ECC

Rolled Plans

BLOCK 1170 LOT 18 QUALIFICATION CODE ______ ADDRESS (SITE) ______ PERMIT NO. 15-3839

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C15-004322

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

I. IDENTIFICATION

1. Proposed Work Site at: 425 Jack Martin Blvd, Brick NJ 08724
2. Name of Owner in Fee: Meridian Health (Don Ellis)
   Tel. (609) 597-6011 e-mail DonEllis@MeridianHealth.com
   Address 1350 Campus Parkway Neptune NJ 07753 (street, municipality, zip code)
3. Ownership in Fee: Public ______ Private X
4. Principal Contractor: Turner Construction Tel. (215) 496 8800
   Address 1500 Spring Garden, Suite 220 e-mail PFKershner@TCCO.com
   Philadelphia PA 19103
   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. 131401989 FAX: ( ) ______
5. Architect or Engineer Charles Griffin Contact ______
   Address 1111 Louisiana 26th Floor e-mail ______
   Tel. ( ) Houston TX 77002 FAX: ( ) ______
   713-665-05665
6. Responsible Person in Charge once Work has Begun Scott DeJoseph
   Tel. (215) 651 6990 FAX: ( ) ______

V. FEE SUMMARY (for office use only)

		Update FA	Update TB
1. Building	$ 3475	73,878	16,500
2. Electrical	160	1328	
3. Plumbing		891	
4. Fire Protection	110	702	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	228	8217	1140
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other CP	150		
13. TOTAL	$ 3973		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 1
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

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

+FA

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
[x] Building		UM			10/6/15	IW	11-2-15		
[x] Electrical		8/20/15			9/17/15	TO			
[ ] Plumbing					11-4-15	AK			
[x] Fire Protection					9/2/15	DJO			
[ ] Elevator		Eng	RH	Hemp	9/14/15	688			
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: Access Services
2. Use Group, Proposed: B
3. Change in Use Group, Indicate Present: ______

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

D. Construct. Classification: Present ______ Proposed IB

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. [x] Fire Alarm

Rolled Plans

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/20/2017
Control Number C-15-004322
Permit Number 15-3839
Permit Issue Date 11/06/2015
Certificate Number 15-3839

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: (609) 597-6011

Contractor TURNER CONSTRUCTION

Address 1500 SPRING GARDEN ST SUITE 220 PHILADELPHIA PA 19130

Telephone: (215) 496-8800 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL - ONCOLOGY EXPANSION

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: 09/20/2017

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

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X Check if contractor.

Agent Name PATRICK LERSNER

Address 1500 SPRING GARDEN ST. SUITE 220
PHILADELPHIA PA 19130

Telephone (215) 496 8800 CELL 215 768 0271

Signature

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

AMENDED PRELIMINARY & FINAL SITE PLAN
OCEAN MEDICAL CENTER
Block: 1170 Lot: 18 & 18.02
Property Address: 425 Jack Martin Boulevard

Resolution: R-7-16 **January 13, 2016**
Application No.: PB-2769-A-FSP-8/15

RESOLUTION OF MEMORIALIZATION OF THE

BRICK TOWNSHIP PLANNING BOARD

AMENDED PRELIMINARY FINAL SITE PLAN APPROVAL

WHEREAS, Ocean Medical Center, 425 Jack Martin Boulevard, Brick, New Jersey 08724 has made application to the Brick Township Planning Board for Amended Preliminary and Final Site Plan approval for Block 1170 Lots 18 and 18.02 on the Township Tax Map pursuant to N.J.S.A. 40:55D-46, -50, and -60; to modify the existing parking area to build a passenger drop off/pickup area and a new layout for a redesigned oncology wing of the Ocean Medical Center; and

WHEREAS, proof of service as required by law upon appropriate property owners and governmental bodies has been furnished and determined to be in proper order; and

WHEREAS, a public hearing was held on December 9, 2015 in the Brick Township Municipal Building at which time testimony was given and certain exhibits hereinafter described were presented on behalf of the applicant and all interested parties having had an opportunity to be heard; and

WHEREAS, the Board makes the following factual findings and findings of law:

1. This property is designated as Lots 18 and 18.02 in Block 1170 on the Municipal Tax Map of the Township of Brick and is located at 425 Jack Martin Boulevard, Brick, New

Jersey.

2. The property in question is located in the hospital support zone. The proposed use is a permitted use.

3. Albert Zager, Esq. represented the applicant and called as witnesses Dean Lin, the President of Ocean Medical Center, Charles Griffin, of WHR, the applicant's architect and Christopher Cirrotti, PE of Dewberry Engineering, Inc., the applicant's engineer.

4. The following exhibits were offered by the witnesses for the applicant:

A-1 architectural renderings regarding elevations;

A-2 architectural renderings regarding signage;

A-3 architectural rendering plan showing the parking valet station.

5. The applicant proposes to modify the existing parking area to build a passenger drop off/pickup area and a new layout for a redesigned oncology wing of the Ocean Medical Center. Mr. Lin testified that recently the hospital had relocated its rehabilitation facilities to another building and is in the process of expanding and creating a 2,200 sq. ft. enlarged cancer center. In conjunction therewith, the hospital seeks to improve the entranceway to this enlarged cancer center for outpatients

