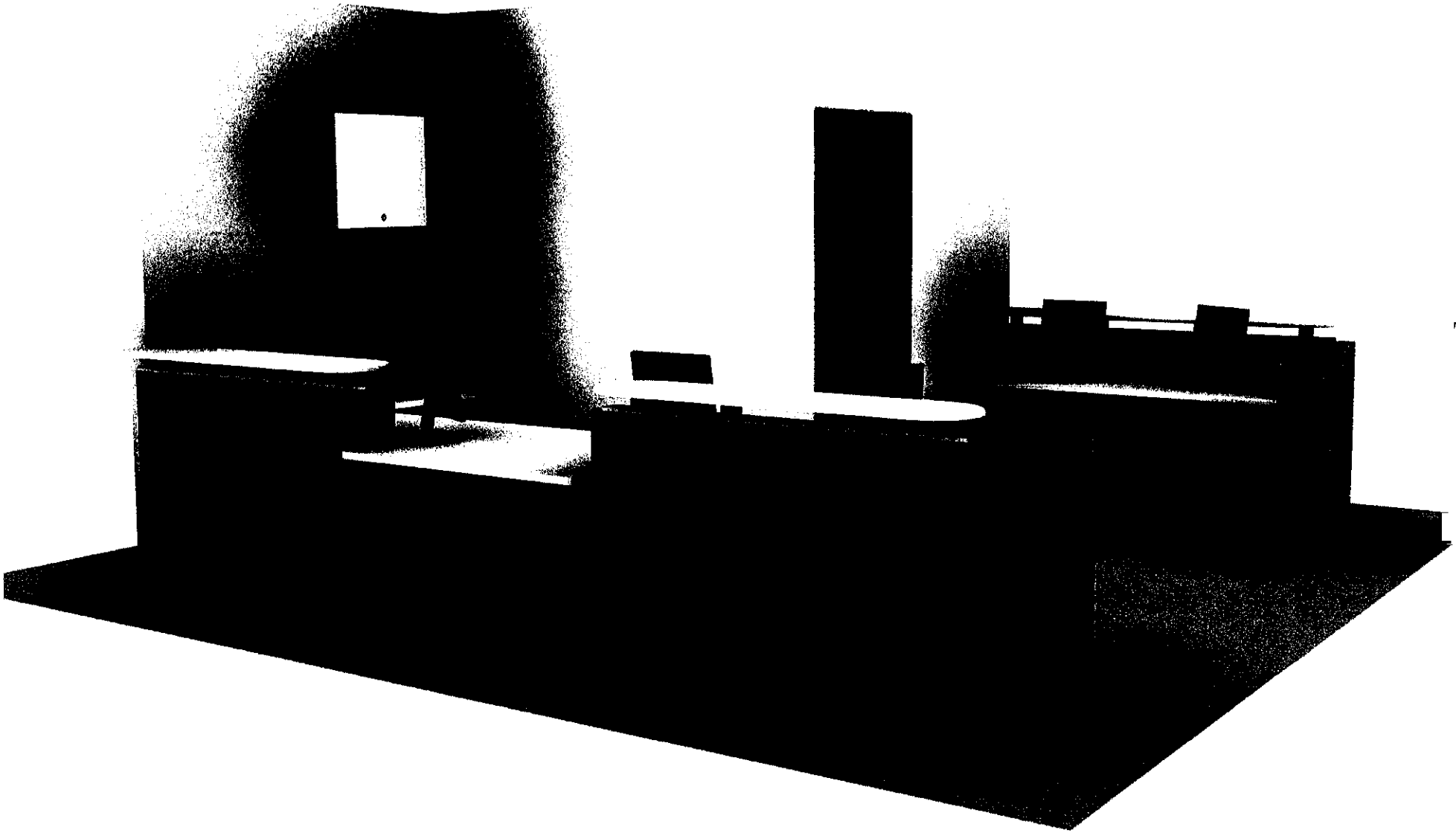
Ocean Medical Center

saphire + albarran
ARCHITECTURE LLC



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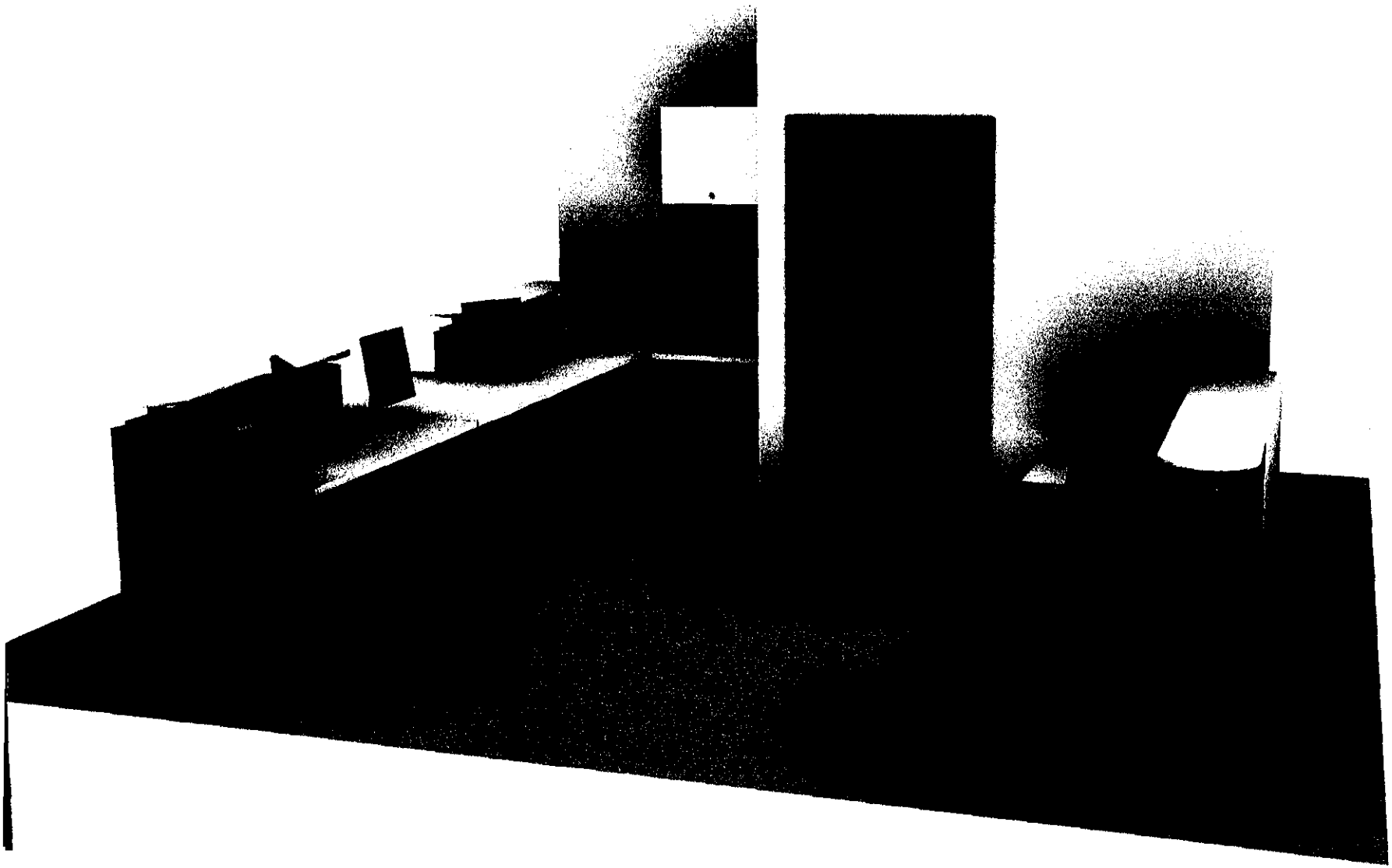
Ocean Medical Center

