BLOCK 1170 LOT 19 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 15-3016

# CONSTRUCTION PERMIT APPLICATION

C-15-004097

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

## I. IDENTIFICATION

1. Proposed Work Site at: OCEAN MEDICAL CORP - SHORE REHAB CENTER 425 Jack Martin. - 2nd Floor
2. Name of Owner in Fee: SHORE REHAB CENTER
   Tel. ( 732 ) 836-4530 e-mail _____
   Address 345 JACK MARTIN BLVD. BRICK, N.J. - 2ND FLOOR
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: SYSTEMS SALES CORP. Tel. ( 732 ) 751-0600
   Address 1345 CAMPUS PARKWAY, WALL, N.J. e-mail _____
   ATTN: STEVE GINTER
   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. 222-359-665/000 FAX: ( ) _____
5. Architect or Engineer N.A. Contact N.A.
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun STEVE GINTER
   Tel. ( 732 ) 546-7758 FAX: ( ) _____

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ | | |
| 2. Electrical | 160 ✓ | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | | | |
| 7. Less 20% for State Plan Review | $ | | |
| 8. Subtotal | $ | | |
| 9. State Permit Surcharge Fee | 39 | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | $ 199 | | |

## VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

COMMERCIAL

## IIa. PROPOSED WORK

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

## 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 | | LH | | | | | | | |
| ☒ Electrical | | | | 8-15-15 | | TG | 9-9-15 | | TG |
| ☐ Plumbing | | | | | | | | | |
| ☐ Fire Protection | | | | | | | | | |
| ☐ Elevator | | | | | | | | | |
| TOTAL COST | | | | | | | | | |

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

## III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

## IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/12/2016
Control Number C-15-004097
Permit Number 15-3016
Permit Issue Date 9/11/2015
Certificate Number 15-3016

# Certificate

Construction Code Division

(Certificate of Approval)

## Identification

Work Site Location: 425 JACK MARTIN BLVD. SHORE REHAB CENTER 2ND FLOOR 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) 836-4530

Contractor SYSTEMS SALES CORP

Address 1345 CAMPUS PARKWAY WALL NJ 07753

Telephone: (732) 751-0600 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-2359665

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: ELECTRICAL ALTERATIONS

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: 1/12/2016*

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

732-921 2985

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received
Control #
Date Issued 9-11-15
Permit # 15-3016

**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, SHORE REHAB - 2ND FLOOR

Owner in Fee: MEMORIAL HOSPITAL CORP.

Tel. 732 836-4530 e-mail

Address SAME
street municipality zip code

Contractor: MDC ELECTRICAL CONTRACTOR LLC Tel. (973) 483-2828

Address 13 NEW YORK AVE, NEWARK, NJ 07105 e-mail mdcelectric@comcast.net

Contractor License No. 15854 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 205832162 FAX: (973) 483-2855

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Hospital Proposed

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

Building Occupied as Hospital Utility Co.

Est. Cost of Elec. Work $ 20,625.-

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

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

[ ✓ ] Electric Plans Approved
Date: 9 9 15 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 9 9 15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ✓ ] CA
Date: 1/5/16
Approved by:

INSPECTIONS

| Type: | Failure | Failure | Dates (Month/Day) Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | 11/24/15 | TD | 1/4/16 | TD |
| 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 sign/Contractor sign and seal here:

Print name here: JOSE ALEN

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: SHORE REHAB CENTER
NEW WANDERING SYSTEM - 2ND FLOOR

| QTY. | SIZE | ITEMS |
|---|---|---|
| | 8/24/15 | Lighting Fixtures |
| | | Receptacles |
| | | Switches |
| | | Detectors |
| | | Light Poles |
| | | Motors—Fract. HP |
| | | Emergency & Exit Lights |
| 2044 | | Communications Points |
| 1 | | Alarm Devices/F.A.C. Panel |
| | | |
| 25 | | 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 |
| 1 | 20AMP | EMERGENCY CIRCUIT |

FEE (Office Use Only)

COMMERCIAL

$

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

U.C.C. F120 (rev. 11/09)
Internet version

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

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Updated info. 8/26/15 (3)

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
425 JACK MARTIN BLVD - BRICK, NJ; SHORE REHAB - 2nd FLOOR

Owner in Fee: MONMOUTH HOSPITAL CORP

Tel. 732 836-4530 e-mail

Address SAME

Contractor: MDC ELECTRICAL CONTRACTOR LLC Tel. (973) 483-2828

Address 13 NEW YORK AVE, NEWARK, NJ 07105 e-mail mdcelectric@comcast.net

Contractor License No. 15854 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 205832162 FAX: (973) 483-2855

B. ELECTRICAL CHARACTERISTICS

Use Group Present HOSPITAL Proposed

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

Building Occupied as HOSPITAL Utility Co.

