RECEIVED
JUL 1 '87

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

BUILDING

I. IDENTIFICATION

1. Proposed Work at: Brick Hospital
2. Owner Name: Northern Ocean Hospital System, Inc. 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 CAT SCAN
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$
2. ☒	Plumbing	
3. ☒	Electrical	
4. ☒	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 500,000

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 1
15. Height of Structure 12'8" Ft.
16. Area–Largest Floor 1950 Sq. Ft.
17. Bldg. Area–All Fls. 1950 Sq. Ft.
18. Volume of Structure 25,765 Cu. Ft.
19. Total Land Area Disturbed 1950 Sq. Ft.

LDS BR 10300185

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 Fitzpatrick Inc. DATE 9/23/87

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.**

EFT 3480

AGENT NAME JOHN HOPLER TEL.( ) 892-1100

ADDRESS NORTHERN OCEAN HOSPITAL SYSTEMS INC

405 JACK MARTIN BLVD., BRICK N.J.

SIGNATURE JJH

BLOCK NO. 1170 LOT NO. 18-18.1 SUBDIVISION _____ PERMIT NO. 2050

9/23/87 Please stand all Plan as are required

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	GKH																
☐ 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	I-2	☑ Mechanical		☐ Flood Hazard	
☑ Building		☐ Energy		☐ As Built Elevation Certification	
☑ Electrical		☒ Barrier Free		☐ Other	approved as part
☒ Plumbing		☐ Other			9-23-87
☒ Fire Protection		plg. drawing Required Called 3/3/88.			

U.C.C. Form F-100 (8/83)

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	7/15/87	[illegible]	9/1/88	CW	
	Footings/Foundations					
	Framing					
	Architectural					
	Other None			9/15/87	GK	
☐	PLUMBING			9/21/88		
☐	ELECTRICAL					
☑	FIRE PROTECTION			7/14/87	[illegible]	
☐	OTHER Site					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
✓	BUILDING		9-23-88	Kw
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
✓	PLUMBING		9/23/88 Dm	
✓	ELECTRICAL		9/23/88 A-A.	
✓	FIRE PROTECTION		9-28-88 a.a.	
	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	
☐ Temporary Certificate of Occupancy Date Expired _____	
☐ Certificate of Occupancy No. _____	
☐ Certificate of Continued Occupancy No. _____	
☑ Certificate of Approval No. 2050	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

	AMOUNT
BUILDING	$ 366.00
PLUMBING	175.00
ELECTRICAL	
FIRE PROTECTION	55.00
OTHER _____	
SUBTOTAL	$ 596.79
– LESS: 20% of subtotal (when plan review performed by state agency)	(59.68)
D.C.A. TRAINING FEE .0006 x 52399	= 31.44
CERTIFICATE OF OCCUPANCY	89.52
OTHER _____	
OTHER _____	
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 777.43

DATE _____ 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

CERTIFICATE

CERT. NO. 2050
DATE ISSUED 9/23/88
Block 1170 Lot 18, 18-1
Subdivision

IDENTIFICATION

Owner Northern Ocean Hosp. System
Address 425 Jack Martin Blvd
Brick, N.J.
Tel. ( )

Agent Fitzpatrick Assoc
Address
Tel. ( )

Work Site Address Same
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:

Addition (Cat Scan)

USE GROUP I-2 FIRE GRADING 2 hours

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE Addition

FINAL COST OF CONSTRUCTION: $ 500,000.

Arthur J. Cerza
CONSTRUCTION OFFICIAL

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

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2020
DATE ISSUED 11/25/88
REVISION DATE
Block 1110 Lot 18-18-1
Subdivision

A. IDENTIFICATION

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

Owner Northern Ocean Hospital System
Address 425 Brick Blvd.
Brick, New Jersey
Tel. (201) 840-2200
Work Site Address 425 Brick Blvd.
Brick, New Jersey

Contractor Fitzpatrick & Associates
Address 1115 Pinebrook Road
Tinton Falls, New Jersey
Tel. (201) 542-6100
Lic. No. 4800
Federal Emp. No. 222013789

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.