6. Mr. Griffin, the architect, explained the renderings prepared by his office.

7. Mr. Christopher Cirrotti, the applicant's engineer, explained the engineering of the proposed amended site plan application. He responded to the comments in the Adams, Rehmann & Heggan report specifically addressing paragraph B(2) regarding traffic circulation parking and pedestrian access safety. Following discussions with Mr. Theodore Wilkinson, the Board's engineer, the applicant seeks to modify the plan as submitted to eliminate the striping of two crosswalks, and put in its place a pedestrian crossing zone similar to areas in front of large

box stores such as Walmart. Actually in responding to the questions raised by Mr. Wilkinson regarding making the drop off driveway area one way circulation, Mr. Cirrotti testified they would put a no right turn sign at the westerly portion of this drive aisle to prevent vehicles from driving in front of this entrance from the northwest. Additionally, they opposed the idea of creating a "one way traffic" flow in this area because they sought to maintain perpendicular handicapped parking stalls across from the hospital entrance. The concern was that they would lose parking spaces in creating angled parking to accommodate the one way flow of traffic. Through discussions with the Board, however, the Board felt that from a traffic flow stand point one way traffic would be appropriate in front of the entrance. Further discussions resulted in the Board questioning why angled parking would be needed. As the Board's engineer and the applicant's engineer explored the potential, the applicant agreed with the concerns of the Board and indicated it would create a "one way traffic" flow in the northwesterly direction in front of the proposed new entrance with the understanding that the perpendicular parking would be maintained.

8. In response to issues raised in Mr. Wilkinson's letter under paragraph 5(g), although the Board's engineer recommended a re-visiting of the area to save existing pavement a consensus from the Board after discussions was that the plan would be accepted as is regarding the grading.

9. As to issues concerning lighting in the area, Mr. Cirrotti assured the Board that the lighting coming from the building and the lighting in the parking lot was indeed adequate. The applicant agreed to work with the Board's engineer to make certain that the lighting was indeed adequate and agreed with Mr. Wilkinson to upgrade the lighting to one foot candle if necessary. In addition to addressing paragraph 7(d) of Mr. Wilkinson's letter the applicant

agreed to provide a mulch bed and planting along the left side of the entrance. The applicant also agreed to work with the planner regarding benches and landscaping.

10. In addressing Michael Fowler's report of November 30, 2015, the applicant's engineer indicated that the water runoff from the new proposed canopy would be collected in a gutter and leader system and connected to the new storm water outlet. Moreover, the applicant agreed to appropriate signage and pavement markings and as aforementioned to work with the planner providing benches and landscaping to improve the environment for oncology patients and their families.

11. The applicant's engineer engaged in further conversations with the Board's professionals concerning the valet station and its close proximity to the canopy pillar. The testimony was that there was a four foot distance between the canopy and the valet station, which is acceptable in accordance with statutes, ordinances and regulations. Nonetheless concern was expressed of the potential for a pedestrian traffic jam in that area and whether the valet station could in fact be moved. Discussion of other valet stations at the hospital revealed that those stations are on wheels and thus portable, but the applicant explained it wished to create a more permanent valet station at this oncology entrance. Ultimately the applicant agreed to work with the Board's engineer and planner to optimize the space for pedestrians. All parties agreed that the location must be in conformity with all statutes, ordinances and regulations concerning pedestrian access.

12. The Board's professionals' reports and correspondences were in fact received by the Board and shall be maintained as a part of the Board's file, to wit:

A) November 23, 2015 report from Adams, Rehmann & Heggan, the Planning Board's engineer, authored by Theodore Wilkinson;

B) November 30, 2015 report from Brick Township Planning Board's

Planner, Michael P. Fowler;

C) October 7, 2015 Construction Plan Review correspondence from the Brick Township Police Department Traffic Safety Unit;

D) September 25, 2015 report from Brick Township Bureau of Fire Safety authored by Bureau Chief Kevin C. Batzel.

13. During the course of the hearing one member of the public who resides in close proximity to the hospital addressed the Board. Ms. Kathleen Aosmanski of 139 Walter Road advised the Board that she did not feel that the applicant was a good neighbor. She expressed concerns that prior conditions of approvals obtained by the applicant have not been fully complied with. The Board advised that its concern was only with this Amended Preliminary and Final Site Plan application. To that end Ms. Aosmanski questioned the mobility of the valet station.

14. Having heard the testimony of the applicant and its professionals as well as the Board's own professional staff, the Board does in fact find and determine and accept the testimony of the applicant's engineer and architect in support of the requested approval of the Amended Preliminary Final Site Plan for revisions to the existing parking area to create a passenger drop off/pickup area and a new layout for the Oncology Wing of Ocean Medical Center.

15. Accordingly, for the reasons referenced above and as set forth on the record, the board finds that the Preliminary and Final Site Plan Approval should be granted and same can be granted without substantial detriment to the public good and will not substantially impair the intent and purposes of the zone plan, zoning ordinance or the master plan of the Township of Brick.

NOW, THEREFORE, BE IT RESOLVED by the Brick Township Planning Board on this 13th day of January, 2016 that the application for Amended Preliminary and Final Site Plan approval is hereby granted subject to the following conditions:

1. The plan shall be revised to make the driveway in front of the drop off/pickup area a "one way" driveway while keeping the parking opposite the entrance as perpendicular parking.

2. That applicant shall meet with Mr. Wilkinson to conduct a light survey and confirm that the parking lot maintains one foot candle of light. If necessary, upgrades will be made to the lighting.

3. The applicant shall work with the Board's engineer and planner to optimize the space for the valet station.

4. The applicant must submit proof of payment of all currently due taxes to the Brick Township Planning Board.

5. The applicant must post all bonds and guarantees as required and recommended by this Board and the Township Board Engineer. Moreover, the applicant must post all required engineering and inspection fees.

6. All representations and statements made by the applicant, as well as the applicant's representatives and witnesses, shall be considered and deemed to be relied upon by the Board in rendering this decision and to be an express condition of this Board's actions in approving the subject application. Any misstatement or misrepresentation, whether by mistake or change in circumstance, shall be deemed a breach of this condition of approval and shall subject this application to further review on this Board's own motion.

7. In the event the Planning Board determines that it reasonably relied upon any

misstatement or misrepresentation, then and in that event any approvals previously given may be rescinded and any improvements at the time in place on the premises in question shall not be in compliance with the ordinances of the Township of Brick.

