Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

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- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 19-2773

CONSTRUCTION PERMIT APPLICATION CA-003277

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 425 JACK MARTIN BLVD
2. Name of Owner in Fee: HACKENSACK MERIDIAN
   Tel. (732) 751-3384 e-mail brian.oneill@hackensackmeridian.org
   Address 1350 CAMPUS PARKWAY (street) NEPTUNE (municipality) 07753 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: STRUCTURE TONE Tel. (732) 362-3500
   Address 10 WOODBRIDGE CENTER DR e-mail jeffrey.forsythe@structuretone.com
   WOODBRIDGE NJ 07095
   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. 132687699 FAX: (_____) _____
5. Architect or Engineer Michael SAVARESE Assoc. Contact Michelle Del Vecchio
   Address 34 Sycamore Ave Little Silver e-mail _____
   Tel. (732) 530-1424 FAX: (732) 530-1340
6. Responsible Person in Charge once Work has Begun JEFF FORSYTHE
   Tel. (201) 421-9712 FAX: (___) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1250 ✓		
2. Electrical	150 ✓		
3. Plumbing			
4. Fire Protection	110 ✓	110 ✓	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	210 ✓	8 ✓	
10. Subtotal	$ 1720		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 1720	118 ✓	

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

Canopy Replacement

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		9/3/19			09/13/19	MEY			
☑ Electrical				9/10/19	10-11-19	PJC	MW		
☐ Plumbing									
☑ Fire Protection					9/6/19	LAD			
☐ 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)

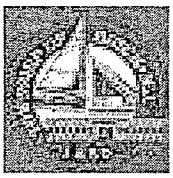
DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

FLUOROSCOPY

Rolled Plans



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/17/2019
Control Number C-19-003277
Permit Number 19-2773
Permit Issue Date 10/23/2019
Certificate Number 19-2773

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: OCEAN MEDICAL CENTER %MERIDIAN

Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone: (732) 751-3384

Contractor STRUCTURE TONE

Address 10 WOODBRIDGE CENTER DRIVE WOODBRIDGE NJ 07095

Telephone: (732) 362-3500 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 - - FLUOROSCOPY EQUIPMENT REPLACEMENT

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: 12/17/2019

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Meadowlands
Fire Protection
An EMCOR Company

Date Received / Control # 10/8/19

Date Issued / Permit # 19-2723+A

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

Block 1170 Lot 18 Qualification Code

Work Site Location 425 JACK MARTIN BLVD BRICK NJ 08724

Owner in Fee: HACKENSACK MERIDIAN

Tel. 732 751-3384 e-mail brian.oneill@hackensackmeridian.org

Address 1350 CAMPUS PARKWAY NEPTUNE 07753
(street / municipality / zip code)

Contractor: Meadowlands Fire Protection Corp. Tel. (201) 864-3580

Address 348 New County Road e-mail

Secaucus, New Jersey 07094

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00273

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. 22-2525478 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 1500.00

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: Paul A Aubry

Print name here: PAUL A. AUBRY

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: FLUOROSCOPY

Water Supply Source

Method of Alarm/Suppression System Supervision

COMMERCIAL

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pull, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	3	
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: 10/8/19 Approved by: RG
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-6-19
Approved by: KD

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12/13/19
Approved by: RG

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final		12/6/19	12/13/19	RG
Other				

FIRE REPLACE

U.C.C. F140 (rev. 02/11) 1. White = Inspector Copy 2. Canary = Office Copy 3. Pink = Office Copy 4. Tag = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/23/19
Control #
Date Issued
Permit # 2773

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

Block 1170 Lot 18 Qualification Code

Work Site Location 425 JACK MARTIN BLVD
BRICK NJ 08724

Owner in Fee: HACKENSACK MERIDIAN

Tel. (732) 751-3384 e-mail Brian.oneill@hackensackmeridian.org

Address 1350 CAMPUS PARKWAY NEPTUNE 07753
street municipality zip code

Contractor: Finesse Electric Corp. Tel. (732) 577-9671

Address 24 Jackson Mills Rd. e-mail
Freehold, NJ 07728

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 (if applicable):

Federal Emp. ID No. 22-3396664 FAX: (732) 577-5504

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 5,000

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 sign/Contractor sign and seal here: Kurt Wagner

Print name here: KURT WAGNER

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source RE-INSTALL EXISTING
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)	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
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		

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 10-25-19 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-25-19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12/13/19
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.	Fire Pump		11/26	
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12/13 SOLAR 11/26	
Other				

To reprint call (609) 390-1400
ALLEGRA
Marketing • Print • Mail

U.C.C. F140 (rev. 11/09)

#319163

Contractors Material and Test Certificate for Aboveground Piping

NATIONAL FIRE SPRINKLER ASSOCIATION, INC.