Footing & Foundation

Addition Only

1,950 sq ft 399 cu. Ft

☒ See Plans

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ 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: 1-2 Present _____ Proposed

No. of Stories 1
Height of Structure 12'8" Ft.
Area—Largest Floor 1950 Sq. Ft.

Total Building Area—All Floors 1950 Sq. Ft.
Volume of Structure 25,765 Cu. Ft.
Total Land Area Disturbed 1950 Sq. Ft.

Estimated Cost of Building Work: $

D. COMMENTS

Please refer to drawings for specific items

☐ Partial Releases ☐ Prototype Processing

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

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	3/9/88	
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

Date: 9-23-88

Inspected By: [illegible]

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Footing/Foundation				9-23-87 Ed
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☒ Finishes				9-23-88 IKW
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2030
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 Northern Ocean Hospital System
Address 425 Brick Blvd.
Brick, New Jersey
Tel. (201) 840-2200
Work Site Address 425 Brick Blvd.
Brick, New Jersey

Contractor Fitzpatrick & Associates
Address 1115 Pinebrook Road
Tinton Falls, New Jersey
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.

Footing & Foundation for Addition Only

52 399 cu. Ft

☒ See Plans

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ 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 1
Height of Structure 12'8" Ft.
Area–Largest Floor 1950 Sq. Ft.
Estimated Cost of Building Work: $

Total Building Area–All Floors 1950 Sq. Ft.
Volume of Structure 25,765 Cu. Ft.
Total Land Area Disturbed 1950 Sq. Ft.

D. COMMENTS

Please refer to drawings for specific items

☐ 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

PERMIT NO. _____
DATE ISSUED 4-18-
REVISION DATE _____
Block 112 Lot 15-16-1
Subdivision _____

A. IDENTIFICATION

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

Owner Northern Ocean Hospital System
Address 425 Jack Martin Blvd.
Brick, New Jersey
Tel. (201) 840-2200
Work Site Address 425 Jack Martin Blvd.
Brick, New Jersey

Contractor Fitzpatrick & Associates
Address 1115 Pinebrook Road
Tinton Falls, New Jersey
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 _____ FEE
Area Sprinkled: ☐ Full ☒ Partial (specify in comments)
No. of Heads: 60 No. of Spare Heads: –
☐ Valves Supervised – Method: Ext. Flow Switch
Water Supply – Source: City Water Size: 2"
FD Connection Location: Standpipe
Estimated Cost of Work: $ Incl. $ 25 00

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☒ Yes ☐ No
Locations: Refer to Drawings
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☒ Manual ☒ Automatic FEE
Supervision Type: ☐ Local ☒ Central ☐ Proprietary ☒ Remote Location
Estimated Cost of Work: $ Included $ 15 00

B4. STAND PIPES

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

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ 40 00
Minimum Fire Protection Fee (If Applicable) $ 15 00
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 55 00

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 refereto drawings for specific items.

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140 (8/83) Green = Office Copy White = Applicant Copy Pink = Inspection Copy

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: 7-24-87

Approved By: [signature]

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

Date: 9/28/88

Inspected By: [signature]

INSPECTIONS

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

FIRE SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2650
DATE ISSUED 7/25/88
REVISION DATE
Block 1120 Lot 18-18-1
Subdivision

A. IDENTIFICATION

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

Owner Northern Ocean Hospital System
Address 425 Jack Martin Blvd.
Brick, New Jersey
Tel. (201) 840-2200
Work Site Address 425 Jack Martin Blvd.
Brick, New Jersey

Contractor Fitzpatrick & Associates
Address 1115 Pinebrook Road
Tinton Falls, New Jersey
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 _____ FEE
Area Sprinkled: ☐ Full ☒ Partial (specify in comments)
No. of Heads: 6 No. of Spare Heads: =
☐ Valves Supervised – Method: Ext. Flow Switch
Water Supply – Source: City Water Size: 2"
FD Connection Location: Standpipe
Estimated Cost of Work: $ Incl. $ 25.00

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☒ Yes ☐ No
Locations: Refer to Drawings

Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☒ Manual ☒ Automatic FEE
Supervision Type: ☐ Local ☒ Central ☐ Proprietary ☒ Remote Location
Estimated Cost of Work : $ Included $ 15.00

B4. STAND PIPES

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

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ 40.00
Minimum Fire Protection Fee (If Applicable) $ 15.00
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 55.00

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 items.