8. The applicant must comply with all conditions contained in the Board Engineer's report by Theodore Wilkinson, PE of Adams, Rehmann & Heggan dated November 23, 2015, and the Township Planner, Michael Fowler's report dated November 30, 2015, as noted herein and revised in accordance with the testimony elicited, and the understandings reached, as set forth above.

9. No building permit shall be issued until the Board Secretary confirms that the Planning Board professional fees have been paid in full. In the event a building permit is issued and there are outstanding Planning Board professional fees, a stop work order will be filed against the applicant/contractor until all professional fees have been paid.

10. In the event there is an existing violation, the applicant shall have thirty (30) days from the date the Notice of Decision was published to correct the violation. Failure to correct the existing violation within the time prescribed will result in the issuance of a summons.

11. The applicant must comply with all conditions outlined in Schedule A attached hereto.

12. The applicant shall apply for and receive approvals from all other municipal, county, state and federal agencies having regulatory jurisdiction over this development as may be required.

BE IT FURTHER RESOLVED that the Planning Board Secretary shall cause notification of this favorable Resolution to be published in an official newspaper of the Brick Township within ten (10) days of the adoption of this Resolution.

Certified copies of this Resolution shall be forwarded to the applicant, the Township Construction Official, Zoning Officer and all other parties in interest.

This Resolution memorializes action taken at the regular meeting of the Brick Township Planning Board held on the 9th day of December, 2015 on a roll call vote that evening.

VOTE ON MEMORIALIZATION

MOVED BY: Mr. Catalano

SECONDED BY: Mr. Gross

VOTING IN THE AFFIRMATIVE: Mr. Clayton, Mr. Gross, Councilman Halloran, Mr. Marra, Mr. Occhiogrosso

VOTING IN THE NEGATIVE:

INELIGIBLE: Ms. McMahon, Mr. Cooke, Ms. Lambusta, Mr. Aiello, Mr. Osipovitch

IN-CONFLICT:

ABSENT:

ABSTAINING:

NOT VOTING:

CERTIFICATION

I, CHRISTINE N. PAPA, Clerk/Secretary to the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that I am duly authorized to certify Resolutions. I certify that the foregoing Resolution was adopted by the Planning Board of the Township of Brick at a regular meeting held on the 13th day of January, 2016.

CHRISTINE N. PAPA, Clerk/Secretary
Planning Board/Zoning Board

ATTACHMENT "A"

BRICK TOWNSHIP PLANNING BOARD

STANDARD CONDITIONS FOR SITE PLAN APPROVAL

1. Applicant shall obtain certification by the Local Soil Conservation District of a plan for soil erosion and sediment control in accordance with N.J.S.A. 4:24-39 et seq., commonly known as the "Soil Erosion and Sediment Control Act."

2. All materials, methods of construction and details shall be in conformance with the current "Engineering Specifications and Construction Details" of the Township of Brick, which are on file in the office of the Township Engineer.

3. Applicant shall obtain all approvals required by any Federal, State, County or Municipal agency having regulatory jurisdiction of this development. Upon receipt of such approval(s), the applicant shall supply a copy of the permit(s) to the Board. In the event that any other agency requires a change in the plans approved by this Board, the applicant must reapply to the Brick Township Planning Board for approval of that change.

4. Applicant shall submit this entire proposal for re-approval should there be any deviation from the terms and conditions of this Resolution or the documents submitted as part of this application, all of which are made a part hereof and shall be binding on the applicant.

5. Applicant shall provide a statement from the Brick Township Tax Collector that all taxes are paid in full as of the date of this Resolution and as of the date of the fulfillment of any condition(s) of this Resolution.

6. Prior to the issuance of a construction permit, the applicant shall furnish the Township Clerk with a cash bond and performance guarantee in an amount to be determined by the Township Engineer.

7. Applicant shall post an inspection fund with the Township Clerk in an amount to be determined by the Township Engineer.

3/c (2)
ppl.
ppl. Atty
ppl. eng
B-Atty
B-eng
assess
mins
ng.
ilog.

8. No soil shall be removed from the site without the written approval of the Township Council.

9. The applicant shall comply with all provisions and pay all fees established under Article VB (Mandatory Development Fees) of Chapter 190 of the Code of the Township of Brick.

10. For all residential uses the subdivider or site plan applicant shall provide for a trash receptacle.

11. In order to insure uniformity of trash receptacles and compatibility with the automatic trash collection system, all trash can receptacles required herein shall be obtained from the Township of Brick.

12. Applicant shall provide proof of application for Title NJSA 39:5 A-1 to the Planning Board.

Strother, Cheryl

From: Sullivan, Kathi
Sent: Thursday, November 03, 2016 10:35 AM
To: Epstein, Richard
Cc: Mastin, Andrew; Jim Uricchio; Strother, Cheryl
Subject: FW: unsecure: Ocean Medical Center-Final Review Fee

Importance: High

Rich, please see below. Brian signed for the check and I am going to take it to A/P now. I will have the check today. Should I send it to you by courier?

Chris Papa also said that whoever picks up the plans and applies for the permit should have a copy of the approved resolution to put in the jacket that is filled out in the building department. If we do not have it, Chris will provide a copy.

From: Christine Papa [mailto:cpapa@twp.brick.nj.us]
Sent: Thursday, November 03, 2016 10:12 AM
To: Sullivan, Kathi <Kathi.Sullivan@hackensackmeridian.org>
Subject: RE: unsecure: Ocean Medical Center-Final Review Fee

Kathi,
I apologize, the IT Dept. had a problem with the server yesterday after 4:00p.m. and no emails got through until this morning. Unfortunately all the emails were lost.

The amount of the final billing is $800.00. If you send someone in with the check I will release 3 signed sets of plans to them. They can then apply for the building permit.

If I can be of any additional help to you please let me know.

