TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

CCC Unit

I. IDENTIFICATION

1. Proposed Work at: Brick Hospital - Jack Martin Blvd.
2. Owner Name: The Medical Center of Ocean County Tel. (201) 840-2200
   Address 425 Jack Martin Blvd., Brick, New Jersey
3. Principal Contractor: Fitzpatrick & Associates Tel. (201) 542-6100
   Address 1115 Pinebrook Road, Tinton Falls, New Jersey
   Lic. No. or Builder Reg. No. 4800 Federal Emp. No. 222013709
4. Architect or Engineer: Ferrenz, Taylor & Clark Associates Tel. (212) 460-8840
   Address 149 Fifth Avenue, New York, New York 10010
5. Responsible Person in Charge of Work John Rauner/John Hopler Tel. (201) 892-1100/840-2200

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: Comm. alter CCU

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☒	Plumbing	
3. ☒	Electrical	
4. ☒	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 499,000

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☒ Elevators/Dumbwaiters
2. ☒ High-Pressure Boilers
3. ☒ Refrigeration Systems
4. ☒ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☒ Cross-connections/ Backflow Preventors
7. ☒ Sprinklers
8. ☒ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units ____

If other than new construction, enter no. of dwelling units:
Before Construction: ____
After Construction: ____
Net Gain (or loss): ____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☒ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use: HOSPITAL

If Change in Use Group, Indicate Former: ____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☒	Gas
4.	☒	☐	Oil
5	☐	☒	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 5
15. Height of Structure ____ Ft.
16. Area–Largest Floor ____ Sq. Ft.
17. Bldg. Area–All Fls. ____ Sq. Ft.
18. Volume of Structure ____ Cu. Ft.
19. Total Land Area Disturbed ____ Sq. Ft.

LDS BR 10300186

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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

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

☐ **Check if contractor.**

AGENT NAME *John Hopler, Director of Engineering* TEL.(*201*) *892-1100/840-2200*

ADDRESS *425 Jack Martin Blvd.*

Brick, N.J. 08724

SIGNATURE _____

BLOCK NO. 1170 LOT NO. 18, 18-1 SUBDIVISION _____ PERMIT NO. 2049

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☑ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection	_____				_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO.

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING			4-27-88	KM	
	Footings/Foundations					
	Framing					
	Architectural					
	Other Zoning			3/21/88	AK	
☑	PLUMBING			4-25-88	RC	3/23/88-Rejected)
☐	ELECTRICAL					
☒	FIRE PROTECTION			3/21/88	JE	
☐	OTHER SITE APP					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
✓	BUILDING		9-8-88 KM	
	Footings/Foundations			
	Framing			
	Architectural			
✓	Other			
✓	PLUMBING		9-23-88 RM	
	ELECTRICAL		9-9-88 RE	
✓	FIRE PROTECTION		9-9-88 JE	
	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: — Date Issued

- ☐ Temporary Certificate of Occupancy — Date Expired ____ — Date Issued ____
- ☐ Temporary Certificate of Occupancy — Date Expired ____ — Date Issued ____
- ☐ Certificate of Occupancy — No. ____ — Date Issued ____
- ☐ Certificate of Continued Occupancy — No. ____ — Date Issued ____
- ☑ Certificate of Approval — No. 2049 — Date Issued 9-23-88
- ☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

BUILDING	3742.50
PLUMBING	220.–
ELECTRICAL	.
FIRE PROTECTION	30.–
OTHER	
SUBTOTAL	3992.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(398.00)
D.C.A. TRAINING FEE .0006 x ____ =	595.88
CERTIFICATE OF OCCUPANCY	
OTHER	.
OTHER	
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 4596.38
DATE 7/25/88 Collected By	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.
OTHER			.
OTHER			.
– LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$.

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	$.

TOWNSHIP OF BRICK

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

CERT. NO. 2049

DATE ISSUED 9-23-88

Block 1170 Lot 18-18.1

Subdivision

IDENTIFICATION

Owner Brick Hospital

Address ~~425 Jack Martin Blvd.~~ Brick, N.J.

