BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin Blvd PERMIT NO. 18-1147

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C18-001182

I. IDENTIFICATION

1. Proposed Work Site at: 425 Jack Martin Blvd OB/4 East Renovations
2. Name of Owner in Fee: Ocean Medical Center
   Tel. (732) 840-2200 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) 744-6300
   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 Saphire Alberran Arch. Contact Ed Alberran
   Address 12 N. Main St. Pennington NJ 08534 e-mail _____
   Tel. (609) 737-5924 FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Jason Hibbard ✓
   Tel. (908) 418-2120 FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 6950.00		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	4249.00		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 11199.00		

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 _____
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.-Subct. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

Interior Reno.

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☑ Building	170,000	[illegible]			4/16/18	[illegible]			
☑ Electrical		4/3/18			4/16/18	RE			
☑ Plumbing	38,000								
☐ 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

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

Rolled Plans

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 Const

Address 78 N. Willow St

Montclair, NJ 07042

Telephone (973) 744-6300

Signature [redacted]

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 6/28/2018
Control Number C-18-001182
Permit Number 18-1147
Permit Issue Date 4/26/2018
Certificate Number 18-1147

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: (732) 840-2200

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 - ...UPGRADES TO 4th-Fl EAST & 3rd-Fl OBSTETRICS

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 6/28/2018

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

732-642-2396

Date Received / Control # 4/26/18

Date Issued / Permit # 18-1147

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 - 4 East and Labor and Delivery

425 Jack Martin Blvd

Owner in Fee: Meridian Hospital Corp

Tel. (732) 751-0399 e-mail

Address 1350 Campus Pkwy Ste 107, Wall Township, NJ 07753

Contractor: Electrical Installation & Construction, LLC (sheet / municipality) 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 $ 65000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved Date: 4/26/18 Approved by: RF

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

SUBCODE APPROVAL for PERMIT Date: 4/26/18 Approved by:

SUBCODE APPROVAL for CERTIFICATE [✓] CO [ ] CCO Date: 6/25/18 Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough			5-16-18	MM
Barrier-Free	Low Curb		6-8-18	MM
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Other				
Final			6-22-18	MM
Other				
Other				
Cut Approval				
Date Issued				
Date				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Signature Contractor's Seal and Signature

[✓] Licensed Elec. Contractor [ ] Certified Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

renovation of 4 east patient rooms and labor and delivery rooms

COMMERCIAL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
72		Lighting Fixtures	
~~150~~	150	Receptacles	
13		Switches	
		Detectors	
		Light Poles	
		Motors—Fractional	
		Emergency Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
~~235~~	235	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.

4 EAST / 3rd 035

Bob Menendez
973-626-7900

BUILDING SUBCODE TECHNICAL SECTION

Date Received Control # 4/26/18

Date Issued Permit # 18-1147

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 - OR/4 East

Owner in Fee: Ocean Medical Center

Tel. (732) 840-2200 e-mail

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

Contractor: OA Peterson Constr. Tel. (973) 744-6300

Address 78 N. Willow St e-mail

Montclair NJ 07042

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

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

Federal Emp. ID No. 22-1965655 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

		Date	Initial
[ ]	No Plans Required		
[✓]	All	04/16/18	[illegible]
[ ]	Footings/Foundations		
[ ]	Structural/Framework		
[ ]	Exterior		
[ ]	Interior		

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 04/16/18

Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] OA

Date: 06/22/18

Approved by: [illegible]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame Equipment Access			5/10/18	[illegible]
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			6/22/18	[illegible]
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 170,000-
3. Total (1+ 2) $ 170,000-

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: Jason Hyland

Print name here: Jason Hyland

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

- select interior demolition & cosmetic upgrade per plans & specs.