Christine

From: Sullivan, Kathi [mailto:Kathi.Sullivan@hackensackmeridian.org]
Sent: Thursday, November 03, 2016 9:19 AM
To: Christine Papa
Cc: Epstein, Richard; Strother, Cheryl; Mastin, Andrew; Jim Uricchio; Cirrotti, Christopher
Subject: unsecure: Ocean Medical Center-Final Review Fee

Chris,

The email I sent yesterday came back as undeliverable. I tried again after checking with your office and it was still returned.

Please send me the amount due for the final plan review fee and I will request a check and get it today. Will you be able to release the plans as soon as you have the fee paid?

Thank you for all your assistance.

Regards,

Kathi Sullivan

Project Coordinator
Facilities Planning & Management

Hackensack Meridian
HEALTH

1350 Campus Parkway, Neptune, NJ 07753
T: 732.751.3366 | F: 732.751.3464|
Kathi.Sullivan@HackensackMeridian.org

Kathi Sullivan

Project Coordinator
Facilities Planning & Management

Hackensack Meridian
HEALTH

1350 Campus Parkway, Neptune, NJ 07753
T: 732.751.3366 | F: 732.751.3464|
Kathi.Sullivan@HackensackMeridian.org

9/21/15

Foremen Scott 215-651 6990
Andrew 215 651 6532

BUILDING SUBCODE TECHNICAL SECTION

Oncology Dept

Date Received 11/6/15
Control # C15-004322 +A
Date Issued
Permit # 15-3839+A1

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 08742

Owner in Fee: Meridian Health (Don Ellis)

Tel. (609) 597-6011 e-mail DonEllis@MeridianHealth.com

Address 1350 Campus Parkway Neptune NJ 07753
street municipality zip code

Contractor: Turner Construction Tel. (215) 496-8800

Address 1500 Spring Garden St Suite 220 e-mail PKershner@TCco.com

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

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

Federal Emp. ID No. 131401989 FAX: ( )

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: Peter Kershner

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

The Project consists of a renovation on level 1. Level 1 is dedicated to Oncology Treatment consisting of radiation Therapy and infusion therapy. Requires phasing to accomodate continued use of some dept. during construction There will be improvement of Exterior landscape to provide privacy. Build Out will maintain some existing core elements such as electrical rooms IT rooms and public toilets. The space program consists of exam rooms, Doctors offices nurses station and public areas such as registration and reception Cardiac Rehab will be displaced by the renovation of the infusion area and will be relocated to the shell space in the abonded Emergency Dept.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	11-2-15	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 06/09/17
Approved by:

INSPECTIONS

Type:	Failure Date (Month/Day)	Failure Date	Approval Date	Initial
Above ceiling A103 Plans 2-5-16 SC				
Footing SLAB			6-10-16	JC
Footing Bonding Oncology Entrance			3/31/17	Pm
Foundation				
Slab Repair			12/9/16	Pm
Frame Cardiac A103 *			12-16-16	Pm
Above ceiling Entrance canopy			5/30/17	Pm
Insulation				
Finishes -Base Layer				
~~Finishes -Final~~ A8020 ceiling (4)			2-8-17	SC
Frame A101 1A6			3/9/16	Pm
Above ceiling A-101			3/9/16	Pm
TCO Recommend 90 day			10/13/16	Pm
Above ceiling Hard Areas			12/6/16	Pm
Final			6/15/17	Pm
~~Barrier Free~~ Bolgna All Above ceiling			10/14/16	Pm
Above ceiling Hard ceiling A-101			2/25/16	Pm

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
[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
No. of Stories 1
Height of Structure ft.
Area — Largest Floor 24,850 sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present 1B Proposed 1B

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 3,250,000
3. Total (1+ 2) $ 3,250,000

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

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

SC Notes 6-29-16 SC

* 7-12-16 pm CARDIAC Rehab area A163 - frame ok.

* 7-19-16 PM slab Repair (P200) Between colum 17 And 18 on plans. highlited in Blue

* 2/9/16 pm Area Highlighted on plan by A101

* 3/16/16 pm Area Done TCO

* 6-10-16 SLAB For Plumbing chases colome LINE 18 thru 21
#4 Rebar @ 18" oc. Approx in 4" slab SOP
(No structural Design on site) DCA approved Plans

* 6-22-16 Progressive slab Fasp. Colume line EXH thru J
18 thru 20 Thru
6-22-16 Progressive FRAME AREA LIN-ACC Room only.

6-29-16 Progressive slab phase III complete SOP

7-11-16 PM- Not Ready no Rough Elec or Plumbing also missing Door frames.

~~7-14-16~~ 7/15/16 pm Phase III exam and consulting area. Drop ceiling at nurses station not complete check at next Frame, High lighted on plans area for frame it will be in 3 phases.

8/26/16 pm Frame Phase-II Area 3 - Ladies And men changing Room with soiled Holding. colum line 22 to 23 EXH TO F.5 ok

9/8/16 pm ① Frame CT simulator Room Frame ok.
② Abam ceiling Phase II Area I exam Rooms

9/9/16 pm visual on Existing frame Gang Bathroom Replacing only sheetrock & Ti
③ small Drop ceiling radius 1109 area. ok.