Tel. ( )

Work Site Address

Agent

Address

Tel. ( )

Lic. No.

Federal Emp. No.

PAYMENTS

Fees Remitted $

☐ Check No.

☐ Cash

☐ Other

Collected By:

Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

B. ☐ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19_____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

Comm. Alteration to 5th Floor Coronary Care Unit.

USE GROUP I2 I-2 FIRE GRADING 2 Hours

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE Hospital

FINAL COST OF CONSTRUCTION: $ 499,000.

Arthur J. Cirz

CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2077
DATE ISSUED 7/25/88
REVISION DATE
Block 1170 Lot 18818-1
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner The Medical Center of Ocean County
Address 425 Jack Martin Blvd
Brick, N.J. 08724
Tel. (201) 840-2200
Work Site Address 425 Jack Martin Blvd.
Brick, N.J. 08724

Contractor Fitzpatrick & Associates
Address 1115 Pinebrook Rd.
Tinton Falls, N.J.
Tel. (201) 542-6100
Lic. No. 4800
Federal Emp. No. 222013709

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

WILL CONVERT 5 PATIENT ROOMS TO SIX-BED CORONARY CARE UNIT.

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other INTERIOR
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: I-2 Present _____ Proposed

No. of Stories 5 Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

Please refer to drawings for specific information

☐ Partial Releases ☐ *Prototype Processing*

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	4-27-88	ICM
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 9-9-88

Inspected By: ICM

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☒ Finishes				9-8-88 ICM
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 2049
DATE ISSUED 7/25/88
REVISION DATE
Block 1170 Lot 18 & 18-1
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner The Medical Center of Ocean County
Address 425 Jack Martin Blvd
Brick, N.J. 08724
Tel. (201) 840-2200
Work Site Address 425 Jack Martin Blvd.
Brick, N.J. 08724

Contractor Fitzpatrick & Associates
Address 1115 Pinebrook Rd.
Tinton Falls, N.J.
Tel. (201) 542-6100
Lic. No. 4800
Federal Emp. No. 222013709

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

WILL CONVERT 5 PATIENT ROOMS TO SIX-BED CORONARY CARE UNIT.

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other INTERIOR
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: I-2 Present _____ Proposed

No. of Stories 5

Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft.

Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

Please refer to drawings for specific information

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8'83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2041
DATE ISSUED 7/25/88
REVISION DATE

Block 1170 Lot 15.01-1
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner The Medical Center of Ocean Count
Address 425 Jack Martin Blvd.
Brick, N.J. 08724
Tel. (201) 840-2200
Work Site Address 425 Jack Martin Blvd
Brick, N.J. 08724

Contractor Fitzpatrick & Associates
Address 1115 Pinebrook Rd.
Tinton Falls, N.J.
Tel. (201) 542-6100
Lic. No. 4800
Federal Emp. No. 222013709

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:

Estimated Cost of Work: $

$

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $

FEE $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

$ 50
$
$

Subtotal $
Minimum Fire Protection Fee (If Applicable) $ X
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 520

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP I-2 Present Proposed
Heating Systems – Location:
Type: ☒ Gas ☒ Oil ☒ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: 2 Capacity: 20,000
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

Please refer to drawings for specific information

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
9/9/88	Room # 1 & 4-5-6 Windows don't open Struck J.E.
9/9/88	Maintance man fixed windows

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 3/21/88
Approved By: JE

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 9/9/88
Inspected By: JE

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☒ Other				Final
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

FIRE SUBCODE TECHNICAL SECTION

New Jersey Uniform Construction Code

PERMIT NO.	2044
DATE ISSUED	7/25/88
REVISION DATE	
Block	1170
Lot	18 & 18-1
Subdivision	

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner: The Medical Center of Ocean County
Address: 425 Jack Martin Blvd. Brick, N.J. 08724
Tel. (201) 840-2200
Work Site Address: 425 Jack Martin Blvd Brick, N.J. 08724

Contractor: Fitzpatrick & Associates
Address: 1115 Pinebrook Rd. Tinton Falls, N.J.
Tel. (201) 542-6100
Lic. No. 4800
Federal Emp. No. 222013709