☐ Partial Rel...

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 2050
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 NORTHERN OCEAN HOSP. SYSTEM
Address
Tel. ( ) 840-2200
Work Site Address 425 JACK MARTIN BLVD

Contractor Three G's Plbg. & Htg.
Address 54 Arnold Ave Pt. Pleasant Bch., NJ
Tel. ( )
Lic.No./Bus. Permit 5451
Federal Emp. No.

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 Gaudet
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ 10.	3	Garbage Disposal	$
	Bathtub		2	Air Conditioner Unit	45
3	Lavatory/Sink	15	1	Indirect Connection	25-
2	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher		1	Backflow Device	25-
	Water Heater			Reduced Pressure Backflow Device	
3	Domestic Boiler/ Furnace	45	1	Vent Stack	10-
	Steam Boiler			Solar System	
1	Water Util. Connection			Other	
1	Sewer Util. Connection			Other	
1	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 70		COLUMN 2	$ 105

Fee	
COLUMN 1	$ 70
COLUMN 2	$ 105-
SUBTOTAL	$ 175-
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: I-2 Present _____ Proposed

Drainage — Material _____ Size _____
Building Sewer— Material _____ Size _____
Water Service— Material _____ Size _____
Venting — Material _____ Size _____

D. COMMENTS

Drawing (specific)

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE

PERMIT NO. 2050
DATE ISSUED 7/25/86
REVISION DATE
Block 1170 Lot 18-17
Subdivision

A. IDENTIFICATION

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

Owner Northern Ocean Hospital System
Address 425 Jack Martin Blvd.
Brick, New Jersey
Tel. (201) 840-2200
Work Site Address 425 Jack Martin Blvd.
Brick, New Jersey

Contractor Fitzpatrick & Associates
Address 1115 Pinebrook Raod
Tinton Falls, New Jersey
Tel. (201) 542-6100
Lic.No./Bus. Permit 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'S SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

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

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

C. PLUMBING CHARACTERISTICS

USE GROUP: I-2 Present _____ Proposed
Drainage – Material _____ Size _____
Building Sewer– Material _____ Size _____
Water Service– Material _____ Size _____
Venting – Material _____ Size _____
Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

Please refer to drawings for specific items.

☐ Partial Releases ☐ Prototype Processing

White: Applicant Copy Blue: Inspector Copy

TOWNSHIP OF BRICK

ADDITION CAT SCAN

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE

PERMIT NO. 20504
DATE ISSUED 11/25/58
REVISION DATE
Block 1170 Lot 18-18.1
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner NORTHERN OCEAN HOSP. SYSTEM
Address
Tel. ( ) 840-2200
Work Site Address 425 JACK MARTIN BLVD

Contractor Three P's Plbg. & Htg.
Address 54 Arnold Ave
Pt. Pleasant Bch, NJ
Tel. ( )
Lic.No./Bus. Permit 5451
Federal Emp. No.

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 Yourkey
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ 10		Garbage Disposal	$ 45
	Bathtub		1	Air Conditioner Unit	25
3	Lavatory/Sink	15	1	Indirect Connection	
2	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher		1	Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace	45	1	Vent Stack	10
	Steam Boiler			Solar System	
1	Water Util. Connection			Other	
1	Sewer Util. Connection			Other	
1	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 70		COLUMN 2	$ 105

Fee	
COLUMN 1	$ 70
COLUMN 2	$ 105
SUBTOTAL	$ 175
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: R-2 Present _____ Proposed

Drainage — Material _____ Size _____
Building Sewer — Material _____ Size _____
Water Service — Material _____ Size _____
Venting — Material _____ Size _____
Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

Driveway dispensing

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS
11/10/87	½ slab OM ½ slab

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 7/25 88
Approved By: OM

INSPECTIONS FINAL

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

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				10/3/87
☐ Rough				
☒ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

