BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin Blvd PERMIT NO. 15-17601

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-15-001890

I. IDENTIFICATION

1. Proposed Work Site at: Ocean Medical Center Pharmacy
2. Name of Owner in Fee: SAME 425 Jack Martin Blvd
   Tel. (732) _____ e-mail _____
   Address 425 Jack Martin Blvd. (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: RDM Construction Corp Tel. (732) 859 1420
   Address Po Box 436 e-mail _____
   Atlantic Highlands NJ 07716
   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. 273 629 660 FAX: (732) 2913437
5. Architect or Engineer Sapkin + Albagraw Contact Cagan Won
   Address 12 North Main st Pennington NJ e-mail _____
   Tel. (609) 737 5924 FAX: (609) 2375929
6. Responsible Person in Charge once Work has Begun Richard Dizbo
   Tel. (732) 859 1420 FAX: (732) 291 3437

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 984		
2.	Electrical	100	100	
3.	Plumbing	100		
4.	Fire Protection	110		
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	69	11	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 1,353	111	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building	21868	RW			5/22/15	LW			
☐ Electrical	4180				5/11/15	TO			
☐ Plumbing	6400				5-7-15	AS/LE			
☐ Fire Protection	1200								
☐ Elevator		Eng Exempt			5/5/15	ECC			
TOTAL COST	33548								

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

ECC
Plans Picked
Pharmacy IV Room

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/13/2015
Control Number C-15-001890
Permit Number 15-1761
Permit Issue Date 6/8/2015
Certificate Number 15-1761

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD. PHARMACY Brick Township, NJ 08724 Block: 1170 Lot: 18 Qual:

Owner in Fee: OCEAN MEDIAL CENTER %MERIDIAN

Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone: (732) 840-2200

Contractor RDM Construction Corp

Address PO Box 436 Atlantic Highlands NJ 07716

Telephone: (732) 859-1420 Fax: (732) 291-3437

License Number or Builders Registration Number: Federal Emp. Number: 22-3629660

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

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: 10/13/2015

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer	JC	4/30/15							ZA-15-00479
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

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.

X Check if contractor.

Agent Name RDM Construction Corp

Address Po Box 436

Atlantic Highlands NJ 07716

Telephone (732) 2910345

Signature _____

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

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
6.6.15	Ready for P/U = Called CONTRACTOR - Kolm Construction Corp	
6/24/15	Spoke to Rick @ ROM - Advised permit update ready	

Update +

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/25/15
Control #
Date Issued
Permit # 15-1761+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 425 JACK MARTIN BLVD PHARMACY
OCEAN MEDICAL CENTER 1ST FLOOR

Owner in Fee: OCEAN MEDICAL CENTER/MERIDIAN HEALTH SYSTEM

Tel. (732) 840-2200 e-mail

Address 1350 CAMPUS PARKWAY NEPTUNE, NJ 07753
street municipality zip code

Contractor: SYSTEMS CONNECT, INC. Tel. (732) 223-3000

Address 1025 HIGHWAY 70 SUITE 1 e-mail
BRIELLE, NJ 08730 HARRY@SYSTEMSCONNECT.COM

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

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

Federal Emp. ID No. 22-3547542 FAX: (732) 223-0088

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5,845.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: HARRY L. MONTALTO

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALLATION OF 23 COMMUNICATIONS POINTS

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
23		Communications Points	
		Alarm Devices/F.A.C. Panel	
		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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date: 6/24/15 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 6/24/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10/6/15
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/8/15	PJC
Barrier-Free				

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

6-11-15 @ 9:05 a GR

PUR

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6/8/15
Control #

Date Issued 15-1761
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 Pharmacy
425 Jack Martin Blvd. Brick NJ

Owner in Fee: Ocean Medical Center

Tel. (732) e-mail

Address 425 Jack Martin Blvd Brick

Contractor: RDM Construction Corp (street, municipality) Tel. (732) 291 3431 (zip code)

Address PO Box 436 e-mail
Atlantic Highlands NJ 07716

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

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

Federal Emp. ID No. 273629660 FAX: (732) 291 3437

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	5/22/15	KW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 05/22/15
Approved by: KEH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 09/25/15
Approved by: KEH

INSPECTIONS

Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame See Back				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			9/22/15	KW
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present X 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. $ 14000
2. Rehabilitation $ 21868.00
3. Total (1+ 2) $ 21868.