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

[signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

FEE

TYPE: ☐ Wet ☐ Dry ☐ Other ______
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: ______ No. of Spare Heads: ______
☐ Valves Supervised – Method: ______
Water Supply – Source: ______ Size: ______
FD Connection Location: ______
Estimated Cost of Work: $ ______ $ ______

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other ______
Manual Pull: ☐ Yes ☐ No
Locations: ______

Estimated Cost of Work: $ ______ $ ______

B3. ALARM

FEE

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ ______ $ ______

B4. STAND PIPES

Pipe Size: ______ Pump Size: ______
Water Source: ______ Size: ______
FD Connection Location: ______
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ ______ $ ______

B5. OTHER

Button up wall, in CCU Room, Ext. Sensor fire [illegible] Emergency [illegible] $ 30
$
$

Subtotal $

Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal)* $ 30

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP I-2 Present ______ Proposed ______
Heating Systems – Location: ______
Type: ☒ Gas ☒ Oil ☒ Electrical ☐ Solar ☐ Other ______
Fuel Storage Tank – Location: OUTSIDE Fuel Type: 2 Capacity: 20,000
Total Estimated Cost of Fire Protection Work: $ ______

D. COMMENTS

Please refer to drawings for specific information

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. [illegible]
DATE ISSUED 7/25/88
REVISION DATE
Block 1170 Lot 18 & 18-1
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner: Medical Ctr Of Ocean Co.
Address: 425 Jack Martin Blvd. Brick NJ 08724
Tel. (201) 840-2200 Ext. 3408
Work Site Address: 425 Jack Martin Blvd. Brick NJ 08724

Contractor: Three G's Plumbing & Htg
Address: Box 1310, 514 Arnold Ave. Pt Pleasant NJ 08742
Tel. (201) 899-5999
Lic.No./Bus. Permit: #B105451
Federal Emp. No.: 222-200-741/000

CERTIFICATION IN LIEU OF OATH
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Eugene Gonchar
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$ 15
	Bathtub		3	Air Conditioner Unit	
9	Lavatory/Sink	45.00		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher		1	Backflow Device	25.00
	Water Heater			Reduced Pressure Backflow Device	
3	Domestic Boiler/ Furnace	45	1	Vent Stack	10.00
	Steam Boiler			Solar System	
	Water Util. Connection		2	Other Bedpan Washers	50.00
	Sewer Util. Connection			Other	
	Hose Bibb	[illegible]		Other	130
	Water Cooler			Other	[illegible]
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$ 90
COLUMN 2	$ 130
SUBTOTAL	$ 220
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: I-2 Present _____ Proposed

Drainage —	Material C.I	Size 4 3 2	
Building Sewer —	Material C.I	Size 6 4	
Water Service —	Material COPPER	Size	
Venting —	Material C.I	Size 1½ 2	

Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 4 25 88
Approved By:

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 9/23/88
Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☒ Rough				6-8-88
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-130 (8/83)

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 2049
DATE ISSUED 7/25/88
REVISION DATE

Block 1170 Lot 18 & 18-1
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Medical Ctr Of Ocean Co.
Address 425 Jack Martin Blvd.
Brick NJ 08724

Tel. (201) 840-2200 Ext. 3408

Work Site Address 425 Jack Martin Blvd.
Brick NJ 08724

Contractor Three G's Plumbing & Htg
Address Box 1310, 514 Arnold Ave.
Pt Pleasant NJ 08742

Tel. (201) 899-5999

Lic.No./Bus. Permit #B105451

Federal Emp. No. 222-200-741/000

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Eugene Gowdey
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$	1	Garbage Disposal	$ 45
	Bathtub		3	Air Conditioner Unit	
9	Lavatory/Sink	45.00		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher		1	Backflow Device	25.00
	Water Heater			Reduced Pressure Backflow Device	
3	Domestic Boiler/ Furnace	45	1	Vent Stack	10.00
	Steam Boiler			Solar System	
	Water Util. Connection		2	Other Bedpan Washers	
	Sewer Util. Connection			Other	50.00
	Hose Bibb			Other	
	Water Cooler	90		Other	130
	COLUMN 1	$ ~~90~~		COLUMN 2	$ 520