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

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 2050
DATE ISSUED 1/25/88
REVISION DATE
Block 1170 Lot 15-16.7
Subdivision

A. IDENTIFICATION

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

Owner Northern Ocean Hospital System
Address 425 Jack Martin Blvd.
Brick, New Jersey
Tel. (201) 840-2200
Work Site Address 425 Jack Martin Blvd.
Brick, New Jersey

Contractor Fitzpatrick & Associates
Address 1115 Pinebrook Road
Tinton Falls, New Jersey
Tel. (201) 542-6100
Lic.No./Bus. Permit 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

List all fixtures

TYPE OF WORK:

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

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

C. PLUMBING CHARACTERISTICS

USE GROUP: I-2 Present _____ Proposed

Drainage — Material _____ Size _____
Building Sewer — Material _____ Size _____
Water Service — Material _____ Size _____
Venting — Material _____ Size _____
Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

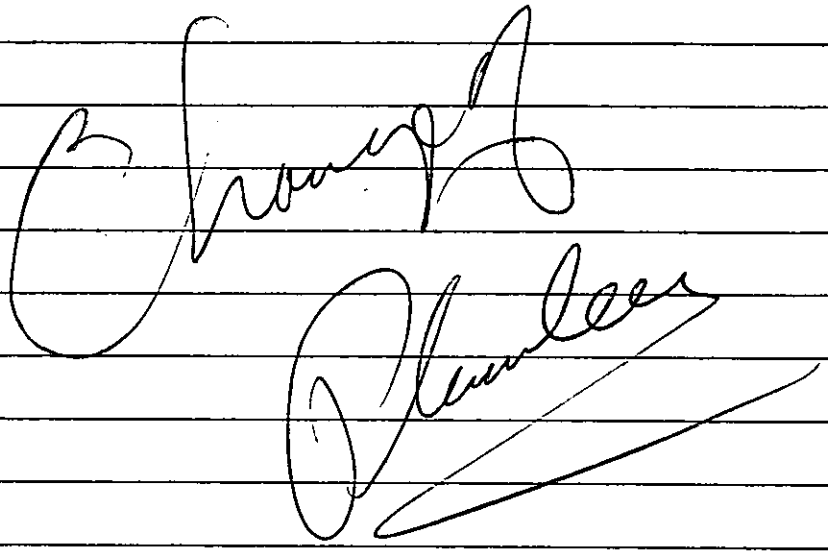
Please refer to drawings for specific items.

☐ Partial Releases ☐ Prototype Processing

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

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS



JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date:
Approved By:

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA
Date:
Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				
☐ Rough				
☒ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☒ TCO				
☐ Other				

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

September 1, 1982

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
HEALTH CARE FACILITIES
CONSTRUCTION AND
MONITORING PROGRAM
RELEASED
DEC 14 1983
William T. Parker
APPROVED

A COPY OF THIS STAMPED APPROVED PLAN MUST BE KEPT ON BUILDING PREMISES FOR WHICH IT IS APPROVED UNTIL WORK IS COMPLETED.
This approval is based on the Regulations for the New Jersey Uniform Construction Code for health care facilities.
CERTIFICATE OF NEED NO. 81U719
N.J. PUBLIC LAW 1975, C. 231

ADDENDUM NO. 2

TO

SPECIFICATIONS

FOR

POINT PLEASANT HOSPITAL
BRICK TOWNSHIP SATELLITE
OCEAN COUNTY, NEW JERSEY

15 01

FERRENZ AND TAYLOR, INC.
ARCHITECTS

810 SEVENTH AVENUE
NEW YORK, NEW YORK 10019

PROJECT NO. 1662015

Wm J. Taylor

The following changes to the contract documents are hereby made:

Specifications:

Division 15 - Mechanical; Division 16 - Electrical

DIVISION 15 - MECHANICAL

15603 - SHEET METAL WORK

A. Page 15603-4 Item 6, Aluminum Ductwork, Paragraph A.

1. First line change "Alloy 2-S half hard" to "3003-H-14".

B. Page 15603-12 Items 16. Heating Coils and 17, Water Cooling Coils.

1. Delete reference to Heat Recovery Coils.

15604 - INSULATION

A. Page 15604-3 Item 4, Fittings, Valves and Flanges

1. Delete Sub-paragraph E in its entirety.

B. Page 15604-5 Item 7, Ductwork and Sheet Metal Casing Insulation

1. Sub-paragraph A.1. after "exposed" insert new sentence: "Supply air ductwork from system HV-2 shall not be insulated".