A. Procedure Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job. A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances. All "No" answers shall be explained in the Comments portion of this form.

Property Name: Ocean Medical Center Address: 425 Jack Martin Blvd, Brick Township, NJ 07824 Date: 12/6/19

B. Plans
1. Accepted by Approving Authorities (Names): Township of Brick
2. Address: Brick Township, NJ
3. Installation conforms to accepted plans ☒Yes ☐No
4. Equipment used is approved ☒Yes ☐No

C. Instructions
1. Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment ☒Yes ☐No
2. Have copies of the following been left on the premises:
   a. System components instructions ☒Yes ☐No
   b. Care and maintenance instructions ☒Yes ☐No
   c. NFPA 25 ☒Yes ☐No

D. Location of system - Supplies building(s): MRI Equipment Room

E. Sprinklers

Make	Model	Year Made	Orifice	Quantity	Temperature
RELIABLE	R5714	2019	1"	2	165 F
RELIABLE	R2115	2019	1/2"	3	165 F
RELIABLE	RA0212	2019	1/2"	1	155 F

F. Pipe and Fittings
1. Type of Pipe: Sch 10 & Sch 40 Steel Pipe & Type K Copper
2. Type of Fittings: Cast Iron Screwed & Copper

G. Alarm Valve or Flow Indicator

Type	Make	Model	Max. Time to Operate Through Insp. Test
Flow	Ex		

H. Dry-Pipe Valve
Make, Model and Serial Number:

I. Quick Opening Device (Q.O.D.)
Make, Model and Serial Number:

J. Dry-Pipe System Operating Test Without Q.O.D.
1. Time to trip through test connection*:
2. Water pressure _____psi. Air pressure _____psi.
3. Trip point air pressure _____psi.
4. Time water reached test outlet*: _____
5. Alarm operated properly ☐Yes ☐No

K. Dry-Pipe System Operating Test With Q.O.D.
1. Time to trip through test connection*:
2. Water pressure _____psi. Air pressure _____psi.
3. Trip point air pressure _____psi.
4. Time water reached test outlet*: _____
5. Alarm operated properly ☐Yes ☐No

L. Deluge and Preaction Valves
1. Make & Model: Series 758 Firelock
2. Operation: ☑Pneumatic ☐Electric ☐Hydraulic
3. Piping and detecting media supervised ☒Yes ☐No
4. Does valve operate from manual trip and/or remote control stations ☒Yes ☐No
5. Is there an accessible facility in each circuit for testing ☒Yes ☐No
6. Does each circuit operate supervision loss alarm ☒Yes ☐No
7. Does each circuit operate valve release ☒Yes ☐No
8. Maximum time to operate release: N/A

M. Pressure Reducing Valve
1. Location and Floor:
2. Make and Model:
3. Setting: _____ Static Pressure: Inlet _____psi, Outlet _____psi
4. Residual Pressure (Flowing): Inlet _____psi, Outlet _____psi
5. Flow Rate: _____ gpm

N. Test Description
Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi for two hours or 50 psi above static pressure in excess of 150 psi for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.
Pneumatic: Establish 40 psi air pressure and measure drop. Test pressure tanks at normal water level and air pressure and measure air pressure drop. In both cases, the pressure drop shall not exceed 1½ psi in 24 hrs.

O. Tests
1. All piping hydrostatically tested at 46 psi for 24 hours
2. Dry piping pneumatically tested ☒Yes ☐No
3. Equipment operates properly ☒Yes ☐No
4. Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks? ☒Yes ☐No
5. Drain Test:
   a. Static pressure reading of gage located near water supply connection _____psi.
   b. Residual pressure with valve in test connection open wide _____psi.
6. Underground mains and lead in connections to risers flushed before connection made to sprinkler piping and verified by copy of form No. 13-U ☐Yes ☒No
7. Flushed by installer of underground piping ☐Yes ☒No
8. If powder driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? ☒Yes ☐No