Fee	
COLUMN 1	$ 90
COLUMN 2	$ 130
SUBTOTAL	$ 220
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: I-2 Present _____ Proposed

Drainage — Material C.I Size 4" 3" 2"
Building Sewer— Material C.I Size 6" 4"
Water Service— Material Copper Size
Venting — Material C.I Size 4" 3" 2"

Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

11-70

MUNICIPALITY Brick

UE CUT-IN CARD

LOCATION Jack Martin Blvd UTILITY CO —

BLK 671 LOT 8

OWNER Brick Haven Hospital OCCUPANT

Installation in the above premises has been inspected and is in accordance with N.E.C. utility and DCA requirements.

☒ FINAL ☐ TEMPORARY This approval void after ____ days.

SERVICE X RANGE X WATER HEATER X

AIR COND X ELECT. HEAT X MISC

COMMENTS 5th floor C.C.U.

DATE 8/6/79 PERMIT # 16726 INSPECTOR LO Cole

Elec. 104 Insp. Lic # L-155

(14)

2050
2049

R-75

746 Baltic

673-11 37

1170
8/1 - 1 unit
Rec'd
1170

Bob Pascal 840-2200 3408

DWG'S FURNISHED.

PLAN REVIEW RECORD

Plan Review # _____

Recv'd. Date _____

DWG. NO. ___ DATE _____ TITLE _____

DWG. NO. ___ DATE _____ TITLE _____

DATE TO BE COMPLETED _____

PROJECT Hospital

(City, County, Township, etc.)

(Street address)

OWNER _____ ARCH/ENGR _____

REVIEWED BY _____

SPECIFICATIONS AVAILABLE _____ CHECKED BY _____

CORRECTION LIST

CORR. NO.	DWG. NO.	DESCRIPTION	Code Section	Dept. Check Off
	P1	3" Waste Branch only 6 dfu on 2" Branch	Table 11.5.1B	
	NO	Plumbing Technical or Lic Plumb.		

PLAN REVIEW CHECK LIST

	YES	NO
1. Dwg's Signed and Sealed (all Dwg's) Spec. on cover sheet.		
2. Copy of Application.		
3. Fee Paid (usually constr. official's problem).		
4. Site Plan.		
5. Ground Floor Plan & Dwg's Numbered & Legend.		
6. All Plumbing Plans (Architectural IF Necessary).		
7. Specifications (Plumbing and other sections which may apply such as site work).		
8. Time and Date of issuance of permit or submittal of plans for review.		
9. Date when Plan Review should be complete.		
10. Type of Bldg. classification and use - shown on cover Dwg. for Bldg.		
11. Licensed Plumber with license number.		
INDIVIDUAL DRAWING REVIEW		
SITE PLAN		
a. - Indication of Bldg. Location.		
b. - Scale		
c. - Utility Locations in street, with inverts manholes & location of pipe. (water, sanitary, sewer, gas).		
d. - Connections from Bldg. to utilities in street, size, flow indication, inverts cover, manholes.		
e. - Topo of site to indicate grade so depth of bury can be determined.		
f. - Any special items indicated, pits for services, pumps, wells, septic systems adjacent or on property.		
g. - Indications of trunk lines, new manholes, adjacent areas or properties which could affect Plumbing lines.		

GROUND FLOOR PLAN

	YES	NO
1. Entrance of city water or potable water lines		
2. Back flow prevention		
3. Meter		
4. Type of pipe (specifications)		
5. Flow, pressure in main, size of service		
6. Combination fire service and domestic		
7. Locations, pit, cross connection		
8. Valves on incoming service		
9. Elevations, depth of bury outside bldg.		
10. Pipe supports, hangers		
11. Sanitary leaving building, location, size, DFU		
12. Sanitary invert leaving bldg. Pitch		
13. Type of pipe, connections		
14. Supports, hangers, sleeves through foundation		
15. Cleanouts, location, spacing		
16. Storm water system, leaders, conductors, underground piping, location		
17. Pitch, manholes, cleanouts		
18. Note to check roof drains in spec., details or on roof plan if one exists		
19. Check area served by each roof drain size, code requirements. (biggest problem is proper rain fall calculation)		
20. Check fixtures if any in ground floor toilet facilities		
a - Number of each - men - women		
b - Location		
c - Check code classification		
d - Review each floor for toilets and count. Occupancy load should be given on plans and/or application for permit		

