

BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin Blvd. Brick, NJ PERMIT NO. 14-1416



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: Ocean Medical Center - 425 Jack Martin Blvd. Brick, NJ

2. Name of Owner in Fee: Meridian Health - Ocean Medical Ctr.

Tel. (732) 751-3415 e-mail _____

Address 425 Jack Martin Blvd. Brick 08724

3. Ownership in Fee: Public _____ Private ☒ _____

4. Principal Contractor: Chris Andersen Roofing & Ere. Co., Inc. Tel. (732) 826-1250

Address 95 New Brunswick Avenue e-mail caroofs11@gmail.com

Hope Lawn, NJ 08861

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. 22-266-9745 FAX: (732) 826-1515

5. Architect or Engineer N/A Contact _____

Address _____ e-mail _____

Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun Chris Ryan

Tel. (848) 565-7279 FAX: (732) 826-1515

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>✓</u>	
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		
10. Subtotal	\$ _____	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ _____	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories <u>6</u>	
2. Height of Structure <u>90</u> ft.	
3. Area — Largest Floor _____ sq. ft.	
4. New Building Area _____ sq. ft.	
5. Volume of New Structure _____ cu. ft.	
6. Max. Live Load _____	
7. Max. Occupancy Load _____	
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed _____ sq. ft.	
10. Flood Hazard Zone _____	
11. Base Flood Elevation _____ ft.	
12. Wetlands yes _____ no _____	

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES
(Check all that apply)

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

FOR OFFICE USE ONLY (Optional)

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 | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells | 12. ☐ Fire Alarm |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks | |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs | |
| | 7. ☐ Sprinklers/Standpipes | 11. ☐ LPGas Tanks | |



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/12/2014
Control Number C-14-001904
Permit Number 14-1416
Permit Issue Date 05/16/2014
Certificate Number 14-1416

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 MEDIAL CENTER %MERIDIAN
Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone: (732) 751-3415
Contractor: CHRIS ANDERSON ROOFING
Address: 95 NEW BRUNSWICK AVE HOPE LAWN NJ 08861
Telephone: (732) 826-1250 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-2669745

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: NEW ROOF ...EPDM ROOF * 6 WEST ROOF ONLY

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 NJACS: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

Date Printed: 11/12/2014

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

Fee: \$0.00
Check Number: _____
Collected By: _____

Page 1

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.

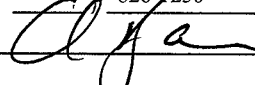
☒ Check if contractor.

Agent Name Chris Andersen Roofing & Erecting Co., Inc.

Address 95 New Brunswick Avenue

Hope Lawn, NJ. 08861

Telephone (732) 826-1250

Signature 

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



BUILDING SUBCODE TECHNICAL SECTION



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

Block 1170 Lot 18 Qualification Code _____

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

Owner in Fee: Meridian Health - Ocean Medical Center

Tel. (732) 751-3318 e-mail _____

Address 425 Jack Martin Blvd. - Brick, NJ 08724

Contractor: Chris Andersen Roofing & Ere. Co., Inc. Tel. (732) 826-1250

Address 95 New Brunswick Avenue - Hope Lawn, NJ. 08861 e-mail carroofs11@gmail.com

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

Federal Emp. ID No. 22-266-9745 FAX: (732) 826-1515

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☐ No Plans Required			Type: _____				
☐ All			Footings				
☐ Footing			Footings Bonding				
☐ Foundation			Foundation				
☐ Frame			Slab				
☐ Other			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
			Insulation				
			Finishes -Base Layer				
			Finishes -Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present <u>6</u>	Proposed _____	1. New Bldg. \$ _____
No. of Stories	<u>6</u>		2. Rehabilitation \$ _____
Height of Structure	<u>90</u> Ft.		3. Total (1+ 2) \$ <u>139,550.00</u>
Area - Largest Floor	<u>90</u> Sq. Ft.		
New Bldg. Area/All Floors	<u>90</u> Sq. Ft.		
Volume of New Structure	<u>90</u> Cu. Ft.		
Total Land Area Disturbed	<u>90</u> Sq. Ft.		

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1. Scan Roof to determine wet areas. Remove wet insulation and install new insulation.
2. Fasten (1) layer of 1/2" Secureshield HD Plus Board with screw type fasteners/plates.
3. Fully adhere (1) layer of .060 EPDM with EPDM adhesive.
4. Flash all walls and projections with EPDM.
5. Install new metal edge and flash with EPDM.

6 West Roof only

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☒ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign _____
- ☐ Pool
- ☐ 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 \$	_____

Date Received
Control #
Date Issued
Permit #

14-1416
5-16-14



CONSTRUCTION PERMIT

Date Issued _____
Control # C-14-001904
Permit # _____

5-16-14

14-1416

IDENTIFICATION Block: 1170 Lot: 18 Qualifier _____
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ Contractor CHRIS ANDERSON ROOFING
Address 95 NEW BRUNSWICK AVE. HOPE LAWN NJ 08861
Owner in Fee OCEAN MEDIAL CENTER %MERIDIAN
1350 CAMPUS PKWY STE 1500 NEPTUNE NJ Telephone: (732) 826-1250
07753 Lic. No. or Bldrs. Reg. No. _____
Telephone: (732) 751-3415 Federal Employee No. 22-2669745

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:

NEW ROOF...EPDM ROOF * 6 WEST ROOF ONLY

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 \$139,500

Construction Official _____

Date 5/14/14

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$3,300
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$237
CO Fee	
Other	\$0
Total	\$3,537
Check No. <u>022719</u>	
Cash	\$0
Credit	\$0
Collected By	

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:

☐ 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.

XXDB SERV 900

CHECK \$3537.00



**BUILDING SUBCODE
TECHNICAL SECTION**



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Federal Emp. ID No. 22-266-9745 FAX: (732) 826-1515

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required			Type: Footing				
☐ All			Footing Bonding				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Truss Sys./Bracing				
			Barrier-Free				
Joint Plan Review Required:			Insulation				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes -Base Layer				
			Finishes -Final				
SUBCODE APPROVAL			Energy				
☐ CO ☐ CCO ☐ CA			Mechanical				
Date: _____			TCO				
Approved by: _____			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed Est. Cost of Bldg. Work:

Constr. Class Present Proposed 1. New Bldg. \$

No. of Stories 6 2. Rehabilitation \$

Height of Structure 90 3. Total (1+2) \$139,550.00

Area - Largest Floor Sq. Ft.

New Bldg. Area/All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1. Scan Roof to determine wet areas. Remove wet insulation and install new insulation.
2. Fasten (1) layer of 1/2" SecureShield HD Plus Board with screw type fasteners/plates.
3. Fully adhere (1) layer of .060 EPDM with EPDM adhesive.
4. Flash all walls and projections with EPDM.
5. Install new metal edge and flash with EPDM.

6 West Roof only

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☒ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ 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 \$ _____

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 425 Jack Martin Blvd

BLOCK: 1170 LOT: 18

CONTRACTOR: Chris Andersen RFG & Erecting

CONTRACTOR'S ADDRESS: 95 New Brunswick AVE Hopewell NJ

Type of Construction (minor, new home): Roofing

Type of Debris (shingles, siding, wood, etc.): EPDM

Party responsible for removal: Chris Andersen

Dumpster Size: 30 yd

Destination of Debris: NJ

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."

Peter J Morrison
Signature

5, 14, 2014
Date

Peter J Morrison
Print Name