saphire + albarran
ARCHITECTURE LLC



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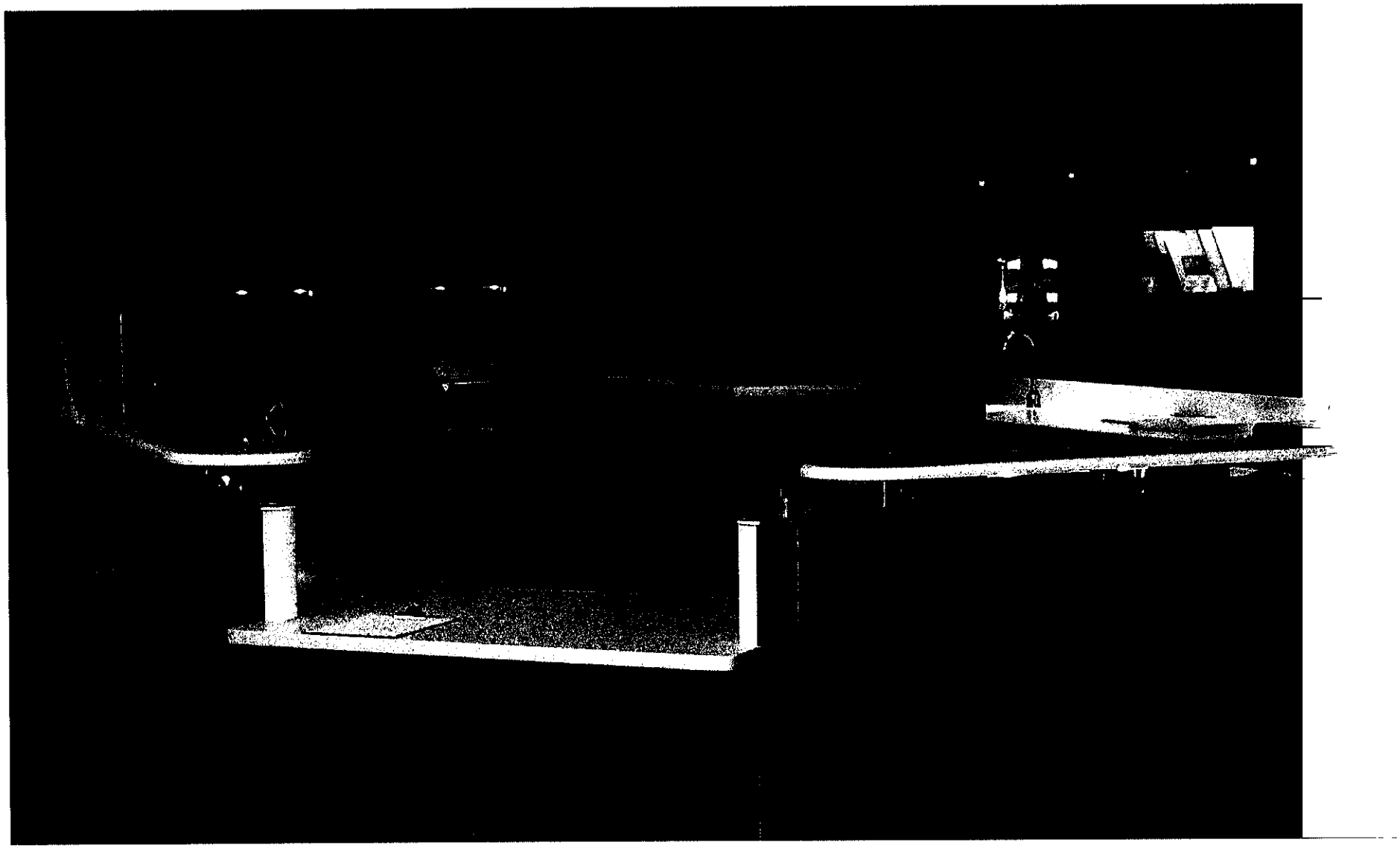
Existing Nursing Station 6 West

bfi

Ocean Medical Center

saphire + albarran
ARCHITECTURE LLC

6 West - Recommend Modular Nursing Station Solutions



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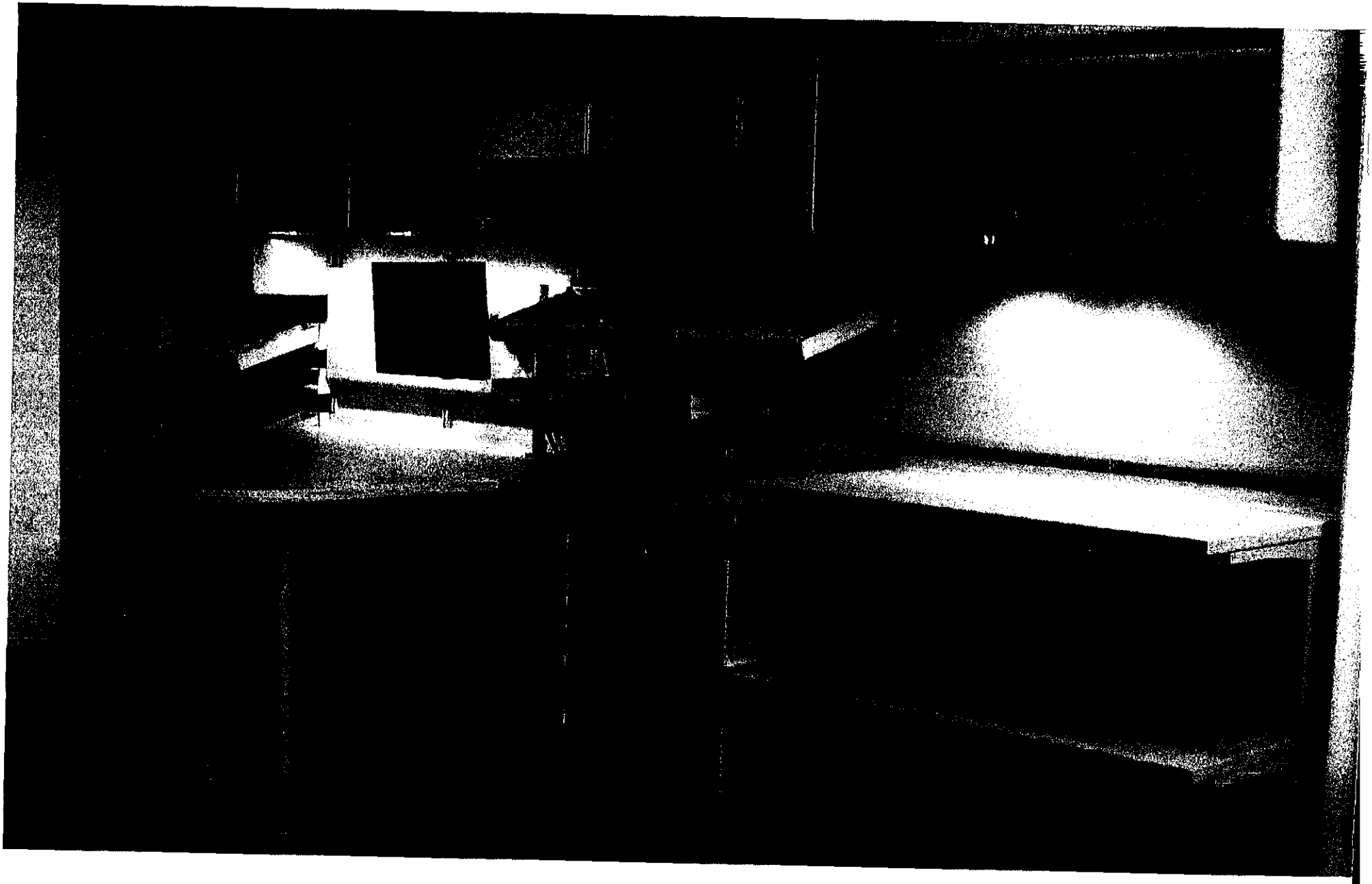
Ocean Medical Center