	Yes	No
21. Barrier Free Toilets		
a - Space		
b - Number		
c - Lavatory		
d - Accessibility		
e - Location on each floor		
22. Check total building fixture count per chapter 7 - per bldg. classification		
Toilets		
Lav's		
Water coolers etc.		
(after reviewing all drawings)		
23. Riser diagram (simple diagram which portrays entire sanitary system including vents)		
a - Riser diagram is required by ADM. Code.		
b - Type of diagram - isometric - straight type		
c - Water distribution (only if a high rise or complicated system)		
d - Sanitary - listing DFU on each branch, totals on each section trunk lines and out of bldg.		
e - Inverts for pitch and flow		
f - Vents, size, vents through roof		
g - Traps, size, location		
h - Identification of fixtures		
24. Plumbing Equipment		
Pumps		
Approved Materials		
Bldg. Heating System		
Gas Piping		
Septic System		
Septic Field		

MATERIAL AND JOINTS CHAPTER 4

Frost depth Waterlines _____ Sewerlines _____
feet, inches feet, inches

DRAIN, WASTE, AND VENT PIPE

_____ Above ground
_____ Below ground
_____ Chemical waste

BUILDING SEWER PIPE

_____ Sanitary
_____ Storm

STORM DRAINAGE PIPE

_____ Inside conductors
_____ Below ground
_____ Subsoil drain
_____ Roof drain

WATER SUPPLY PIPE

_____ Water service
_____ Water distribution

JOINTS AND CONNECTIONS

_____ Approved type

STRESS AND STRAIN

_____ Expansion and contraction

PIPE SUPPORT

_____ Hanger schedule submitted
_____ Vertical support
_____ Horizontal support

SANITARY DRAINAGE SYSTEM CHAPTER 11

_____ Riser diagram submitted
_____ DIAGRAM TYPE

FIXTURES

_____ Separate traps
_____ Trap size
_____ Approved traps

STACKS

_____ Minimum size
_____ Sized for load
_____ Proper connection to stack
_____ Size of offset
_____ Connection to offset
_____ Connection to base

DRAINAGE FIXTURE UNITS
_____, INDICATED

HORIZONTAL BRANCHES

_____ Sized for load
_____ Proper fittings
_____ Pitch of pipe
_____ Dead end

DRAINAGE BELOW SEWER LEVEL

_____ Sewage ejector, sewage pump

_____ Size

BUILDING DRAIN AND SEWER

_____ Minimum size underground

_____ Sized for load
_____ Pitch of pipe
_____ TOTAL D.F.U. / PIPE SIZE _____

CHAPTER 7

CLEANOUTS

_____ Horizontal lines
_____ Change in direction
_____ Base of stack
_____ Building sewer junction
_____ Proper size
_____ Manholes
_____ SPACING

INDIRECT WASTE

_____ Where required
_____ Proper air gap or air break
_____ Standpipes
_____ Waste temperature

SPECIAL WASTE

_____ Neutralizing
_____ AIR CONDITIONING COND.
_____ OTHER ( )

VENTS AND VENTING CHAPTER 12

WHERE REQUIRED

_____ Every fixture and trap
_____ Proper size

TYPE OF VENTING

_____ Individual vent
_____ Proper size
_____ Wet vent
_____ Proper size
_____ Common vent
_____ Proper size
_____ Circuit vent
_____ Loop vent
_____ Proper size
_____ Combination waste and vent
_____ Proper size
_____ Sump vent
_____ Proper size

STACKS

_____ Minimum required
_____ Connection at base
_____ Vent stacks
_____ Proper size
_____ Stack vents
_____ Proper size
_____ Offsets
_____ Proper size
_____ Relief vent (10 Branch intervals)
_____ Proper size