D-Tech

Atrium Renov

BUILDING SUBCODE
TECHNICAL SECTION

Date Received A102 11/6/15
Control #

Date Issued
Permit # 15-3839

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 08742

Owner in Fee: MERIDIAN HEALTH (DON ELLIS)

Tel. (609) 597 6011 e-mail DWELLIS@MERIDIANHEALTH.COM

Address 1550 Campus Parkway Neptune NJ 07753
street municipality zip code

Contractor: TURNER CONSTRUCTION Tel. (215) 496 8200

Address 1500 Spring Garden St. Suite 220 e-mail JEKERSHNER@TCCO.COM
Philadelphia PA 19130

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

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

Federal Emp. ID No. 131401989 FAX: ( )

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: PATRICK KERSHNER

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONSTRUCTION OF CUBICLE WORK STATIONS AND CASHIER'S OFFICE OF ATRIUM FOR ACCESS SERVICES. ALL INTERIOR WORK.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	10/6/15	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 10/07/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 09/10/16
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final* 12/22/15 PM			9/26/16	PM
Barrier-Free				

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 _____
- [ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
No. of Stories 1
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 1B Proposed 1B

If Industrialized Building:
State Approved HUD

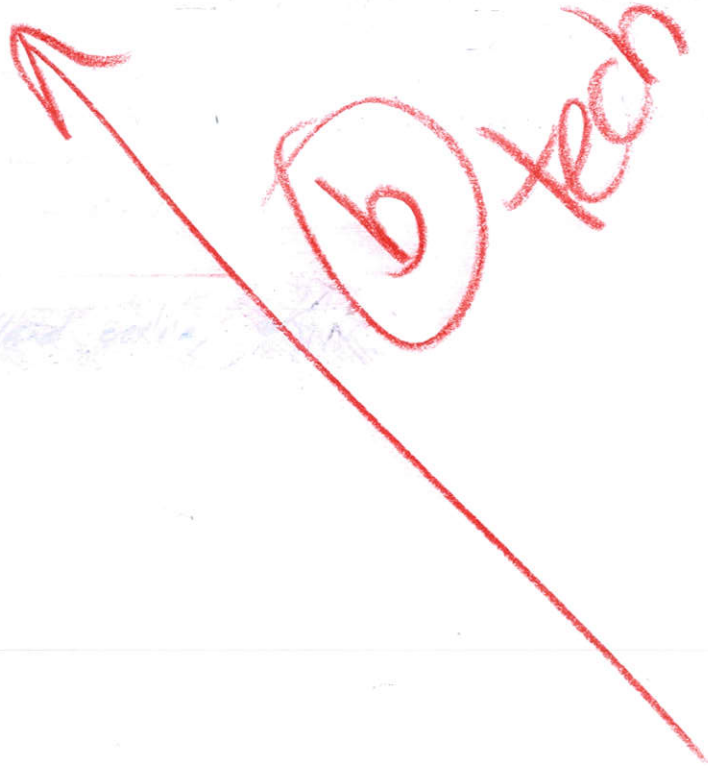
Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 85000
3. Total (1+ 2) $ 85000

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

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

* Information Desk not included. Final on page A102 of Plans.
12/22/15 DM Total Full Approval Requires completion of update A.

* 9/2/16 Final only thing missing to Finish was Information Desk - ok for Final



9/21/15

7-575-5929

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/6/15
Control # C15-00732-1A
Date Issued
Permit # 15-3839-1A

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 Oncology Services Expansion
425 Jack Martin Blvd. Brick, NJ 08742

Owner in Fee: Meridian Health (Dan Ellis)

Tel. 609 597-6011 e-mail

Address 1350 (street) Campus Parkway Neptune (municipality) NJ 07753 (zip code)

Contractor: Breaker Electric, Inc. Tel. (215) 208-1818

Address 488 Monmouth Rd e-mail mplaag@breakerelectric.co
Clarksburg, NJ 08510

Contractor License No. 8743 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222802926 FAX: (609) 208-2145

B. ELECTRICAL CHARACTERISTICS DAN MATHER 732 575 5929

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 998,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: John Golden

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Renovations to Oncology Area

QTY.	SIZE	ITEMS	FEE (Office Use Only)
567		Lighting Fixtures	
418		Receptacles	
151		Switches	
52		Detectors	
		Light Poles	
6		Motors—Fract. HP	
38		Emergency & Exit Lights	
285		Communications Points	
129		Alarm Devices/F.A.C. Panel	
70		Misc 120V Conn	
1,716		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	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date: 10/26/15 Approved by: AJC

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

SUBCODE APPROVAL for PERMIT
Date: 10/26/15
Approved by: PC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 6-8-17
Approved by: WM

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough	Phase I Rough		7-14-16	MW
~~Barrier-Free~~	Phase II Part A		7-19-16	MW
~~Trench~~	Last Rough		5-30-17	AM
Temp. Serv.				
Constr. Serv.				
TCO	REHAB AREA 90 DAYS		2/19/16	PS
Other				
Service				
~~Final~~ TCO			10-18-16	MW
~~Barrier-Free~~	Done Final		6-8-17	AM

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

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

OBSK

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

1/12/16 - PASS WALLS ROUGH - CARDIAC REHAB (PJC)

1/26/16 - PASS OPEN HARD CEILINGS. (PJC)

2/8/16 - PASS OPEN CEILING. (PJC)

2/9/16 - PASS ROUGH - LAB

2/12/16 CART - Rehab - Room # C 1203

CART - Rehab # N 1198

TCO REHAB. AREA COMPLETE

2/19/16 - PER: PJC

2/26/16 - PASS OPEN-CEILING-FRONT AREA. (PJC)

3/9/16 - PASS OPEN-CEILING - LAB. (PJC)

3/15/16 - PASS TCO - LAB

* GFCI IS WITHIN 6' SINK. (PJC)

6-8-16 LIN ACC Room 4"+2" PVC Short Trench

7/6/16 - PARTIAL ROUGH - PASS EXAM AREAS (PJC)

9-8-16 Hard Ceilings Nurse Call MR

9-19-16 Waiting Room Hard Ceilings MR

9-29-16 Phase II Ceilings Partial III Ceilings MR

9-5-16 SNOW CANCELLED -

10-11-16 Phase I Final MR

10-18-16 TCO Phase I II III MR

1-9-17 Final Rough 2-9-17 Open Ceilings MR Final 2-10-17

Phase III

9/21/15
Jim Ryan
cell 732-814-0422

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/6/15
Date Issued
Control # C15-004322+A
Permit # 15-3839+A