P. Blank Testing Gaskets
1. Number used:
2. Locations:
3. Number removed:

Q. Welded Piping - If welded piping was used in the system, complete the following:
1. As the sprinkler contractor, were welding procedures in compliance with the requirements of at least AWS B2.1, ASME Section IX or other required standards ☒Yes ☐No
2. Was welding performed by welders qualified in compliance with the requirements of at least AWS B2.1, ASME Section IX or other required standards ☒Yes ☐No
3. Do you certify that welding was carried out in compliance with a documented quality control procedure to insure that all discs are retrieved, openings in pipe are smooth, slag and other welding residue are removed, the internal diameters of piping are not penetrated, completed welds are free from cracks, incomplete fusion, surface porosity greater than 1/16 inch in diameter, undercut deeper than the lesser of 25% of the wall thickness or 1/32 inch, and the completed circumferential butt weld reinforcement does not exceed 3/32 inch? ☒Yes ☐No

R. Cutouts (Disks)
Do you certify that you have a control feature to ensure that all cutouts (disks) are retrieved? ☐Yes ☐No

S. Hydraulic Data Nameplate Provided ☐Yes ☐No

T. Date left in service (with all control valves open):

U. Signatures
1. Name of sprinkler contractor: Meadowlands Fire Protection
2. Tests witnessed by:
   For property owner (Signed): _____
   Title: _____ Date: _____
   For sprinkler contractor (Signed): Ryan Dean
   Title: Foreman Date: 12/6/19

V. Comments *(This section is for additional explanation and notes. All "No" answers must be explained here.)*
Underground piping installed by others

*Measured from the time the inspector's test connection is opened

☐ Check here if comments continue on the reverse side of this form

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/23/19

Date Issued / Permit # 19-2773

395 - 0562 Block

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

Block 1170 Lot 18 Qualification Code

Work Site Location 425 JACK MARTIN BLVD BRICK NJ 08724

Owner in Fee: HACKENSACK MERIDIAN

Tel. (732) 751-3384 e-mail brian.oneill@hackensackmeridian.org

Address 1350 CAMPUS PARKWAY (street) NEPTUNE (municipality) 07753 (zip code)

Contractor: STRUCTURE TONE Tel. (732) 362-3500

Address 10 WOODBRIDGE CENTER DR. WOODBRIDGE NJ 07095 e-mail jeffrey.forsythe@structuretone.com

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

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

Federal Emp. ID No. 132687699 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All — 09/13/19 VCH
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 09/13/19
Approved by: VCH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 11/8/19
Approved by: VCH

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11-15 VCH	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____

No. of Stories

Height of Structure ____ ft.

Area — Largest Floor ____ sq. ft.

New Bldg. Area/All Floors ____ sq. ft.

Volume of New Structure ____ cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present ____ Proposed ____

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 25,000
3. Total (1+ 2) $ 25000

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: Jeffrey M. Forsythe

Print name here: JEFFREY M. FORSYTHE

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FLUOROSCOPY EQUIPMENT Replacement

COMMERCIAL

TYPE OF WORK:

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

FEE (Office Use Only)

$

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

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

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

(19-2737)

Brian
732-395-0552

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/03/19
Control # [redacted]
Date Issued
Permit # [redacted]-273

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
OCEAN MEDICAL CENTER

Owner in Fee: HACKENSACK MERIDIAN HEALTH

Tel. (732) 751-3384 e-mail brian.oneill@hackensackmeridian.org

Address 1350 CAMPUS PARKWAY NEPTUNE 07753
street municipality zip code

Contractor: Finesse Electric Corp. Tel. (732) 577-9671

Address 24 Jackson Mills Rd. e-mail
Freehold, NJ 07728

Contractor License No. 9048 Exp. Date 3/31/2018

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

Federal Emp. ID No. 22-3396664 FAX: (732) 577-5504

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 20000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date: 10-11-19 Approved by: VMC

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

SUBCODE APPROVAL for PERMIT
Date: 10-02-19
Approved by: VMC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 11-15-19
Approved by: VMC

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough VMC			11-6-19	VMC
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
~~Other~~ above Ceiling			11-8-19	VMC
Service				
Final			11-15-19	VMC
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: Kurt Wagner

Print name here: Kurt Wagner

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
FLUOROSCOPY REPLACEMENT

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
8		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
3		Emergency & Exit Lights	
2		Communications Points	
		Alarm Devices/F.A.C. Panel	
19		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	
1		~~HP Motors 1/+ HP~~ EPO	
		KW Transformer/Generator	
		AMP ~~Service~~ UPS	
1	15	~~AMP Subpanels~~ KVA	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	100	100 CB & DISC - PPB	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block 1170 Lot 18 Qualification Code