saphire + albarran
ARCHITECTURE LLC



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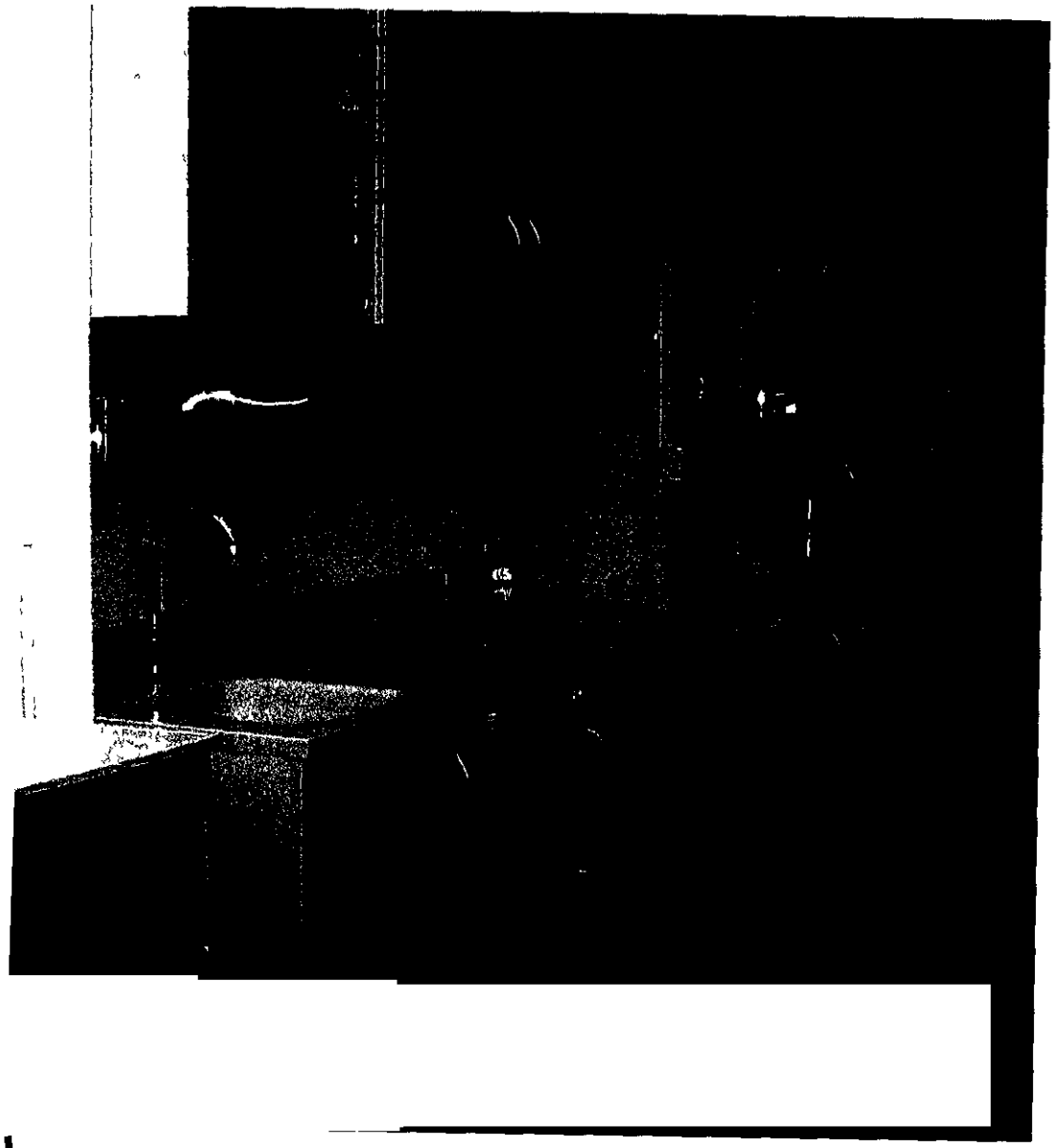
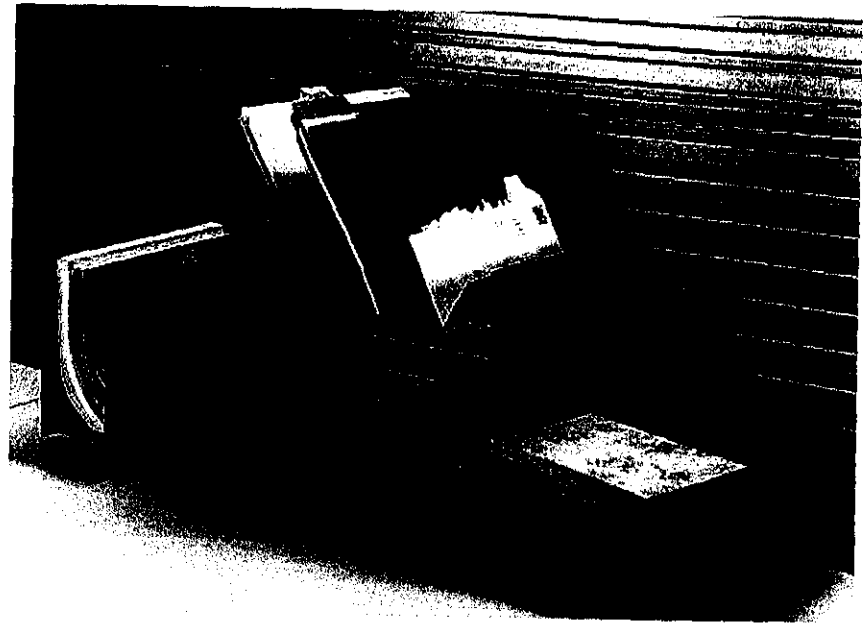
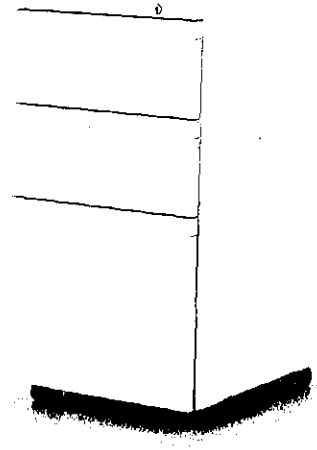
Ocean Medical Center

saphire + albarran
ARCHITECTURE LLC







bfi

Ocean Medical Center

saphire + albarran
ARCHITECTURE LLC

bfi

Ocean Medical Center

saphire + albarran
ARCHITECTURE LLC

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/7/17

Date Issued / Permit # 17-3778+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 6th Floor West 6th Floor

Owner in Fee: Ocean Medical Center

Tel. (732) 840-2200 e-mail

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

Contractor: United Plumbing & Heating, Inc Tel. (732) 991-1704

Address 36 Parkway e-mail

Point Pleasant Beach, NJ 08742

Contractor License No. 11922 Exp. Date 6/19

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

Federal Emp. ID No. 31-1818409 FAX: ( )

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 $ 10,000—

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Michael Casey

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove and replace 22 water closets. Rough Plumbing for 4 new sinks

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
22	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
4	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	
	Stacks	
	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:

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12-5-17

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 12-29-17

Approved by:

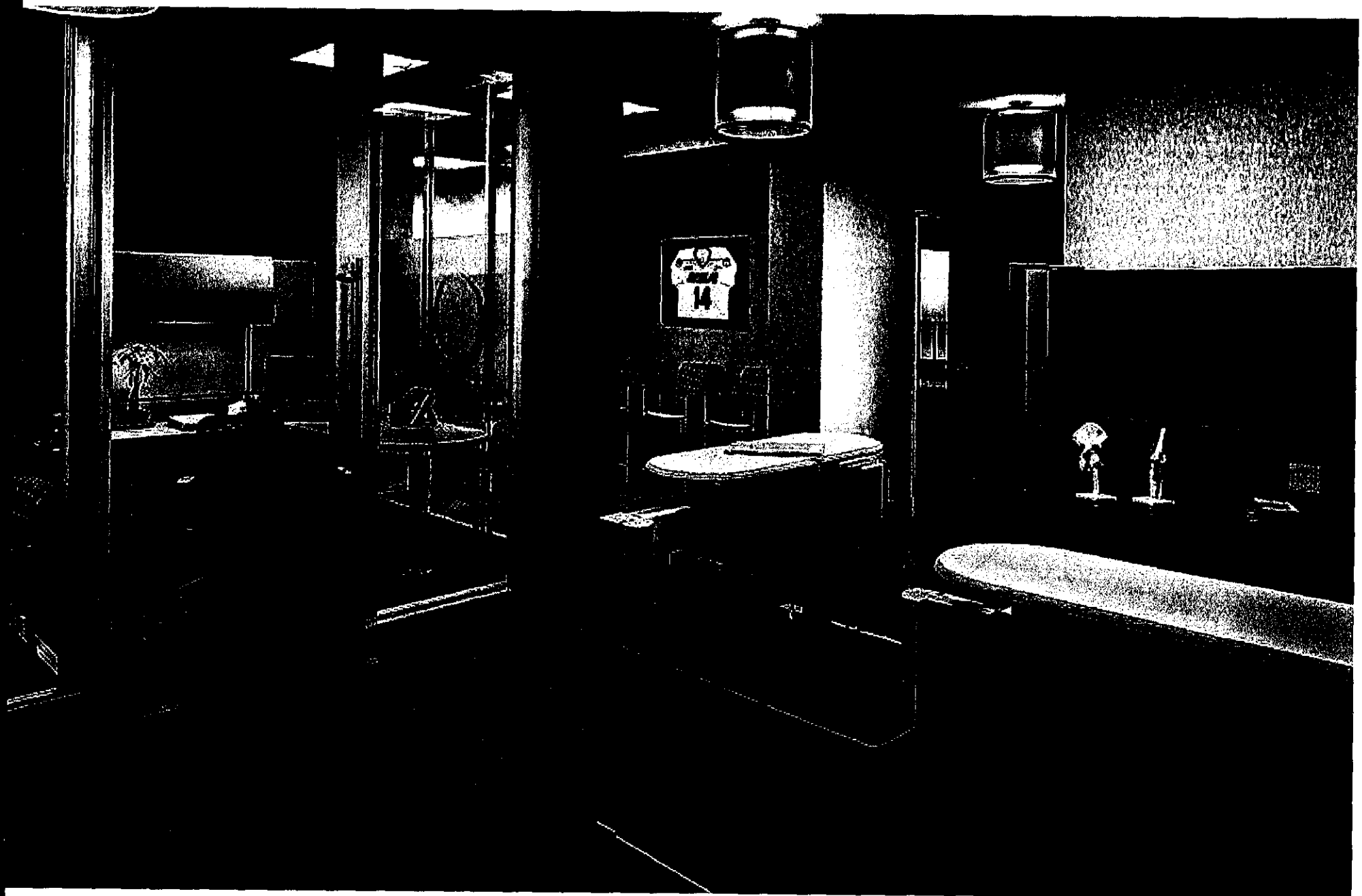
INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			12/15/17	WP
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			12-29-17	