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

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:

Print name here: Richard Diebold

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Build 2 New Sheetrock walls 6" above ceiling
Anti Rm Removal of casework and Replace
Remove 1 Wall
Relocate Wall at Locker Rm
Repair ceiling, Install New Flooring
RX Dispensary - Relocate Casework to New Break Room - Paint Pharmacy

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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 _____
[X] Demolition

FEE (Office Use Only)
$

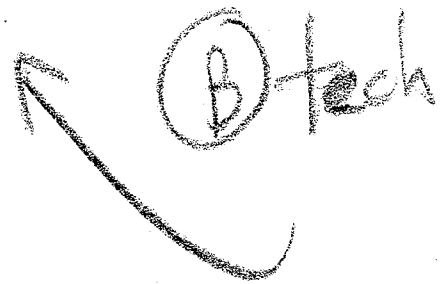
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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

9-21-17 Not Scheduled —

@tech

6-17-15 MF Partial Frame Appvd IV Rm Only (Brace walls at top every 48" O.C.)
6-25-15 MF Open Ceil + Final Appvd For IV RM ONLY



PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 6/8/15

Date Issued / Permit # 15-1761

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
New Pharmacy

Owner in Fee: Ocean Medical Center

Tel. (732) 840-2200 e-mail

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

Contractor: United Plumbing & Heating Tel. ( )

Address 36 Parkway e-mail
Point Pleasant Beach, NJ 08742

Contractor License No. 11922 Exp. Date

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 na Private Well

Est. Cost of Plumbing Work $ 6400.

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
Rough and finish plumbing for (3) new sinks and (1) existing

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
3	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: 5-7-15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 9-28-15
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
~~Slab~~	Sink #1	Brick RM	7215	
Rough	Sink #2			
~~Water~~	Sink #3			
Sewer				
Fixtures			9-22-15	
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			9-25-15	

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

93

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 6/8/15

Date Issued Permit # 15-1761

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
Brick, NJ 08724 1 TH FLOOR PAST SECURITY STATION

Owner in Fee: Meridian Hospital Corp

Tel. ( ) e-mail

Address 1350 CAMPUS PKWY (street) WALL TOWNSHIP, NJ (municipality) 07753 (zip code)

Contractor: Electrical Installation & Construction, LLC Tel. (732) 415-4020

Address 2275 West County Line Rd. Ste. 6-166 e-mail info@eicllc.net
Jackson, NJ 08527

Contractor License No. 16242 Exp. Date 3/2015

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 $ ~~2500~~ 4180.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date 5/13/15 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 5/13/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [X] CCO [ ] CA
Date: 9/21/15
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough			7-2-15	TO
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-21-15	TO
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Pharmacy renovation

QTY.	SIZE	ITEMS	FEE (Office Use Only)
~~54~~		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		Furniture Feed	
~~57~~		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

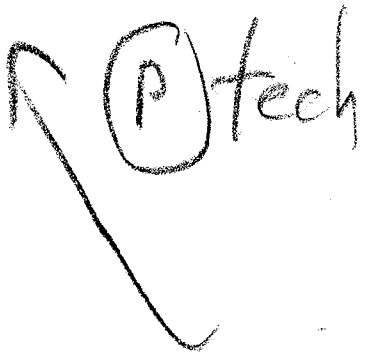
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

(X) BOR

9-22-15

Sink w Pump,

✓ valve bar NO ASTM #



6/24/15 JD spoke Rich

PERMIT UPDATE

Date Update Issued 6/25/15
Control # C-15-001890+A
Permit # 15-1761+A

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. PHARMACY Brick Township, NJ 08724
Owner in Fee: OCEAN MEDIAL CENTER %MERIDIAN 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone: (732) 840-2200

Contractor: RDM Construction Corp
Address: PO Box 436 Atlantic Highlands NJ 07716
Telephone: (732) 859-1420
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3629660

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 ...UPDATE +A COMMUNICATION POINTS

Note: If constuction 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 $5,845

Daniel J. Newman Jr. — Construction Official
6/24/15 — Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$100
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$11
CO Fee	
Other	$0
Total	$111
Check No.	10224
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

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.