2. Sub-paragraph A.2 first line after "space" add period and delete "and.....system."

C. Page 15604-8 Item 8, Equipment Insulation, Sub-paragraph D, add new Sub-paragraph 3 as follows:

3. Boiler breeching shall be covered with .016 embossed aluminum jacket. Kitchen and Coffee Shop range hood exhaust ducts shall be covered with trowelled on insulating cement (2 layers).

15608 - WATER SYSTEMS

A. Page 15608-8, Item 23, Finned Tube Convertors, Sub-paragraph C.

1. Delete Sub-paragraph C in its entirety.

15609 - AIR CONDITIONING AND VENTILATING SYSTEMS

A. Page 15609-2 Item 4, Sub-paragraph A. Add new sentence after 19th line "requirements" as follows:

Cabinet fans used as exhaust fans located outdoors shall be of weather-proof construction and shall be furnished with drain pan under fan and coil section, internal insulation and shall have provisions for future heat recovery (8 row) coil (refer to Fan Schedules).

B. Page 15609-3 Item 4, Sub-paragraph E, delete reference to Heat Recovery Coils.

15610 - AUTOMATIC TEMPERATURE CONTROLS

A. Page 15610-16 add new item 23 and 24 as follows:

23. REFRIGERATION MACHINES

A. Refer to Section 15607, Page 15607-6, Paragraph J for Interlocking Requirements and for Motorized Valves.

24. STANDBY COMPRESSED AIR FOR BOILERS

A. Provide high pressure compressed air to each boiler burner for emergency use.

15613 - ACOUSTIC PERFORMANCE

A. Page 15613-3 Item 5, Low Velocity Duct Lining Sub-paragraph B.

1. Sub-paragraph B.1, 1st line after "return delete "and..... system."

2. Add new Sub-paragraph B.3 as follows:

B.3 "Supply ductwork (not including systems HV-1 and 2 within Mechanical Equipment Rooms up to filters."

15617 - BOILER PLANT

A. Page 15617-10 Item 27, Fuel Oil Storage Tanks & Accessories

1. Sub-paragraph A, 4th line after "jurisdiction" delete "tank..... manufacturer."

15620 - SCHEDULES OF EQUIPMENT

A. Page 15620-3 Add Note No. 5 as follows:

1. "5. Systems AC-5, 6 & 7 shall have provisions for future heat recovery coils (8 rows)".

B. Page 15620-22 revise Roof Exhaust Fan Schedule as follows:

1. Add 1" minimum deflection for Fans E-1, 3 & 5.

2. Delete remark "with HRC" for Fans E-1, 2, 3, 4 & 5.

3. Add Note No. 3 as follows:

"3. Fans E-1, 2, 3 & 4 shall be furnished with Coil Section (less coil) for future installation of heat recovery coil (8 rows).

4. Add Note No. 4 as follows:

"4. Static pressure indicated has allowance for future heat recovery coil.

5. Revise cfm for Fan E-3 to read 2310.

C. Page 15620-23 ROOF EXHAUST FAN SCHEDULE

1. Delete Vib. Mtg. Type for Fans E-11, E-7, E-8 and E-10.

D. Page 15620-24 ROOF EXHAUST FAN SCHEDULE

1. Delete "with HRC" from remarks column.

2. Add Note No. 1 as follows:

1. Fan E-12 shall be furnished with Coil Section (less coil) for future installation of heat recovery coil (8 rows). Static pressure indicated has allowance for future heat recovery coil.