move Rough to other side of wall only

U.C.C. F100 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

To Reorder: Call 732.534.3000

#67 Call Mike 732-991-1704



bfi

Ocean Medical Center

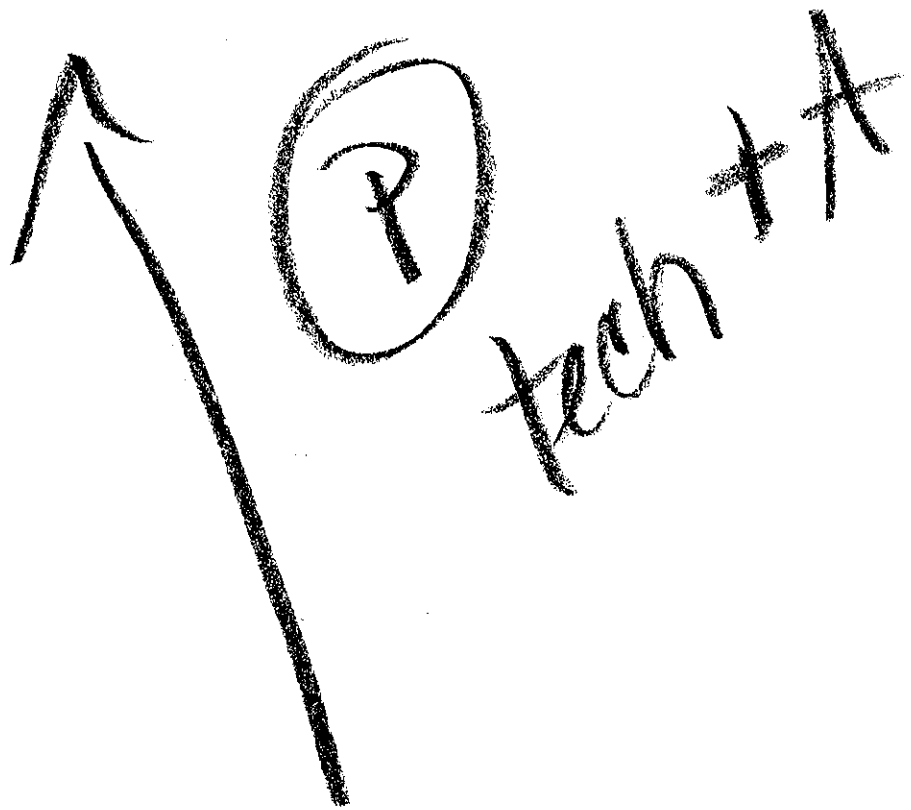
saphire + albarran
ARCHITECTURE LLC

RM Bath 12-28-17

HW must Be 125° min. source

Adjust ADA LAVS 110° or Less

#	4	113°
#	14	114°
#	15	112°
#	17	111°



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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 _____ Lot _____ Qualification Code _____

Work Site Location 425 Jack Martin Blvd - 6 West

Owner in Fee: Ocean Medical Center

Tel. _____ e-mail _____

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

Contractor: OA Peterson Constr. Tel. 973 744-6200

Address 78 N. Willard St. Montclair NJ 07042 e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 22-1196565 FAX: _____

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 $ N/A

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: Jason Hibbard

Print name here: Jason Hibbard

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

DESCRIPTION OF WORK: No fire alarm work will be completed with this project; existing to remain

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., *smoke, heat, pulls,* water/flow)		
Supervisory Devices (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)		
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: _____ *Approved by:* _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
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				
Other _____				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/20/17
Control #

Date Issued
Permit # 1M-3778+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 Qualification Code ______

Work Site Location 425 Jack Martin Blvd - 6 West

Owner in Fee: Ocean Medical Center

Tel. ______ e-mail ______

Address 425 Jack Martin Blvd.

Contractor: United Plumbing & Heating, Inc. (street / municipality / zip code) Tel. 732-991-1704

Address 36 Parkway e-mail ______

Point Pleasant Beach, NJ 08742

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 11922

Fire Alarm Contractor No. ______ Exp. Date 6/19

Home Improvement Contractor Registration No. or Exemption Reason ______

Federal Emp. ID No. 31-1818409 FAX: ______

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: ______

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: ______

Total Cost of Fire Protection Work $ 250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: ______ Approved by: ______
[X] Fire Protection Plans Approved
Date: 12/2017 Approved by: JW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 12/2017
Approved by: JW APX
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1/8/18
Approved by: JW

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			12/27/17	JW
Flam/Combust Tanks				
Fireplace Venting				
Final			1/8/18	JW
Other				

Dates (Month/Day)

Need Above Ceiling
TCO 60

[redacted] and am authorized to make this application.

Applicant/Contractor sign here: [signature]

Print name here: Michael Casey

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

DESCRIPTION OF WORK: Relocate (1) sprinkler head
Water Supply Source
Method of Alarm/Suppression System Supervision ______

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (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)		
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 ______		

Document Hhelle

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/20/17
Control #
Date Issued
Permit # 17-3778+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 Qualification Code
Work Site Location Ocean Medical Center - 6 West
Owner in Fee: Ocean Medical Center 6th Floor West
Tel. ( ) e-mail
Address 425 Jack Martin Blvd (street) Brick (municipality)
Contractor: Electrical Installation & Construction, LLC Tel. (732) 415-4020 (zip code)
Address 2275 West County Line Rd. Ste. 6-166 e-mail info@eicllc.net
Jackson, NJ 08527
Contractor License No. 16242 Exp. Date 3/2018
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04728200
Federal Emp. ID No. 22-3978735 FAX: (732) 415-3790

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 15000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date 12/14/17 Approved by: PK
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12/14/17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12/29/17
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Rough			12-22-17	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other Open Ceiling			12-22-17	
Service				
Final			12-28-17	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Not Ready

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and that all work will be performed in connection with this application and perform the work listed on this application.

Applicant's Signature, Print Name, Title and Signature

[✓] Licensed Elec. Contractor [ ] Certified Lamp Code Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Renovation of 6 west

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

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

U.C.C. F120 (rev. 12/07)
Internet version

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

BUILDING SUBCODE
TECHNICAL SECTION

Vpdate 11/28/17

Date Received 12/20/17
Control #

Date Issued
Permit # 17-3778+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 Qualification Code

Work Site Location Ocean Medical Center - 6 West 6th Floor West

Owner in Fee Ocean Medical Center

Address 425 Jack Martin Blvd
Brick NJ 08724

Tel. (732) 840-2200

Contractor OA Peterson Constr. Bryan O'Neil 732-962-3246

Address 78 N. Willow St.
Montclair, NJ 07042 John

Tel. (973) 744-6200 FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No 22-1196565

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

- modifications to Nurse Station & Med Room

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	12/18/17	KEH
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Subcode Joint Plan Review Required:	Appl 12/18/17	KEH
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 01/02/18

Approved by: KEH

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			12/22/17	KEH
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			01/02/18	KEH
Barrier-Free				

TYPE OF WORK:

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ Ft.

Area — Largest Floor _____ Sq. Ft.

New Bldg. Area/All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 6,000-
3. Total (1+ 2) $ 6,000-

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 11/16/17

Date Issued Permit # 17-3778

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

Block 1070 Lot 18 Qualification Code

Work Site Location 425 Jack Martin Blvd - 6 West

Owner in Fee Ocean Medical Center

Address 425 Jack Martin Blvd Brick, NJ 08724

Tel. (732) 840-2200

Contractor OA Peterson Constr.

Address 78 N. Willow St Montclair, NJ 07042

Tel. (973) 744-6200 FAX (____)

Contractor License No. or Builder Registration No.

Federal Emp. No 22-1196565

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 01/02/18
Approved by: MEK

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			01/02/18	MEK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area — Largest Floor ____ Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $____
2. Rehabilitation $____
3. Total (1+ 2) $20,000

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.

Signature Josh Kuhs

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

- Demolition of Nurse Station
floor/wall finishes
Toilets

COMMERCIAL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other ____
[✓] Demolition

FEE (Office Use Only)
$ ____

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

U.C.C. F110 (rev. 07/03)

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

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 425 Jack Martin Blvd.

BLOCK: _____ **LOT:** _____

CONTRACTOR: O A Peterson Constr.

CONTRACTOR'S ADDRESS: 78 N. Willow St Montclair, NJ 07042

Type of Construction(minor, new home): Cosmetic upgrades

Type of Debris (shingles, siding, wood, etc.): toilets, floors, wall protection,

Party responsible for removal: O A Peterson

Dumpster Size: 30 yd

Destination of Debris: Landfill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature

11/15/17
Date

Jason Hibbard
Print Name

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	**comment**	☐	☐
TCO 90 Days			
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	comment	☐	☑
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	☐	☐
All Updates Have Been Approved	comment	☐	☐

This checklist has been given to: (edit)

APPLICATION FOR CERTIFICATE

Date Received	11/15/2017
Date Permit Issued	11/16/2017
Control #	C-17-005046
Permit #	17-3778
Date Issued	01/02/2018

IDENTIFICATION

Block 1170 Lot 18 Qualifier

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

Owner in Fee OCEAN MEDICAL CENTER %MERIDIAN 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone

Contractor OA PETERSON CONSTRUCTION

Address 78 North Willow Street MONTCLAIR NJ 07042

Telephone (973) 744-6200

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☑ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP I-2 Previous I-2 Current

FINAL COST OF CONSTRUCTION: $ 20000
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Alteration ALTERATION - COMMERCIAL - 6TH FLOOR WEST: MODIFICATIONS TO NURSES STATION & MED ROOM ...PARTIALRELEASE - INTERIOR CLEANOUT

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____
Owner/Agent

☐ OWNER

☑ AGENT

UCC F270 equiv.

Contractor's Material and Test Certificate for Fire Sprinkler Systems

This form is to be completed and given to the AHJ, during the final sprinkler inspection.
The Forward Test of the Backflow and the Acceptance Testing of the Sprinkler System (See p.2 of this form & the attached memo), will also be performed during the final sprinkler inspection.