XX07 SERV.007
ELECTRIC $100.00
DCA $11.00
CHECK $111.00

☐ 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.

FILE COPY

OMC Pharmacy First Floor 1400 sq/ft

TOWNSHIP OF BRICK

APPROVED FOR PERMIT INITIAL DATE

Building Subcode _____

Plumbing Subcode _____

Fire Subcode _____

Electrical Subcode TO 62415

Plan Reviewer _____

Plans Released _____

Construction Official _____

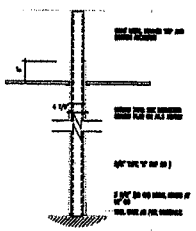
SYMBOLS LISTING

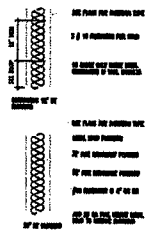
▲ = 2 Cat6 Plenum Cables

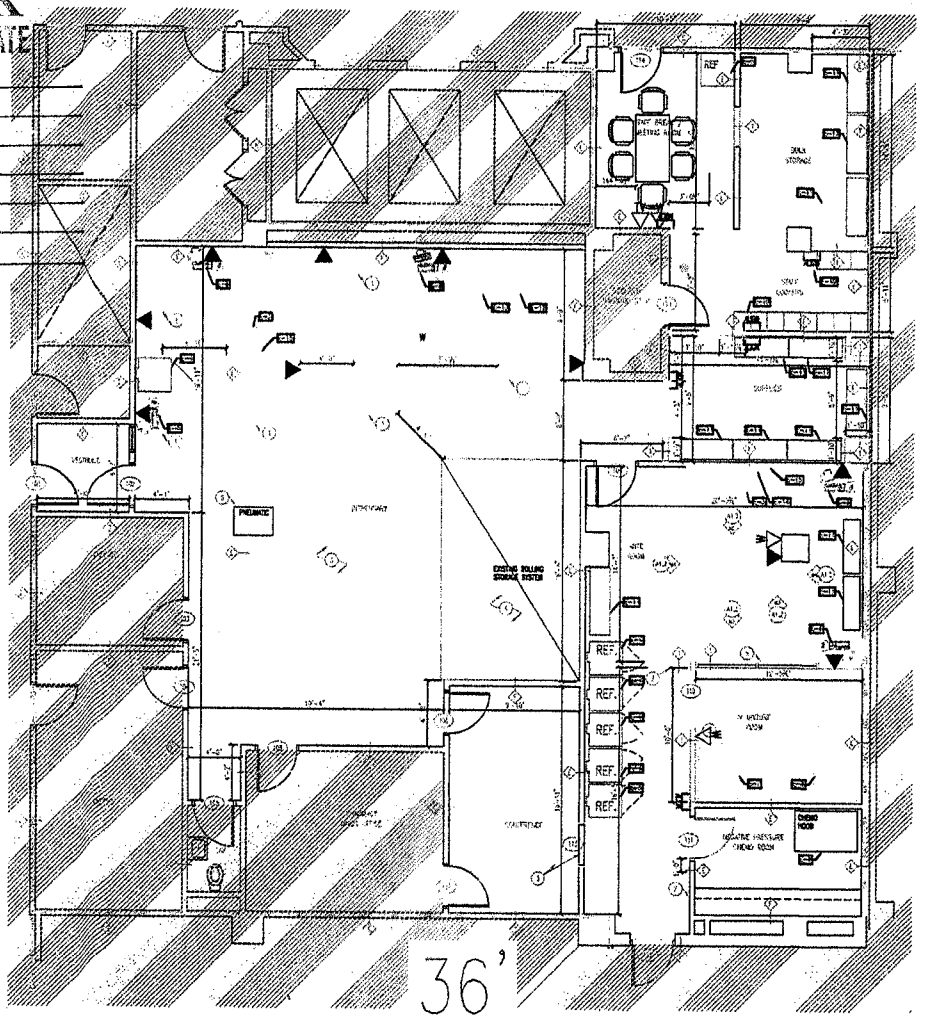
W△ = 1 Cat6 Plenum Cable @ ADA Height

TV△ = RG6 Coax Cable @ Electric Height

1 West NW Closet located across the hall







FLOOR PLAN

A1.1

Xref: \\ac-server1\AutoCad Drawings\Meridian Health Care System\Ocean Medical Center\1410-OMC-Pharmahood_Common\brdr2436_REV2.dwg