COMMERCIAL

TYPE OF WORK:

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

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

U.C.C. F110 (rev. 11/09)

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

CONSTRUCTION PERMIT

Date Issued 4/26/2018
Control # C-18-001182
Permit # 18-1147

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: (732) 840-2200

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 ...UPGRADES TO 4th-Fl EAST & 3rd-Fl OBSTETRICS

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 $235,000

Construction Official — Date 4/26/18

PAYMENTS (Office Use Only)

Building	$6,950
Electrical	$420
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$447
CO Fee	
Other	$0
Total	$7,817
Check No.	143090
Cash	$0
Credit	$0
Collected By	Nichol Ponsi

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.

saphire + albarran
ARCHITECTURE LLC

April 23, 2018

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

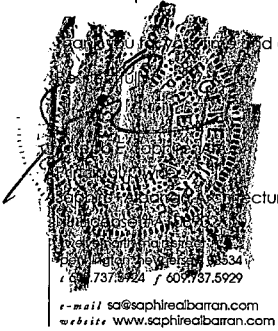
Regarding: Cosmetic Upgrades to Ocean Medical Center's 4th Floor East Suite & 3rd Floor OB Partial Unit
425 Jack Martin Blvd,
Brick, NJ 08724

Gentlemen,

Ocean Medical Center (OMC), a hospital within the Hackensack Meridian Health System, is seeking to renovate and cosmetically upgrade its 4th floor East wing and a portion of their 3rd floor OB suite. These proposed affected areas are patient floor units (Oncology Unit and OB) and are currently in use. They consist of patient rooms, a central nurse station and other ancillary support rooms. These suites has been in continual use for +25 years and have not been well maintained due to its historic high occupancy rate. With the recent opening of a new NJDOH and NJDCA/HCPR approved and inspected hospital floor, the hospital has the ability to temporarily relocate these spaces and provide the much needed finish upgrades that have been on hold.

These renovations intend *only* to upgrade the appearance of the areas and include cosmetic finish upgrades to the patient rooms, semi-restricted corridors, patient lavatories and nursing stations. Cosmetic finish upgrade includes selections for new floor finishes, in kind replacement of the nurse station millwork, furniture, paint, repair & wall protection, door and door frame protection, in kind toilet fixture replacements (reusing existing supply and sanitary lines), headwall lighting replacement (reusing existing circuits), sink replacements at the central nurse station area and acoustical ceiling tiles at same nurse station. No new medical gases are proposed. OMC is not proposing any changes to these areas NJDOH licensed & approved uses or changes to its licensed capacities. Additionally, these plans do not propose any changes to the Hospitals current Mechanical, Plumbing, Fire Alarm or Fire Sprinkler systems.

Thank you for your time and consideration of the letter.



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

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

PHILIP D. MURPHY
Governor

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

VIA EMAIL ONLY: porem@saphirealbarran.com

March 19, 2018

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

Re: Local Plan Review Request
Cosmetic Upgrades to 4th Floor East and
3rd Floor Obstetrics (OB)
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 the 4th floor East and 3rd floor Obstetrics (OB) rooms as outlined in your email (and attachments) dated March 16, 2018, 4:33 PM** 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

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

PHILIP D. MURPHY
Governor

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

VIA EMAIL ONLY: porem@saphirealbarran.com

March 19, 2018

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

Re: Local Plan Review Request
Cosmetic Upgrades to 4th Floor East and
3rd Floor Obstetrics (OB)
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 the 4th floor East and 3rd floor Obstetrics (OB) rooms as outlined in your email (and attachments) dated March 16, 2018, 4:33 PM** 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

PLUMBING SUBCODE
TECHNICAL SECTION

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 Qualification Code

Work Site Location Ocean Medical Center
4th Floor East & 3rd Floor Maternity

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 200 Broadway, 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 $ ~~38,000~~ 1,000 —

C. CERTIFICATION & OATH

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

Applicant sign/Contractor sign

Print name here: Michael Casey

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Removal of existing plumbing fixtures and installation of new

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
~~24~~	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
~~24~~ 1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

COMMERCIAL

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:
Approved by:

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

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

Select replace of existing fixtures except relocation of 1 sink on 4th floor nurses station