Project Name	Date
Ocean Medical Center	**1/3/2018**
Project Address: **425 Jack Martin Blvd.**	
City **Brick**	State **NJ** Zip **08742**

AHJ

PLANS

Installation conforms to accepted plans ☐ Yes ☐ No
Equipment used is approved ? ☐ Yes ☐ No
If no, explain deviations N/A

INSTRUCTIONS

Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? ☐ Yes ☐ No
If no, explain N/A

Have copies of the following been left on the premises ?
1. Record Drawings & System Components Instructions ☐ Yes ☐ No
2. Care & Maintenance Instructions ☐ Yes ☐ No
3. NFPA 25 ☐ Yes ☐ No

ALARM VALVE or FLOW INDICATOR

Alarm device			Maximum time to operate Through test connection	
Type	Make	Model	Minutes	Seconds

SPRINKLERS

Make	Model	Year of Manf.	Orifice Size	Quantity	Temp. rating
Globe	560G		5.6	1	155

DRY PIPE OPERATING TEST

Dry valve			QOD		
Make	Model	Serial #	Make	Model	Serial #

	Time to trip through test connection (a,b)	Water pressure	Air pressure	Trip point Air pressure	Time water reached test outlet (a,b)	Alarm operated properly	
	Seconds	psi	psi	psi	Seconds	Yes	No
Without QOD							
With QOD							

a Measured from time inspector's test connection is opened
b NFPA 13 only requires the 60 second limitation in specific sections

DELUGE & PREACTION VALVES

Operation: Pneumatic | Electric | Hydraulic

Does valve operate from the manual trip, remote, or both stations: Yes / No

Is there an accessible facility in each circuit for testing: Yes / No

If no, explain:

Make: | Model:

Detection media supervised		Piping supervised		Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release
Yes	No	Yes	No	Yes	No	Yes	No	Seconds

TESTS

All piping hydrostatically tested at _____ psi for _____ hrs — If no, state reason

Dry pipe pneumatically tested, per NFPA 13: Yes / No

Equipment operates properly: Yes / No

Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks: Yes / No

Drain test: Reading of gauge located near water supply test connection: _____ psi

Residual pressure with valve in test connection open wide: _____ psi

Underground mains and lead-in connections to system risers flushed before connection made to sprinkler piping:
Verified by copy of the Contractor's Material and Test Certificate for Underground Piping: Yes / No
Flushed by installer of underground sprinkler piping: Yes / No

Other, explain:

BLANK TESTING GASKETS

Number used: | Locations: | Number removed:

CUTOUTS (DISCS)

All cutout discs have been removed from all sprinkler piping: Yes / No — If no, explain:

WELDING

Welding piping: Yes / (No)

If yes:

Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1? ☐ Yes ☐ No

Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1? ☐Yes ☐No

Do you certify that the welding was carried out in compliance with a documented quality control procedure to ensure that all discs are retrieved, that openings in piping are smooth, that slag and other welding residue are removed, and that the internal diameters of piping are not penetrated? ☐ Yes ☐ No

FORWARD TEST OF BACKFLOW (see attached memo)

Backflow device forward tested at a minimum of the highest challenge system demand plus inside hose stream allowance (if applicable): Yes / No

Test readings: psi _____ gpm _____

HYDRAULIC DATA NAMEPLATE

Placed on system riser (s): Yes / No — If no, explain:

N/A

REMARKS

Date left in service with all control valves open: 1/3/2018

SIGNATURES

Name of sprinkler contractor: United Plumbing and Heating, Inc.

Contractor's address: 36 Parkway

City: Point Pleasant Beach, NJ 08742 | State: NJ | Zip: 08742

Tests witnessed by

Property owner/Agent: [illegible]	Title: MAINT	Date: 1/3/17
Sprinkler contractor: Michael Casey	Title: President	Date: 1/3/2018
AHJ	Title:	Date:

PERMIT UPDATE

Date Update Issued 12/20/17
Control # C-17-005046+B
Permit # 17-3778+B

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Owner in Fee: OCEAN MEDICAL CENTER %MERIDIAN 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone:

Contractor: OA PETERSON CONSTRUCTION
Address: 78 North Willow Street MONTCLAIR NJ 07042
Telephone: (973) 744-6200
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL - 6TH FLOOR WEST: MODIFICATIONS TO NURSES STATION & MED ROOM ...UPDATE +B - BALANCE OF SUBCODES

Note: If construction 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 $21,000

D. Neumann Jr Twp 12/20/17
Construction Official Date

PAYMENTS (Office Use Only)

Building	$300
Electrical	$220
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$39
CO Fee	
Other	$0
Total	$559
Check No.	1422794
Cash	$0
Credit	$0
Collected By	12/20/17 9:07AM 001558#4613

#3778
BUILD $300.00
ELECTRIC $220.00
DCA $39.00
CHECK $559.00

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:

- [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.

PERMIT UPDATE

Date Update Issued 12/20/17
Control # C-17-005046+C
Permit # 17-3778+C

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Owner in Fee: OCEAN MEDICAL CENTER %MERIDIAN 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone:

Contractor: OA PETERSON CONSTRUCTION
Address: 78 North Willow Street MONTCLAIR NJ 07042
Telephone: (973) 744-6200
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:
- 6TH FLOOR WEST: MODIFICATIONS TO NURSES STATION & MED ROOM ...UPDATE +C - RELOCATE SPRINKLER HEAD

Note: If construction 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 $250

D. Newman Jr 12/20/17
Construction Official | Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total 142295	$116
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

12/20/17 9:09:04 0015884617
#3778 SERV 003
FIRE $116.00
CHECK $116.00

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.

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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.

saphire + albarran
ARCHITECTURE LLC

December 18, 2017

Mr. Daniel F. Newman Jr. – Construction Official
Mr. Richard Orlando – Fire Inspector
Mr. Kevin Batzel – Fire Subcode Official
Brick Township Building Department
Municipal Building
401 Chambers Bridge Road
Brick, New Jersey 08723

Regarding: Cosmetic Upgrades to Ocean Medical Center's 6th Floor West Suite
425 Jack Martin Blvd,
Brick, NJ 08724

Pages: (2) inclusive of this page.

Gentlemen,

I have attached a copy of the previous condition plan alongside a copy of the built condition for Ocean Medical Center's renovated Medical Preparation Room. This room is located on the 6th floor of Ocean Medical Center's West Wing and is primarily dedicated to Patient Recovery Rooms.

The room's configuration was adjusted in order to accommodate a finer work flow and to eliminate an uncomfortable and non-code conforming previous access point. With this minor modification, a new wall was added and the room was decreased in its square footage from 38 square feet to 26 square feet. In addition to the insertion of the wall/reconfiguration, the existing sprinkler head that previously served the room was relocated in accordance with the new layout.

This office has reviewed the previous location of the sprinkler head as well as its current location and we have determined that the smaller Medical Preparation Room is adequately served by the relocated sprinkler head. No shut-downs were required for this adjustment because this relocation was accomplished by simply rotating the existing branch piping that served this single head towards its new location. No additional piping was required and no change to the sprinkler head type was performed.

Thank you for your time and consideration of the letter.

Respectfully,

Joseph F. Saphire, AIA, LEED AP
Principal/Owner
Saphire+Albarran Architecture
NJ License #AI06932

twelve north main street
pennington, new jersey, 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com

FILE COPY

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

Subcode Official Review

Date: Tuesday, December 12, 2017

To: OCEAN MEDICAL CENTER %MERIDIAN
1350 CAMPUS PKWY STE 1500
NEPTUNE, NJ 07753

RE: Electrical Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD.
Permit Number: 17-3778+B Control Number: C-17-005046+B
Last Submit Date: Thursday, December 7, 2017

Dear OCEAN MEDICAL CENTER %MERIDIAN,

Your request is hereby denied based upon the following infractions.

Provide electrical plan showing lighting and modular receptacle locations.

Sincerely,

Patrick Callahan, Subcode Official

CC:

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

Subcode Official Review

Date: Friday, December 15, 2017

To: OCEAN MEDICAL CENTER %MERIDIAN
1350 CAMPUS PKWY STE 1500
NEPTUNE, NJ 07753

RE: Fire Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD.
Permit Number: 17-3778+B Control Number: C-17-005046+B
Last Submit Date: Thursday, December 14, 2017

Dear OCEAN MEDICAL CENTER %MERIDIAN,

Your request is hereby denied based upon the following infractions.