E. Page 15620-25 ROOF EXHAUST FAN SCHEDULE

1. Revise data for Fan RE-1 as follows:

MHP = 1 HP
Model No. = 147 BCR

2. Revise data for Fans RE-2, 3 & 4 as follows:

RE-2 Model No. 366 BCR
RE-3 Model No. 306 BCR
RE-4 Model No. 244 BCR

F. Page 15620-26 ROOF EXHAUST FAN SCHEDULE

1. Revise data for FAN RE-10 as follows:

SP	=	3.0"
OV	=	1800
Fan RPM	=	1340
BHP	=	3.84
MHP	=	5.0
Wheel Dia.	=	24 1/2"
Arrgt.	=	10 (Weatherproof Housing)
Disch.	=	TH
Class	=	II
Fan Type	=	Air Foil
Mfgr.	=	NYB
Model No.	=	SWSI 249
Min. Defl.	=	1.0"
Interlocked with	=	AC-2
Starter	=	MCC

G. Page 15620-28 RETURN FAN SCHEDULE

1. Revise data for R-1 as follows:

Model No. SWSI 339

H. Page 15620-29 AFTER FILTER SCHEDULE

1. Add After Filter AF-6 as follows:

Filter No.	=	AF-6	Approx. Width	=	73'
System No.	=	RE-10	Spec. Type	=	SA-D
CFM	=	6030	Eff. Atmos Dust	=	90.97
No. Total Filters	=	3	Rated Cap CFM	=	6000
Approx. Height	=	27"			

Unit shall be constructed of stainless steel and shall be made water-tight for outdoor application.

I. Page 15620-40 COOLING TOWER

1. Revise data as follows:

Motor Hp:	7 1/2
BAL Model No:	2-2418
Marley Model No:	8808

DIVISION 16000 - ELECTRICAL

16116 - LIGHTING FIXTURES

A. Page 16116-3 Item 5. Lighting Fixtures - General Requirements

1. Delete Sub-paragraph I in its entirty and insert new Sub-paragraph I as follows:

"I. All plastic diffusers shall be one piece 100% virgin acrylic prismatic panels with female conical prisms and 3/16" base in an extruded aluminum frame."

16128 - ELECTRIC HEATING

A. Page 16128-3 Item 5. Other Electric Heating

1. Sub-paragraph A fourth line after heaters insert "and electric finned tube convectors".

B. Page 16128-4 add new Item No. 7 Electric Finned Tube Convectors as follows:

"7. Electric Finned Tube Convectors

A. Furnish and install electric finned tube convectors types and capacities as indicated on the HVAC drawings.

B. Units shall be complete with wall to wall enclosures, wall mounted thermostat (two stages), built in disconnect, wired for 277 V 1Ø power, UL labeled.

C. Units shall be constructed as follows:

Enclosure	16GA Zinc-Coated Steel Type S Joints
Full Back Panel	16GA Zinc-Coated Steel, Channel Shape
Finish	Baked on Enamel, Color as Selected by Architect
Junction Box	18GA Zinc-Coated Steel
Brackets	3/16" x 1 1/2" Die-Formed Steel
Thermal Cutout	Fast-acting Auto-Reset Full Length Capillary
Electric Heating Element	Multiple Helix-Wound Nichrome Wire Coils in Full Ceramic Insulator Core Encased in All-aluminum Fin Tube Radiator with 3 3/4" x 2 1/8" Fins - Guaranteed against Burnout for Five (5) Years.
Inlet Guard	16GA Galvanized Wire Bar Brille on Inlet

D. Types

1. FTC-2	Shall be similar to Vulcan Electric Floor-Line Model No. EFD mounted 10" above finished floor.
2. FTC-3	Shall be similar to FTC-2 except shall be Model No. EFDP Pedastal (feed thru type) mounted, top mounted 10 3/4" above finished floor refer to architectural drawings.