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Examiners of Electrical Contractors

TELECOMMUNICATIONS

Limited Wiring Exemption*

Issued to: Systems Connect, Inc.
1025 Highway 70, Suite 1
Brielle, NJ 08730

Signature of holder

561
Exemption No.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Pharmacy
2138-81
Renovation

Date Received / Control # 6/8/15

Date Issued / Permit # 15-1761

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
Pharmacy Renovation

Owner in Fee: Ocean Medical Center

Tel. (732) 840-2200 e-mail

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

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

Address 36 Parkway Point Pleasant e-mail

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

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

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 $ 1,200.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Install (1) new head and relocate (1) existing 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)	2	
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: 5/21/15 Approved by: MG
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-29-15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-1-15
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			6/25/15	MG
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/25/15	MG
Other				

U.C.C. F140 (rev. 12/07) Internet version

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

CONSTRUCTION PERMIT

Date Issued 6/8/15
Control # C-15-001890
Permit # 15 - 1761

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. PHARMACY Brick Township, NJ 08724
Owner in Fee: OCEAN MEDIAL CENTER %MERIDIAN 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone: (732) 840-2200

Contractor: RDM Construction Corp
Address: PO Box 436 Atlantic Highlands NJ 07716
Telephone: (732) 859-1420
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3629660

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL

PAYMENTS (Office Use Only)

Building	$984
Electrical	$100
Plumbing	$100
Fire Protection	$110
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$64
CO Fee	
Other	$0
Total	$1,358
Check No:	344052
Cash	$0
Credit	$0
Collected By	

Note: If constuction 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 $33,648

Daniel J. Tuohman Jr. 5/30/15
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:
  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.

#1761
BUILDING $984.00
ELECTRIC $100.00
PLUMB $100.00
FIRE $110.00
DCA $64.00
ZPA $50.00
DEP $1409.00

- [ ] 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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/8/15
Control #

Date Issued
Permit # 15-1761

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

Block 1170 Lot 8 Qualification Code

Work Site Location 425 Jack Martin Blvd
Brick, NJ 08724

Owner in Fee: Meridian Hospital Corp

Tel. ( ) e-mail

Address 1350 CAMPUS PKWY (street) WALL TOWNSHIP, NJ (municipality) 07753 (zip code)

Contractor: Electrical Installation & Construction, LLC Tel. (732) 415-4020

Address 2275 West County Line Rd. Ste. 6-166 e-mail info@eicllc.net

Jackson, NJ 08527

Contractor License No. 16242 Exp. Date 3/2015

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 $ ~~2500~~ 4180.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: 5/13/15 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 5/13/15
Approved by:

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

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

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Pharmacy renovation

QTY.	SIZE	ITEMS	FEE (Office Use Only)
~~24~~		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		Furniture Feed	
~~57~~		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.

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

RICHARD E. CONSTABLE, III
Commissioner

received 4/16/15

April 16, 2015

Mr. Joseph E. Saphire, AIA
Saphire and Albarran Architecture, LLC
12 North Main Street
Pennington, NJ 08534

RE: Ocean Medical Center
Renovations to Main Pharmacy IV Room
Brick, NJ
DCA Ref# 5268-14
FINAL RELEASE

Dear Mr. Saphire:

The construction documents, which display the Department of Community Affairs, Health Care Plan Review, Final Release labels of **April 16, 2015,** are released for the above referenced project.

Therefore, you have the authorization of this office to apply for a construction permit. The construction documents are released with the understanding that all comments relative to codes have been met and that the documents are in compliance with NJAC 5:23- 2.15(f) 4 VI. Shop-drawings for fire protection systems, as defined in IBC/NJ-2009, which are indicated in this construction document package, shall be submitted to this office for review and release prior to installation.

At the completion of the project and prior to occupying the area or areas, a copy of the Certificate of Occupancy, Continued Occupancy or Release shall be forwarded to the undersigned and a request for an inspection shall be made to New Jersey Department of Health & Senior Services, Assessment and Survey Program @ (609) 292-8773.