Work Site Location 425 JACK MARTIN BLVD
BRICK NJ 08724

Owner in Fee: HACKENSACK MERIDIAN

Tel. (732) 751-3384 e-mail brian.oneill@hackensackmeridian.org

Address 1350 CAMPUS PARKWAY NEPTUNE 07753
street municipality zip code

Contractor: Finesse Electric Corp. Tel. (732) 577-9671

Address 24 Jackson Mills Rd. e-mail
Freehold, NJ 07728

Contractor License No. 9048 Exp. Date 3/31/2018 21

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

Federal Emp. ID No. 22-3396664 FAX: (732) 577-5504

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 20,000

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: Kurt Wagner

Print name here: KURT WAGNER

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: FLUOROSCOPY EQUIP REPL.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
8		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
3		Emergency & Exit Lights	
2		Communications Points	
		Alarm Devices/F.A.C.Panel	
		COMMERCIAL	
19		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:
[ ] 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 [ ] CA
Date:
Approved by:

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

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

PERMIT UPDATE

Date Update Issued 11/1/19
Control # C-19-003277+A
Permit # 19-2773+A

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ
Owner in Fee: OCEAN MEDICAL CENTER %MERIDIAN 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone: (732) 751-3384

Contractor: STRUCTURE TONE
Address: 10 WOODBRIDGE CENTER DRIVE WOODBRIDGE NJ 07095
Telephone: (732) 362-3500
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL - FLUOROSCOPY EQUIPMENT REPLACEMENT ...UPDATE +A - SPRINKLER HEADS

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$119
Check No.	811236
Cash	$0
Credit	$0
Collected By	CW

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,500

D J Dearman 10/23/19
Construction Official Date

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE **3 PINK - TAX ASSESSOR** 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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.

CONSTRUCTION PERMIT

Date Issued 10/23/19
Control # C-19-003277
Permit # 19-2773

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ

Owner in Fee: OCEAN MEDICAL CENTER %MERIDIAN 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone: (732) 751-3384

Contractor: STRUCTURE TONE
Address: 10 WOODBRIDGE CENTER DRIVE WOODBRIDGE NJ 07095
Telephone: (732) 362-3500
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL - FLUOROSCOPY EQUIPMENT REPLACEMENT

PAYMENTS (Office Use Only)

Building	$1,250
Electrical	$315
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$96
CO Fee	
Other	$0
Total	$1,777
Check No.	815910
Cash	$0
Credit	$0
Collected By	10/23/19

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $50,000

D. Neuman Jr. 10/11/19
Construction Official Date

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C.5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

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

Subcode Official Review

Date: Tuesday, September 10, 2019

To: OCEAN MEDICAL 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-19-003277
Last Submit Date: Friday, September 6, 2019

Dear OCEAN MEDICAL CENTER %MERIDIAN,

Your request is hereby denied based upon the following infractions.

Include all equipment and wiring on electrical application, ie: 100 Amp feeder to fluoroscopy machine, 15 Kva transformer, etc.

Sincerely,

Patrick Callahan, Subcode Official

CC:

Resubmit 9/17/19

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

PHILIP D. MURPHY
Governor

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

VIA EMAIL ONLY: michelle.delvecchio@msassc.com

May 10, 2019

Michelle Del Vecchio, R.A.
Executive Vice President
Michael Savarese Associates, Architects
34 Sycamore Avenue, Suite 1E, 2nd Floor
Little Silver, NJ 07739

Re: Local Plan Review Request
Fluoroscopy Equipment Replacement
HMH-Ocean Medical Center
425 Jack Martin Blvd., Brick, NJ 08724

Dear Ms. Del Vecchio:

Currently, we are allowing local construction departments to perform the review of certain projects, as long as there are no State licensure or FGI Guidelines requirements to be met in those areas or if the work is very minor in nature. Having looked at the submitted information, **it has been determined that local review for the following project is appropriate.** This is with the understanding that this is strictly limited to the review of the proposed project to **replace existing fluoroscopy equipment as outlined in your email (with attachments) dated, May 8, 2019, 3:33 PM** and all work necessary to accomplish this project at the above referenced facility. The facility owner is responsible for all project work and affected areas to comply with the *2018 FGI Guidelines for Design and Construction of Hospitals* and *2012 NFPA 101 Life Safety Code* as applicable.

Prior to occupying the project area, a copy of the Certificate of Occupancy/Approval as applicable and as issued by the local authority having jurisdiction (AHJ) must be provided to the New Jersey Department of Health, Acute Care Facility Survey (ACFS) unit by mail or fax, (609) 943-3013. You must also contact that unit to arrange for an inspection of the completed work. The NJH ACFS can be reached at (609) 292-9900.

Should you have any questions, you may call me at (609) 633-8151.

Sincerely,

John Paluchowski

John Paluchowski, P.E.
Supervisor
Construction Plans Approval
Health Care Plan Review

C: File