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

Contact Scott 215-651-6990

Block 1170 Lot 18 Qualification Code
Work Site Location 425 Jack Martin Blvd. Brick, NJ 08724
Owner in Fee: Meridian Heath
Tel. (609) 597-6011 e-mail DONELLIS@MeridianHealth.com
Address
street municipality zip code

Contractor: MID-ATLANTIC MECHANICAL, INC. Tel. (732) 521-2150
Address 307 GRAVEL HILL ROAD—PO BOX 7373
MONROE TOWNSHIP, NEW JERSEY 08831
Contractor License No. B1009886 Exp. Date 6-30-17
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 222-181-861/000 FAX: (732) 521-5641

B.PLUMBING CHARACTERISTICS

Use Group: Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 145,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Date Initial
Joint Plan Review Required
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
~~[ ] Plumbing Plans Approved~~
Date: 11-4-15
Approved by: [signature]

SUBCODE APPROVAL
~~[ ] CO [ ] CCO [ ] CA~~
Date: 2-8-17
Approved by: [signature]

INSPECTIONS — **Dates (Month/Day)**

Type	Failure	Failure	Approval	Initial
Slab #Cardiology E1204/1209			12-18-15	[initials] Oncology (Rad) 1-28-16
Rough #1204/1209			2-19-16	[initials]
~~Water~~ TCO				
SLAB ~~Sewer~~ #1+8 EXAM			6-8-16	[initials]
~~Fixtures~~ NW Oncology			6-22-16	[initials]*
~~Gas Equipment~~ Rough #1 to 9			7-14-16	[initials]
LINE ~~Gas Piping~~ Above cieling #1 to 9				
LPGas Tank				
Fuel Oil Piping				
~~Solar~~ TCO Cadiology 1 year			2-12-16	[initials]
TCO				
Partial Rough			1-12-16	[initials] 7-29-16 *
DWV oncology 2-8-16				
Water Pipe 2-9-16				
FINAL See Back			2-8-17	[initials]

~~Re inspect @ shower's Base~~ ok 2-2-16 only BJR

D. TECHNICAL SITE DATA (List of all fixtures.)

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
10	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
11	Lavatory	
2	Shower	
1	Floor Drain	
39	Sink	
	Dishwasher	
1	Drinking Fountain	
	Washing Machine	
1	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	
	Garbage Disposal	
1	Other MEDICAL GAS PIPE	

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

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Applicant Signature/ Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

* see Back

UCC/F-130
Professional Printing
(856) 468-7933

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

1. White-Inspector Copy 2. Canary-Applicant Copy
3. Pink-Office Copy 4. White Tag-Office Copy

06/08

Oncology
2-9-16 FD
water pipe not done

6-17-16

Lab (W) side of oncology floor
see print in red circle

6-22-16 PASS
NW oncology
1 FD
9 sinks
1 WC

7-29-16 FD
Rough Partial oncology
N 1097 Bath
N 1086 Bath
N 1072 med sink
N 1064 Nurse " "
N 1093 Break sink

8-8-16 FD
Rough partial
N1051 LAV
N1049 - LAV
N1057 WC & LAV
N1064 (2) LAVS
N1071 (2) LAVS
N1082 (1) LAV

8-9-16 FD
TCO Linac RM

8-17-16 BOR
N1033 Rough
N 1032 Part
N 1028
N 1031
N 1046
N 1045
N 1044
N 1034

10-14-16 FD
TCO final ok

N1121	N 1089
1119	N 1091
1122	N1086
1123	N 1097
1124	1056
1133	1057
1134	1064 w/Eywash
1141	1055
1145	1064B
1149	1072
	1071 w/Eywash
	1081
	1082
	1095

(1051 Leak on Eywash
Ok 10-20-16)

N 1046 CT sim
1045
1044

1034 w/Eyewash
N 1028
1031
1032
1033

Linac RM

Oncology HDR Room - Sink 12-8-16 PASS
RM N 1018 L2-Sink
Break RM - N1014 SK1 sink
Staff Toilet N 1013 / WC-1 / L2-Sink

Oncology (Last section) Rough
Final
2-8-17 FD
HDR Room N1018
L-2 sink
Break RM N1014 SK-1 SINK
Staff RM N1013 WC & LAV

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 11/6/15

Date Issued / Permit # 15-3839

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 Oncology Service Expansion Level 1B
425 Jack Martin Blvd. Brick, NJ 08742

Owner in Fee: MERIDIAN HEALTH (DAN ELLIS)

Tel. 609 597-6011 e-mail DAN.ELLIS@MERIDIANHEALTH.COM

Address 1350 CAMPUS PARKWAY NEPTUNE NJ 07753
street municipality zip code

Contractor: Breaker Electric Inc. Tel. (609) 208-1818

Address 488 Monmouth Road e-mail mplaag@breakerelectric.co
Clarksburg, NJ 08510

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222802926 FAX: (609) 208-2145

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed B

Constr. Class: Present 1B Proposed 1B

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 10,000

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: John Golden

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source Fire Alarm Atrim Level 1B

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)	9	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	8	
Other Devices		
TOTAL	17	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 10/26/15 Approved by: MTV
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-26-15
Approved by: KCB

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-14-16
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			2/4/16 12pm	
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