1. Note in file states no fire work being perfomed?

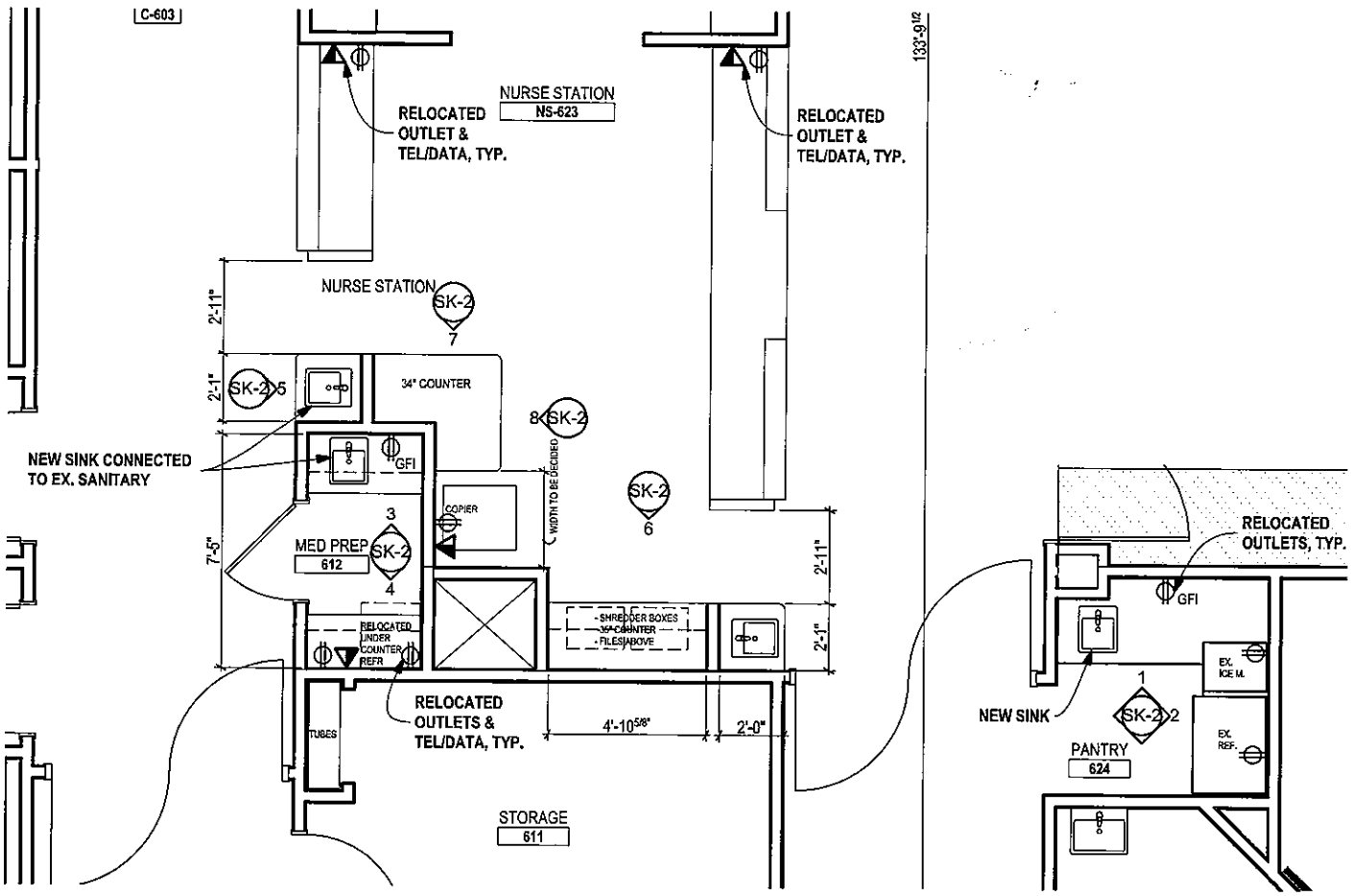
Please provide letter stating that no work will be perfomed to the fire alarm or fire sprinkler system. There shall be NO reloations of any devices without a permit and plan of same. This letter shall be from a licnesed design professional. If work is being perfomed, please submit plans, spec sheets, and fire tech for work for review.

Sincerely,

_____

Richard Orlando, Subcode Official

CC:



1 NEW WORK MED PREP/NURSE STATION

SCALE: 3/16" = 1'-0"

saphire + albarran
ARCHITECTURE, LLC
joseph e. saphire, nj license - A108932
twelve north main street
pennington, new jersey, 08534
t 609.737.5924 f 609.737.5929
e-mail sa@saphirealbarran.com
website www.saphirealbarran.com

project

OCEAN MEDICAL CENTER
6 FLOOR WEST COSMETIC UPGRADES

425 JACK MARTIN BOULEVARD BRICK, 08724

date. 11/27/2017	drawn by: CH
scale.	checked by: PO
drawing no.	SK-5
reference sheet	sheet number
phase. CD	project no. 1647

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO BOX 817
TRENTON, NJ 08625-0817

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

CHARLES A. RICHMAN
Commissioner

VIA EMAIL ONLY: porem@saphirealbarran.com

November 21, 2017

Patrick M. Orem, AIA
Saphire + Albarran Architecture, LLC
12 North Main Street
Pennington, NJ 08534

Re: Local Plan Review Request
6th Floor West Tower Cosmetic Upgrades
HMH-Ocean Medical Center
425 Jack Martin Boulevard, Brick, NJ 08724

Dear Mr. Orem:

Currently, we are allowing local construction departments to perform the review of certain projects, as long as there are no State licensure or FGI Guidelines requirements to be met in those areas or if the work is very minor in nature. Having looked at the submitted information, **it has been determined that local review for the following project is appropriate.** This is with the understanding that this is strictly limited to the review of the proposed project to **renovate and cosmetically upgrade 6th Floor West Tower as outlined in your email (and attachments) dated November 21, 2017, 10:41 AM** and all work necessary to accomplish this project at the above referenced facility. All work and affected areas shall comply with the *2014 FGI Guidelines For Design & Construction of Hospital & Outpatient Facilities* and *2012 NFPA 101 Life Safety Code* as applicable.

Prior to occupying the project area, a copy of the Certificate of Occupancy must be provided to the New Jersey Department of Health, Acute Care Facility Survey (ACFS) unit by mail or fax, (609) 943-3013. You must also contact that unit to arrange for an inspection of the completed work. The NJH ACFS can be reached at (609) 292-9900.

Should you have any questions, you may call me at (609) 633-8151.

Sincerely,

John Paluchowski

John Paluchowski, P.E.
Supervisor
Construction Plans Approval
Health Care Plan Review

C: File

CONSTRUCTION PERMIT

Date Issued 11/16/17
Control # C-17-005046
Permit # 17.3778

IDENTIFICATION Block: 1170 Lot: 18 Qualifier

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

Owner in Fee: OCEAN MEDICAL CENTER %MERIDIAN 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone:

Contractor: OA PETERSON CONSTRUCTION

Address: 78 North Willow Street MONTCLAIR NJ 07042

Telephone: (973) 744-6200

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL -6TH FLOOR WEST ...PARTIAL RELEASE- INTERIOR CLEANOUT

Note: If construction 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 $20,000

D. Durnan Jr / MP — Construction Official — Date 11/16/17

PAYMENTS (Office Use Only)

Building	$1,000
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$38
CO Fee	
Other	$0
Total	$1,038
Check No.	142087
Cash	$0
Credit	$0

11/16/17 12:17PM 00155#3943
Collected By 003 SERV.003

#3778
BUILDING $1,000.00
DCA $38.00
CHECK $1038.00

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:

- [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".

- [ ] A complete copy of released plans must be kept on the job site.

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

PERMIT UPDATE

Date Update Issued 12/7/17
Control # C-17-005046+A
Permit # 17-3778+A

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Owner in Fee: OCEAN MEDICAL CENTER %MERIDIAN 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone:

Contractor: OA PETERSON CONSTRUCTION
Address: 78 North Willow Street MONTCLAIR NJ 07042
Telephone: (973) 744-6200
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:
ALTERATION - COMMERCIAL -6TH FLOOR WEST ...UPDATE +A PARTIAL RELEASE- PLUMBING ALTERATIONS

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$546
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$19
CO Fee	
Other	$0
Total	$565
Check No.	14333
Cash	$0
Credit	$0
Collected By	

Note: If construction 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 $10,000

D. Neuman Jr III 12/7/17
Construction Official Date

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:

12/07/17 3:52PM 00155BM4373
#10 SERV.010
PLUMBING $546.00
DCA $19.00
CHECK $565.00

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.
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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:

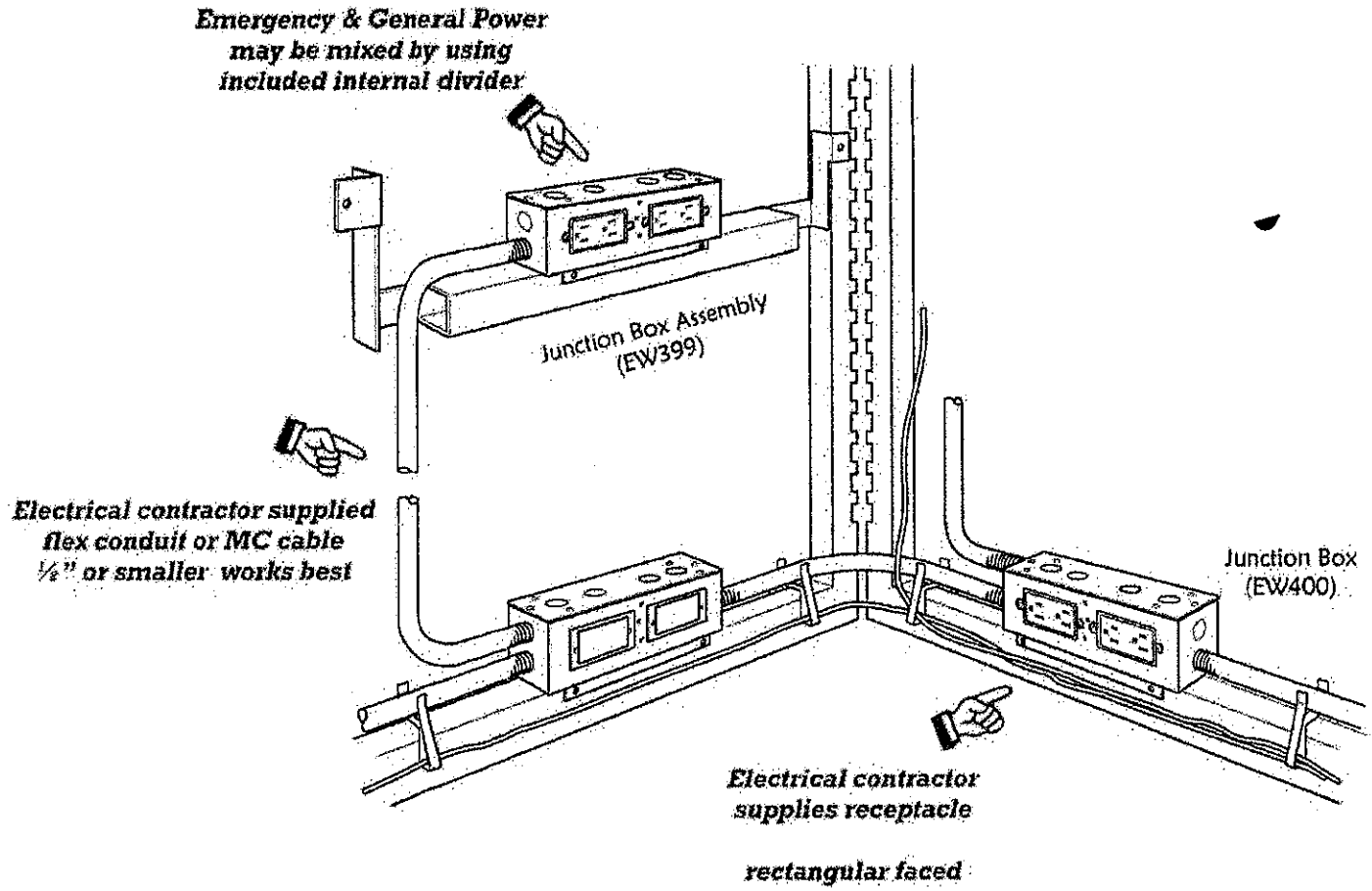
☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; 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.

Ethospace Electrical Installation

Hard Wired Electrical Connections

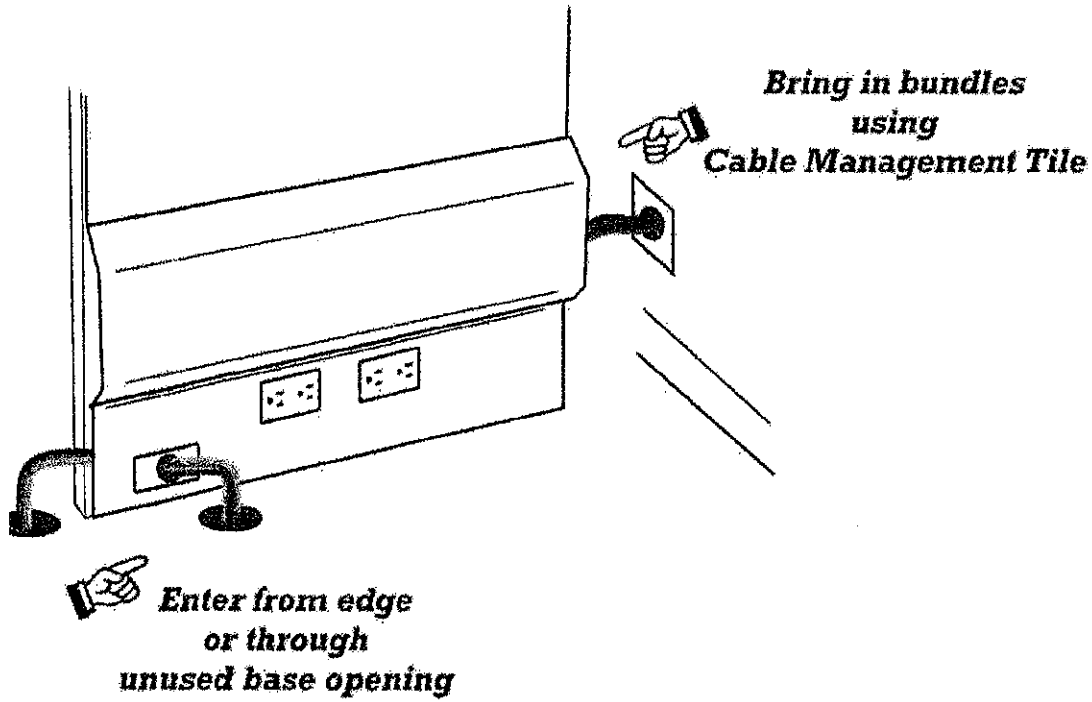


Ethospace Electrical Installation

Routing Wires & Cables

Bringing Cabling in From Floor or Wall

- Cabling can enter the panel from the edge of the base
- Cable can enter through a hole drilled into an unused receptacle or faceplate opening in the base
- Large cable bundles can be brought in directly from a wall by using a high capacity data tile (E1434)

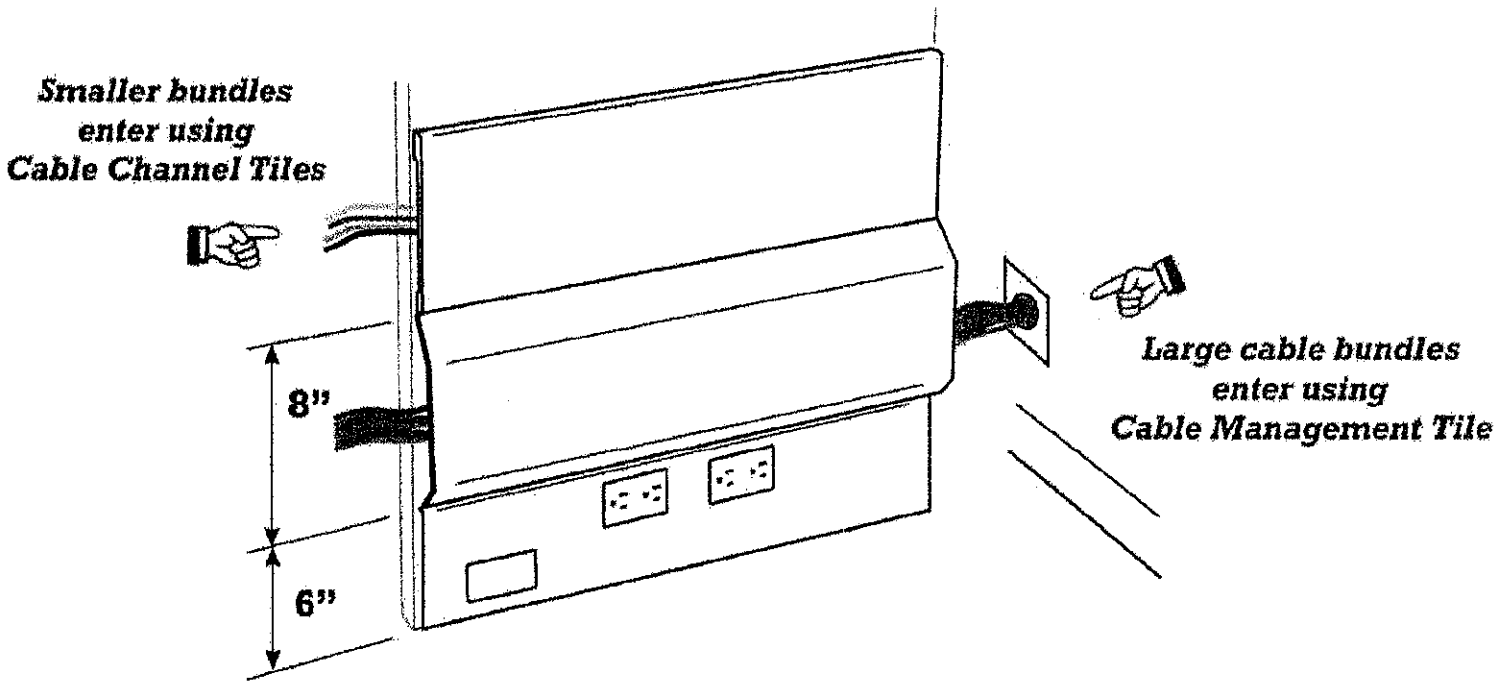


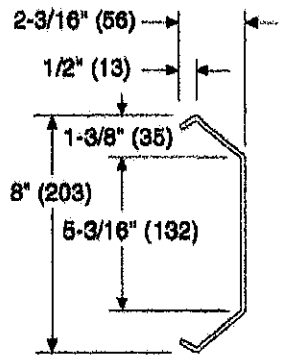
Ethospace Electrical Installation

Routing Wires & Cables

Bringing Cable in Directly into Tile

- Cabling can enter the panel from the edge of the base or cable access tiles (E1433 / E1436)
- Cable access tiles have an opening in the edge to allow cables to pass between tile and frame
- Large cable bundles can be brought in directly from a wall by using a high capacity data tile (E1434)