Sincerely,

Farivar Kiani, Supervisor
Construction Plans Approval
Health Care Plan Review

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: Ocean Medical Center 425 Jack Martin Blvd Brick

BLOCK: _____ **LOT:** _____

CONTRACTOR: RDM Construction Corp

CONTRACTOR'S ADDRESS: Po Box 436 Atlantic Highlands NJ

Type of Construction(minor, new home): Minor

Type of Debris (shingles, siding, wood, etc.): Cabinets + Sheetrock

Party responsible for removal: RDM Construction Corp

Dumpster Size: 40 yd.

Destination of Debris: Hospital Dumpster

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

4/21/15
Date

Richard Dicbold
Print Name

RECEIVING CLERK
DATE REC'D 4-30-15

ZONING PERMIT APPLICATION

PERMIT # CP-15-00654
DATE ISSUED 6/8/15

BLOCK: 1170 LOT: 18 QUALIFIER: — SITE ADDRESS: 452 Jack Martin Blvd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Ocean Medical Hospital Center
   COMPLETE ADDRESS: 425 Jack Martin Blvd.
   PHONE # _____ EMAIL: _____
2. NAME OF APPLICANT: RDM Construction Corp.
   APPLICANT ADDRESS: PO Box 436
   Atlantic Highlands NJ 07716
   PHONE # 732-859-1420 EMAIL: Rdriebold
3. RESPONSIBLE PERSON FOR WORK: Rick Diebold@sandyhookinteriors.com
   PHONE# 732-291-3135 FAX# 732-291-3437
4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50
OTHER: $ _____
TOTAL: $ 50

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Pharm
PROPOSED USE: _____

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION X *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Renovation / 2 new walls sheetrk / Relocate New Casework / One Area New Floor. Repair ceiling / new Break Room / 3 sinks / 7 outlets / (1) new and Relocate Sprinkler Head

ZONING REVIEW:
DATE REVIEWED: 4-30-15 DATE DENIED: _____ DATE APPROVED: 4-30-15 INTLS: CK

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
APR 30 2015
ZONING SKZ

ZONING REVIEW:

DATE REVIEWED: 4/30/15 DATE DENIED: — DATE APPROVED: 4/30/15 INTLS: SKZ

DATE:	COMMENTS:	INITIALS:
4/30/15	SENT TO ECC FOR QR	SKZ

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-15-00479
Application Date: 04/30/2015
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **425 JACK MARTIN BLVD.**
Brick Township, NJ

Block: **1170**
Lot: **18**
Qualifier:
Zone: **H-S**

Owner: **OCEAN MEDIAL CENTER %MERIDIAN**
Address: **1350 CAMPUS PKWY STE 1500**
NEPTUNE, NJ 07753

Applicant: **RDM Construction Corporation**
Address: **PO Box 436**
Atlantic Highlands, NJ 07716

Application Approved Date: 04/30/2015

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Hospital (Ocean Medical Center)
Nonconforming Use is:

Work Description:
Rehabilitation - Interior building renovations.

Additional Zoning permit required for any other work done on property.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on:
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Christopher J. Romano, Office of Zoning — 04/30/2015 Date

Sean Kinnevy, Zoning Officer — 4-30-15 **Date**

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 1170 LOT: 8 ADDRESS: 425 Jack Martin Blvd

IDENTIFICATION:

1. WORK SITE ADDRESS: Ocean Medical Hospital Center.
2. NAME OF OWNER IN FEE: Same
   ADDRESS: 425 Jack Martin Blvd. PHONE #: (__) _____
   _____ FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: RDM Construction Corp.
   ADDRESS: P.O. Box 436. PHONE #: (732) 859-1120
   Atlantic Highlands, NJ, 07716 FAX #: (732) 291-3437
4. ARCHITECT OR ENGINEER: Saphire & Albarran
   ADDRESS: Twelve North Main Street PHONE: # (609) 737, 5924
   Pennington, NJ 08534
5. RESPONSIBLE PERSON FOR WORK: Rick DieBold
   ADDRESS: Same Above

PHONE #: (732) 859-1120 FAX #: (732) 291-3437 E-MAIL: RDiebold@sandyhook interior.com

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☐ OTHER Interior Renovation of Pharmacy

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____