Recvd Revised Plans 1/23

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

TCO 10/18/16

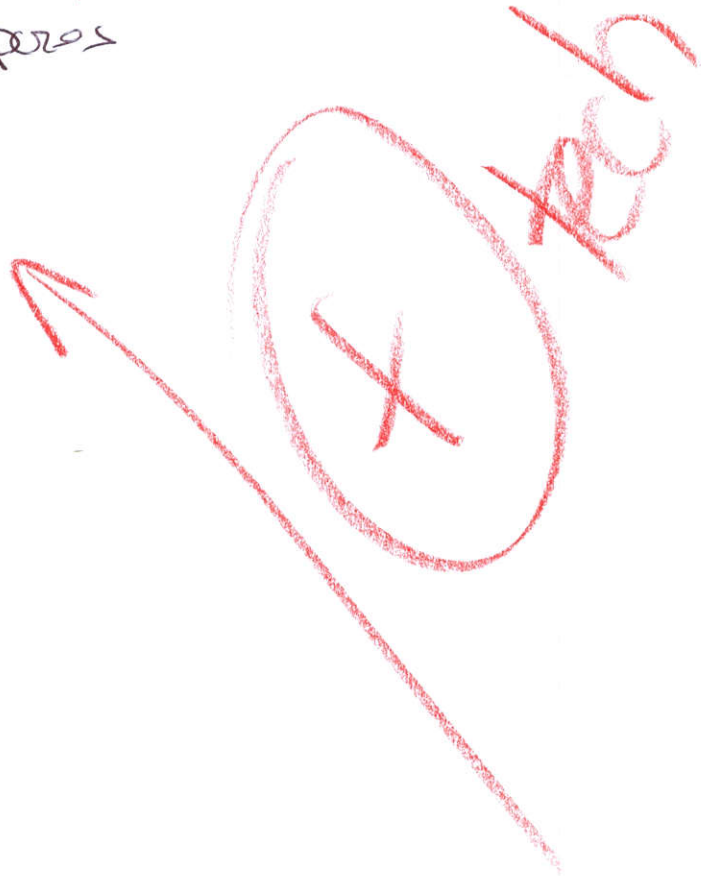
Multi 11" Dr

Infusion

CT Scan

Lobby, Support Spaces

Pharmacy



RECEIVING CLERK JRL
DATE REC'D 8/26/15

ZONING PERMIT APPLICATION

PERMIT # ZP15-01424
DATE ISSUED 11/6/15

BLOCK: 1170 LOT: 18 QUALIFIER: _____ SITE ADDRESS: 425 Jack Martin Blvd Brick NJ 08742

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Meridian Health (Don Ellis)
   COMPLETE ADDRESS: 1350 Campus Parkway
   Neptune NJ 07753.
   PHONE # 609 597 6011 EMAIL: DonEllis@MeridianHealth.com

2. NAME OF APPLICANT: Patrick Kerschner (Turner Construction)
   APPLICANT ADDRESS: 1500 Spring Garden St. Suite 220
   Philadelphia Pa 19130
   PHONE # 215 768 0271 EMAIL: PKerschner@TCCO.com

3. RESPONSIBLE PERSON FOR WORK: Scott DeJoseph
   PHONE# 215 651 6990 FAX# _____

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

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

X

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: _____
EXISTING USE: Ocean Medical Center
PROPOSED USE: Ocean Medical Center

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 All interior work to add (5) cubicle work stations for Access Services. And a cashier office. Work includes, the cubicles, minor demolition and building, receptacles, lighting and fire alarm devices.

X DESCRIPTION: _____

ZONING REVIEW:

DATE REVIEWED: 8-28-15 DATE DENIED: _____ DATE APPROVED: 8-28-15 INTLS: CR

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

OFFICE USE ONLY

RECEIVED
AUG 2 8 2015
ZONING

SGZ

ZONING REVIEW:

DATE REVIEWED: 8/28/15 DATE DENIED: — DATE APPROVED: 8/28/15 INTLS: SGZ

DATE:	COMMENTS:	INITIALS:
8/28/15	SENT TO ECC FOR QR	SGZ

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1 If adjacent to residential zone or use.
2 The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3 For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

RECEIVING CLERK _____
DATE REC'D 11/4/16

ZONING PERMIT APPLICATION

PERMIT # ZP-17-00090
DATE ISSUED 1/23/17

BLOCK: 1170 LOT: 18 QUALIFIER: _____ SITE ADDRESS: 425 Jack Martin Blvd.

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Meridian Health
COMPLETE ADDRESS: 1350 Campus Parkway
Neptune NJ 07753
PHONE # 609-597-6011 EMAIL: DONELLIS@MERIDIANHEALTH.com

2. NAME OF APPLICANT: Turner Construction
APPLICANT ADDRESS: 1500 Spring Garden Street
Philadelphia PA 19103
PHONE # 215-496-8800 EMAIL: PKershner@tcco.com.

3. RESPONSIBLE PERSON FOR WORK: Turner Construction - Pat Kershner
PHONE# 215-496-8800 FAX# _____

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Ocean Medical
PROPOSED USE: Ocean Medical

BOARD APPROVAL: ✓ PB ___ ZB
RESOLUTION#: R-7-16
APPROVAL DATE: 1/13/16

COMMERCIAL

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

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: New Entrance into Oncology Suite.

ZONING REVIEW:
DATE REVIEWED: 11-14-16 DATE DENIED: _____ DATE APPROVED: 11-14-16 INTLS: _____

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

OFFICE USE ONLY

RECEIVED
NOV 14 2016
ZONING

ZONING REVIEW:

DATE REVIEWED: 11/14/16 DATE DENIED: — DATE APPROVED: 11/14/16 INTLS:

DATE:	COMMENTS:	INITIALS:
11/14/16	SENT TO CMCM	

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

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R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
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H-S	See § 245-261.													–	–	–	–		70%

NOTES:

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Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

Prior Approvals if Applicable

Affordable Housing Approval	comment	☐	☑
Approval of BTMUA	**comment**	☑	☐
emailed Peg on 11/1/16 MFF Ok as per Peg on 11/7/16 MFF			
Engineering Approval	**comment**	☑	☐
90 DAY TCO UNTIL 2/3/17 TCO extended until 6/9/17 TCO extended until 8/14/17 Passed 9/19/17 rec;d in bldg. 9/20/17 MFF			
Ocean County Soils Conservation District Approval	comment	☐	☑

UCC Requirements

CO application	comment	☐	☑
Final Building inspection -including original permit and all updates	comment	☑	☐
Final Plumbing inspection - including original permit and all updates	comment	☑	☐
Final Fire inspection - including original permit and all updates	comment	☑	☐
Final Electrical inspection - including original permit and all updates	comment	☑	☐
If applicable Final Elevator inspection - including original permit and all updates	comment	☐	☑

This checklist has been given to: (edit)

9/16/16 Pm - 1104 Plain Hard ceiling - ok
- 1104 - 1113 Bath Above ceiling ok
9/30/16 Pm - Above ceiling oncology Dept
Area #2 need letter from Architect
to comment on infusion Pods Fastening
Details, next inspection Scott should
have letter with fastening details Drop
ceiling connection on Infusion Boxes at ceiling.