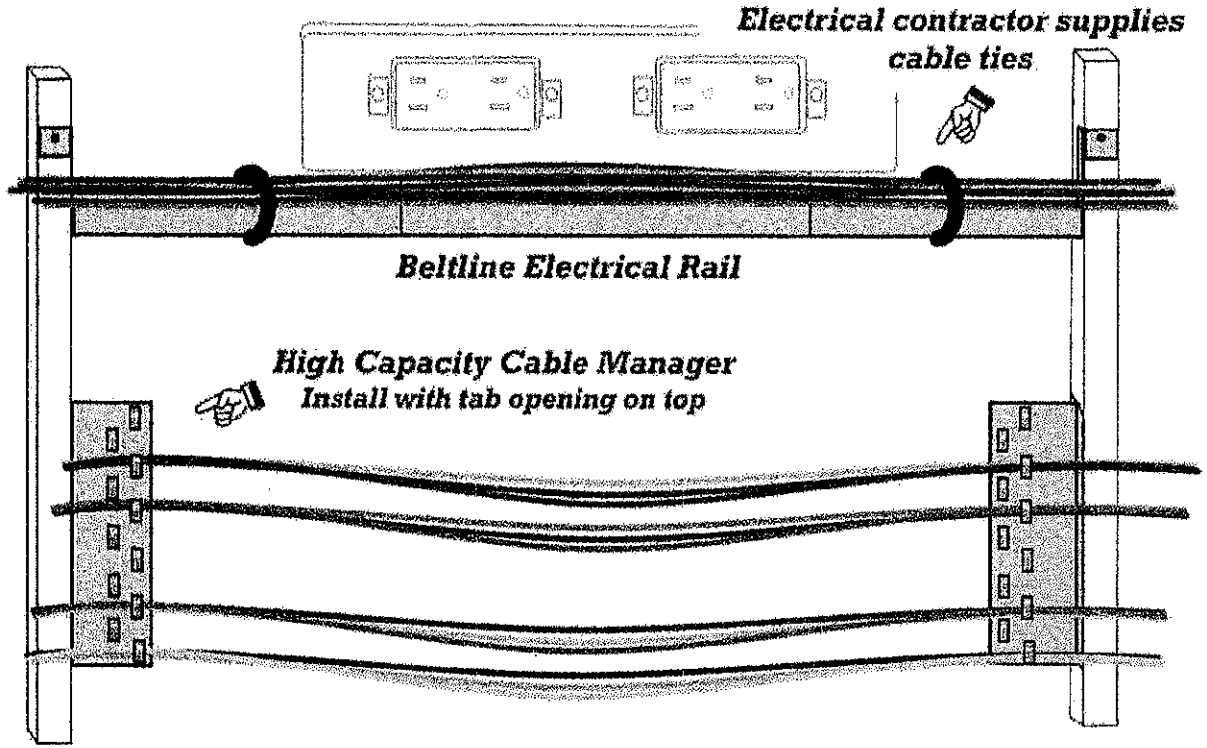
Cable Management Tile Dimensions

Ethospace Electrical Installation

Routing Cabling Within Furniture

Staging Cabling

- Cabling may be staged before tiles are in place by using High Capacity Cable Managers (E1396)
- Note that the managers have a left and right side
- Cables can be supported in wide frames by using beltline electrical rails



Ethospace Electrical Installation

HMI Options Products

Adding Electrical with Floor Length Face, Laminate or Veneer Tile on Other Side

- Laminate and veneer tiles fit flat against the frame and do not allow sufficient depth for a standard Herman Miller junction box to fit.
- Floor length face tiles 30" high or greater have a stiffener that also does not allow room for a standard Herman Miller junction box except at the base.
- A shallow box that is narrow enough to clear the face and veneer tile is available through HMI Options. This box is UL and cUL listed. Models are available for both base and tile locations. Mounting rail is included where necessary. Any required G1510 Bezels to fit around the receptacle should be ordered separately.

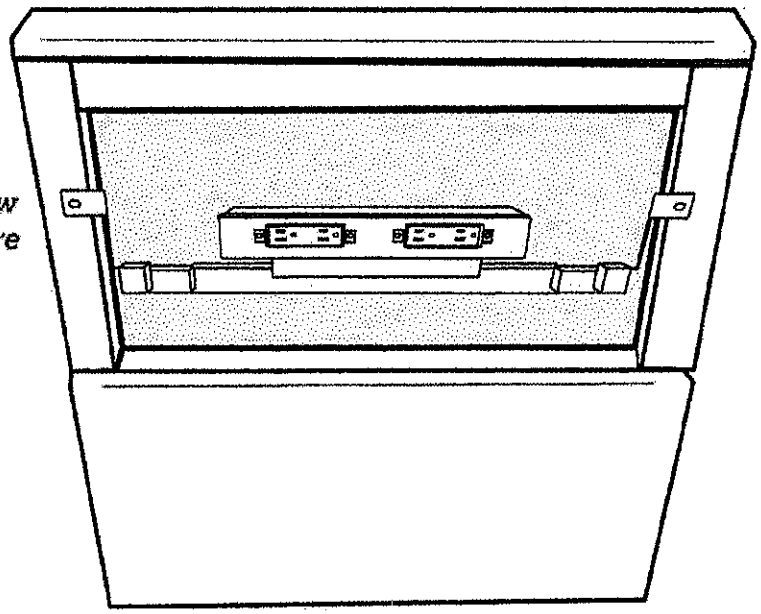
Tile Application
(shallow version of EW399)

Width	*Part Number*
24"	SA479572
30"	SA479573
36"	SA479574
42"	SA479575
48"	SA469352

Base Application
(shallow version of EW400)
When a full height tile is used on the opposite side

Width	*Part Number*
all	SA486612

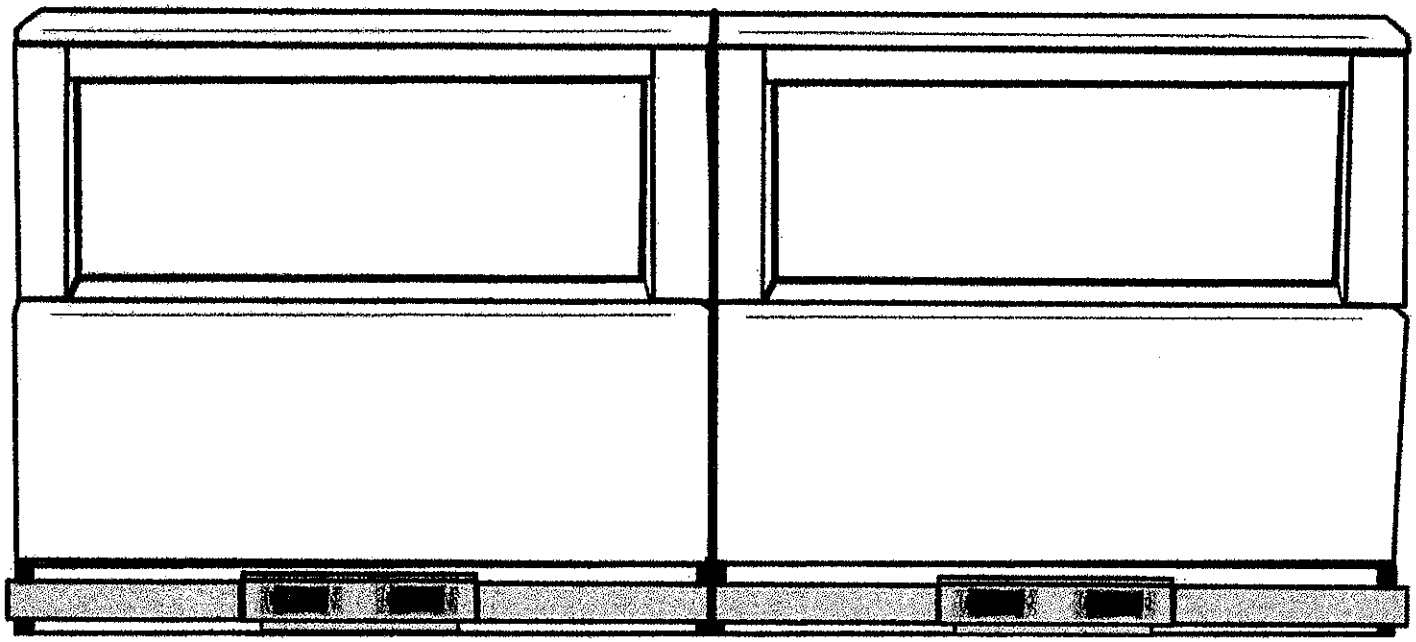
Junction box is narrow enough not to interfere with tile on opposite side



Ethospace Electrical Installation

Using 3rd Party Supplied Junction Boxes

- Custom sized junction boxes may be used in the base locations along with special mounting hardware available from En-Tal Industries in Chicago (773-463-0440).
- Also available are narrow, high capacity wiring channels that may be used instead of conduit.



Electrical contractor provided 3rd party wiring channels

Ethospace Electrical Installation

Hard Wired Electrical Connections

Beltline Mounted Junction Box (EW399)

Part Identification: EW399 Beltline Junction Box Assembly

Construction: Custom sized UL and CSA listed junction box and mounting rail for mounting in Ethospace tiles (locations other than the base). Supplied with PVC access hole covers and GFI trim shields.

Connection to Furniture: Mounts into predrilled holes along the frame edges in an Ethospace panel in tile locations above the base.

Connections: 7/8" knockouts located on each end and top. Supplied with internal divider to allow powering from separate sources.