Est. Cost of Elec. Work $ 26,625.-

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: JOSE ALEN

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: SHORE REHAB CENTER
NEW LANDONIK SYSTEM - 2nd FLOOR

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| 24 | | Emergency & Exit Lights | |
| 1 | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| 25 | | 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 | |
| 1 | 20 AMP | EMERGENCY CIRCUIT | |

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:

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1/5/16
Approved by: PC

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service Final | | 11/20/15 | 4/4/16 | |
| Barrier-Free | | | | |

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 11/09)
Internet version

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

**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 SYSTEMS SALES CORP.

Address 1345 CAMBUS PARKWAY
WALL, N.J. 07753

Telephone (732) 751-0600 EXT# 1102

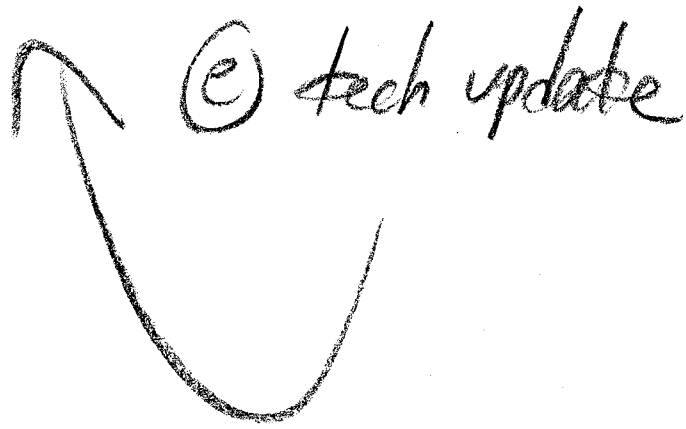
Signature STEVE GILDEN

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

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

11-24-15

Support wire in drop ceiling



11 24 17 Support wiring in DROP Ceiling

@tech

9/91
Gtle

# CONSTRUCTION PERMIT

Date Issued 9-11-15
Control # C-15-004097
Permit # 15-3016

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. SHORE REHAB CENTER 2ND FLOOR Brick Township, NJ 08724
Owner in Fee: OCEAN MEDIAL CENTER %MERIDIAN 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone: (732) 836-4530

Contractor: SYSTEMS SALES CORP
Address: 1345 CAMPUS PARKWAY WALL NJ 07753
Telephone: (732) 751-0600
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2359665

**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:
ELECTRICAL ALTERATIONS

**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** $20,625

David J. Newman Jr 9/9/15
Construction Official Date

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $0 |
| Electrical | $160 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $39 |
| CO Fee | |
| Other | $0 |
| Total | $199 |
| Check No. | 55-136/312 |
| 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.

☐ 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.

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

# State Of New Jersey
## New Jersey Office of the Attorney General
## Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors

HAS LICENSED

MDC ELECTRICAL CONTRACTOR LLC
JOSE ALEN
302 Jersey Street
Harrison NJ 07029

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

02/05/2015 TO 03/31/2018
VALID

34EB01585400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors
HAS LICENSED
MDC ELECTRICAL CONTRACTOR LLC
Electrical Business Permit

02/05/2015 TO 03/31/2018
VALID

34EB01585400
License/Registration/Certificate #

SIGNATURE

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Exam. of Electrical Contra
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors

HAS LICENSED

Jose Alen
302 Jersey Street
Harrison NJ 07029

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Contractor

02/05/2015 TO 03/31/2018
VALID

34EI01585400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors
HAS LICENSED
Jose Alen
Electrical Contractor

02/05/2015 TO 03/31/2018
VALID

34EI01585400
License/Registration/Certificate #

SIGNATURE

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Exam. of Electrical Contra
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

Systems Sales

1345 CAMPUS PARKWAY · WALL TOWNSHIP, NJ 07753-6815
PHONE: 732-751-0600 FAX: 732-751-0489
WEBSITE: WWW.SSCNJ.COM

# LETTER OF TRANSMITTAL

**To:** Department of Buildinig & Construction **Date:** 8/6/15 **SSC Project No:** 46116

**Attn:**

**Re:** **Shore Rehab Patient Wandering**

Brick, NJ 08724 **CC:**

We are sending you ☒ Attached ☐ Under separate cover via _____ the following items:

☒ Submittals ☒ Wiring Diagrams ☐ Operation & Maintenance Manuals
☐ Plans ☐ System Certifications ☐ _____

| Copies | Date | No. | Description |
|---|---|---|---|
| 2 SETS | 7/24/15 | 46116 | Patient Wandering System Equipment Submittals |
| 2 SETS | 7/24/15 | 46616_A-B | Patient Wandering System – Wiring Diagrams |
| 3 COPY | 8/6/15 | | Electrical Sub Code Application |
| 1 COPY | 8/6/15 | | Copy NJ State Electrical License & Business License |
| 1 | 8/6/15 | | Construction Permit Application Folder |
| | | | |

These are transmitted as checked below:

☒ For Approval ☒ For Your Use ☒ Return 1ea Approved or Corrected Copies
☐ For Record Purposes ☐ Returning Borrowed Prints

Comments: If any questions arise please contact Steven Ginter @ Cell (732)546-7758 or (732)751-0600 ext#1102

SIGNED _____

**Robert W. Scisco, Jr.**

IF ENCLOSURES ARE NOT AS NOTED, KINDLY NOTIFY US AT ONCE.

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

732-458-2000 #3, #1,

262-1000

# Subcode Official Review

Date: Saturday, August 15, 2015

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

RE: Electrical Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD.
Permit Number: Control Number: C-15-004097
Last Submit Date: Friday, August 14, 2015

Steve G.
732-
546-7758

Dear OCEAN MEDIAL CENTER %MERIDIAN,

Your request is hereby denied based upon the following infractions.

Electrical tech only has communication points
Electric plan has other devices

Sincerely,

Thomas Olson, Subcode Official

CC:

RESUBMIT ⓨ

SUBCODES Elect.

DATES 8/24/15

# *OCEAN MEDICAL CENTER*
# *SHORE REHAB PATIENT WANDERING*
# *BRICK, NJ*

## *PATIENT WANDERING SYSTEM*
## *EQUIPMENT SUBMITTAL*


***SUBMITTAL PREPARED BY***

***SYSTEMS SALES CORPORATION***
***1345 CAMPUS PARKWAY***
***MONMOUTH SHORES CORPORATE PARK***
***WALL, NJ 07753-6815***

***(732) 751-0600***
***www.sscnj.com***


***SSC Project No. 46116***

***7/24/15***

# *PATIENT WANDERING EQUIPMENT*

| *QUAN* | *ITEM* | *DESCRIPTION* | *PAGE* |
|---|---|---|---|
| 1 | 682112 | **LS 2400 Nurse Station** | 4-5 |
| 5 | 662110 | **LS 2400 Controller** | 4-5 |
| 5 | 650209 | **KP103 Keypad** | 6 |
| 1 | 500253 | **Central Power Supply 15VDC – 6Amp** | 7 |
| 1 | 950007 | **LS 2400 Startup Kit & Tag Tester** | 8 |
| 10 | 77I018 | **LS Tag**<br>*Includes tag Programming* | 9 |
| 3 | 600LB | **Alarm Controls Magnetic Lock with Status** | 10-11 |
| 1 | AL-600ULM | **Multi-Output Access Control Power Supply/Charger** | 12-13 |
| 1 | SIGA-CR | **Intelligent Control Relay Module**<br>*to tie into Power Supply* | 14-19 |
| 5 | PAM2 | **Relay Module**<br>*for Lock Control* | 20-21 |
| 3 | 700022 | **Push Button Override** | 22 |

**Also included in this submittal are:**

1) **A one (1) year warranty on all new equipment commencing upon the date of system on-line usability.**

2) **System testing and certification by a factory trained and authorized service technician, NFPA Record of Completion and Test & Inspection Report provided with closeout documents.**

3) **Demonstration of system operation to the owner and/or their designated representatives. Operation & Maintenance manuals provided with closeout documents.**

***QUANTITIES ARE FOR REVIEW BY THE ELECTRICAL CONTRACTOR AND ARE NOT INTENDED FOR ARCHITECT/ENGINEER APPROVAL.**

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

8/24/15
faxed denial
to
732-751-0489

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CC:

* * * Communication Result Report ( Aug. 25. 2015 9:22AM ) * * *

1)
2)

Date/Time: Aug. 25. 2015 9:21AM

| File No. | Mode | Destination | Pg(s) | Result | Page Not Sent |
|---|---|---|---|---|---|
| 9311 | Memory TX | 97327510489 | P. 1 | OK | |

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

Brick Township
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Brick, NJ 08723
(732) 262-1030

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ENGINEERED SYSTEMS DISTRIBUTOR

www.sscnj.com

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# *SHORE REHAB PATIENT WANDERING*
# *BRICK, NJ*

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## *EQUIPMENT SUBMITTAL*


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