VENT REQUIREMENTS

_____ Extension above roof
_____ Roof location
_____ Vent grade
_____ Height above fixtures
_____ Frost enclosure

BACKWATER VALVES CHAPTER 10

INTERCEPTORS AND SEPARATORS

_____ Where required
_____ Approved type
_____ Grease interceptors
_____ Location

BACKWATER VALVES

_____ Where required
_____ Approved type

WATER SUPPLY AND DISTRIBUTION CHAPTER 10

DESIGN

_____ Water calculations submitted
_____ DEPTH OF BURY
_____ Adequate supply pressure
_____ Pressure at fixtures
_____ Velocity of flow
_____ Flow rate
_____ Flow rate at fixtures
_____ Size of water service 1 GPM BASED ON SFU.
_____ Size of fixture supply
_____ Approved pumping equipment
_____ WATER METER
_____ Separation of water service
_____ SUPPLY FIXTURE UNITS TOTAL

HOT WATER SYSTEM

_____ Recirculation required
_____ Approved water heater
_____ Relief valve
_____ Required insulation
_____ ENERGY CODE

HANGERS
_____ TYPE & SPACING CHAPTER 8

VALVES

_____ Water meters
_____ Each riser
_____ Each dwelling unit
_____ Each fixture, other than dwellings

_____ Water heaters
_____ Sillcocks
_____ Other locations
_____ Full flow valves
_____ HOSE BIBBS

PROTECTION OF POTABLE WATER

_____ Backflow protection
_____ Cross connection
_____ Approved backflow preventers

INDIVIDUAL WATER SUPPLY

_____ Required quantity
_____ Water quality
_____ Separation from contaminants

SPECIAL FIXTURES

_____ Approved type
_____ Accessibility
_____ Sterilizer piping
_____ Approved sterilizer equipment

DRAINAGE

_____ Bedpan washers
_____ Sterilizer waste
_____ Vacuum systems
_____ Central vacuum systems
_____ INDIRECT

SPECIAL EQUIPMENT
_____ STERILIZERS
_____ ICE MACHINES

VENTS

_____ Local vents
_____ Sterilizer vents

WATER SYSTEM

_____ Dual water service
_____ Adequate hot water
_____ Backflow protection

ENGINEERED PLUMBING

_____ Sealed drawings submitted
_____ Details and data
_____ CALCULATIONS

_____ Design criteria
_____ Inspection schedule

☐ DOES NOT APPLY

STORM DRAINAGE CHAPTER 13

_____ Area rainfall rate

SIZE OF SYSTEM

_____ Size of roof gutters
_____ Size of vertical conductors and leaders
_____ Size of horizontal drains
_____ Size of storm sewer

BUILDING SUBDRAIN

_____ Sump pit
_____ Sump pump

CONTROLLED FLOW

_____ Number of roof drains
_____ Size
_____ Roof design

PLUMBING FIXTURES CHAPTER 7. TABLE 7.24.1

BUILDING Type of use group(s) _____ Separate facilities _____ INDICATED Number of people _____ (Total) _____ (Male) _____ (Female)

CHAPTER 7 - REQUIRED No. PEOPLE _____ TOTAL _____ MALE _____ FEMALE

Required Fixtures CHAPTER 7	Minimum number required per FLOOR								Number shown per FLOOR								Fixture Requirements	Access, Spacing	
Water Closets	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘			
Urinals																			
Lavatories	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘	⊘			
Bathtubs or showers																			
Drinking Fountains																			
Service Sinks																			
Kitchen Sinks																			

Male ⊘ Female

(Number Shown)		OTHER FIXTURES
_____	_____	
_____	_____	Food waste grinders
_____	_____	Dishwashing machines
_____	_____	Automatic clothes washers
_____	_____	
_____	_____	
_____	_____	Special plumbing fixtures
_____	_____	Floor drains

HANDICAP FACILITIES

_____ Where required

PUBLIC USE

_____ Water Closets

_____ Urinals

_____ BARRIER FREE HEIGHTS

_____ BARRIER FREE STALLS

_____ BARRIER FREE EWC