10/14/16 Pm Remainder of All Above ceiling - ok

11/18/16 - TCO 90 max Multi O - Infusion, ct Scan,
Lobby and support spaces and pharmacy
areas, # 15 3839 +A

12/8/16 Pm - Footing and Shaft area last Phase
Break Room, HDR Room High Dose Radiation

12-11-16 Pm - Talked to Scott canceled inspection.

12-10-17 Pm From. Last Phase oncology Pass

2/10/17 Pm Phase 4 HDR High Dose Radiation and Doctor offices
15-3839 - Final = T.C.O. 90 Days

2/27/17 Pm

5/30/17 Above ceiling entrance Room. + C 15-3839
5/30/17 Above ceiling Entrance canopy. + A 15-3839

DeJoseph, Scott - (PHI)

From: John Mulligan <jmulligan@whrarchitects.com>
Sent: Wednesday, October 19, 2016 7:40 AM
To: DeJoseph, Scott - (PHI)
Subject: OMC ONC H14006-00

October 19, 2016.

To whom it may concern:

Please be advised that as Construction Administrator for WHR Architects on the Ocean Medical Center Outpatient Oncology Services Expansion, the undersigned has observed the construction of the Oncology Project since its start.

The area in question, that of the Infusion Pod Ceilings and the Drywall Ceiling Pocket of the Infusion Island, has been supported off the Chicago Grid in conjunction with Details on Drawing A802. The means and methods of this installation is in compliance with the Plans and Specifications.

If there are any questions concerning the above subject, or other construction questions, please address the undersigned.

Thank you.

John K. Mulligan

John K Mulligan PE, LEED AP.
Senior Associate

WHR Architects
1111 Louisiana 26th Floor, Houston, TX 77002
T 713-665-5665 C 832-439-8342 jmulligan@whrarchitects.com

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Follow us on LinkedIn WHR Architects

whrarchitects.com

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 15-3839+A

Permit Number

15-3839+A

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
12/18/2015	ROUGH	Thomas Olson	Electrical	Fail	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	Not ready
12/18/2015	SLAB	Joseph DiRosa	Plumbing	Pass	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	Slab plumbing rooms 1204 to 1209 oncology.
01/12/2016	FRAMING	Peter McNamara	Building	Pass	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	
01/12/2016	ROUGH	Patrick Callahan	Electrical	Pass	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	cardio rehab walls.
01/12/2016	PARTIAL ROUGH	Joseph DiRosa	Plumbing	Pass	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	ok the dump water test on the DWV. test two shower base liners only before final.
01/25/2016	UNDERGROUND	Joseph DiRosa	Plumbing	Cancelled	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	bernie
01/26/2016	ABOVE CEILING	Peter McNamara	Building	Pass	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	partial ceiling hard areas only.
01/26/2016	OPEN CEILING	Patrick Callahan	Electrical	Pass	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	
01/28/2016	SLAB	Joseph DiRosa	Plumbing	Pass	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	partial slab oncology 12 fixtures underground phase 2
01/29/2016	SLAB	Peter McNamara	Building	Pass	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	11:00 PETE SAID HE COULD SWING BY slab repair on plans P200 between column 17 and 18 on plans highlighted in blue.

3-15-16 ~~A/C~~

Patient Toilet N 1163

LAO Echo 1156

E.K.G. 1154

LAO 1 1162

LAO 2 1161

LAO 3 1159

Pan

40

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 15-3839+A

15-3839+A

02/02/2016	ROUGH	Bernie Reilly	Plumbing	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	shower drain
02/05/2016	ABOVE CEILING	Michael Vecchio	Building	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	
02/05/2016	OPEN CEILING	Thomas Olson	Electrical	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	
02/05/2016	FIRE SPRINKLERS	Richard Orlando	Fire	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	
02/05/2016	ROUGH	Bernie Reilly	Plumbing	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	
02/09/2016	FRAMING	Michael Vecchio	Building	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	
02/09/2016	ROUGH	Thomas Olson	Electrical	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	
02/09/2016	ROUGH	Bernie Reilly	Plumbing	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	
02/12/2016	Final	Thomas Olson	Electrical	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	
02/12/2016	Final	Richard Orlando	Fire	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	
02/12/2016	Final	Bernie Reilly	Plumbing	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	
02/16/2016	Final	Michael Vecchio	Building	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	
02/16/2016	TCO	Michael Vecchio	Building	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL	

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 15-3839+A

15-3839+A

02/25/2016	ABOVE CEILING	Michael Vecchio	Building	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL
02/25/2016	OPEN CEILING	Thomas Olson	Electrical	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL
02/26/2016	ABOVE CEILING	Richard Orlando	Fire	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL
02/29/2016	Final	Thomas Olson	Electrical	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL
02/29/2016	Final	Richard Orlando	Fire	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL
02/29/2016	Final	Bernie Reilly	Plumbing	OCEAN MEDIAL CENTER %MERIDIAN 425 JACK MARTIN BLVD.	Alteration	ALTERATION - COMMERCIAL