DIVISION 15 - PLUMBING & FIRE PROTECTION

15404 - DRAINAGE SYSTEMS

A. Page 15404-4, Item 9 - Duplex Sewage Ejectors

1. Add to heading "and Duplex Sump Pumps"

B. Page 15404-5, Item 10 - Central Alarm Panels add new sub-paragraph B.2 as follows:

"B.2 Duplex Sump Pumps - High Water Alarm"

15409 - PLUMBING FIXTURES

A. Page 15409-6 Delete sub-paragraph 14 in its entirty and add the following:

"14. P-6C - MOP SERVICE BASIN

A. The Molded-Stone Service Basin shall be manufactured by Fiat Products Model No. MSB3624. Color No. 219 - white with black accents. The drain body shall be factory installed stainless steel No. 302 with combination dome strainer and lint basket. The drain body shall provide for a lead caulked joint to a 3" I.P.S.

B. Service Faucet #8344.111 American Standard exposed combination supply fitting with screwdriver stops in shanks, hose end spout with vacuum breaker, bucket hook and top brace, four-arm handles.

C. Hose and Hose Bracket #833-AA: 30" long flexible, heavy duty 5/8" rubber hose, cloth reinforced with 3/4" chrome coupling at one end. Bracket is 5" long x 3" wide, 18 Ga. #302 stainless steel with rubber grip.

D. Mop Hanger #889-CC: 24" long x 3" wide, 18 Ga. #302 stainless steel with three (3) rubber tool grips.

E. Silicone Sealant #833-AA."

15412 - EQUIPMENT SCHEDULE

A. Page 15412-2 Item Pump Schedule

1. Under "Service" heading add after "Ejector and Duplex Sump Pumps"

B. Page 15412-7. Item Medical Gas Cylinder Requirements

1. Delete requirements for nitrogen service.

15500 - FIRE PROTECTION

A. Page 15503-2 add new sub-paragraphs 7 to 11 inclusive as follows:

"7. HOSE CABINETS RECESSED

A. Where indicated on plans furnish and install completed Allenco Fig. No. 192 custom recessed fire hose cabinet handle and semi-concealed continuous hinge, baked white enamel inside white prime coat outside style "L" flush trim, door style "X" W. D. Allen Fig. No. 171 U approved 2-1/2" and 1 1/2" chromium plated brass with polished trim and cast iron enameled wheel. W. D. Allen No. 7199 pressure reducer polished brass chromium plated. 2 1/2" angle valve shall have W. D. Allen No. 120 cap with chain (chromium plated).

B. Fig. 143 Allen Bowes semi-automatic steel fire hose rack for 1-1/2" hose of length required, chromium plated rack.

C. Provide and install at each location 1-1/2" Underwriters' yellow label unlined linen fire hose coupled in 50'-0" lengths with Fig. 101 chromium plated brass couplings and fitted with Fig. 97, 1-1/2" x 1/2" x 12" long chromium plated cast brass smooth hose nozzle, included in cabinets #5 spanner with chrome plated chain. Fire extinguisher shall be provided by this contractor.

D. Finish of cabinet as selected by Architect.

8. HOSE CABINETS - SURFACE MOUNTED

A. Where indicated on plans, furnish and install complete Allenco Fig. No. 192W Custom fire hose cabinet unit having heavy gauge steel body and trim and hollow welded steel door with chromium plated brass lever handle and semi-concealed continuous hinge, baked white enamel inside, white prime coat outside, door style "X".

B. Hose valve, hose rack, couplings, hose nozzle same as specified for recessed hose cabinet. Fire extinguisher shall be provided by this Contractor.

C. Finish of cabinet to be selected by Architect.

9. HOSE CABINETS - WITH CONTROL VALVE

A. Where indicated on plans, furnish and install complete Allenco Fig. No. 192 LXM special modified custom recessed hose cabinet, handle and semi-concealed continuous hinge, baked white enameled inside, white prime coat outside, style "L" flush trim, door style "D" modification shall include riser control valve located below hose cabinet and valve cabinet frame shall be integral part of hose cabinet frame, valve cabinet to have no back, style "D" door.

B. Hose valve, hose rack, hose, couplings, hose nozzle same as specified for recessed hose cabinet. Fire extinguisher shall be provided by this Contractor.

C. Finish of cabinet to be selected by Architect.

10. FIRE EXTINGUISHERS

A. Supply fire extinguishers, cabinets and wall brackets as specified for installation in fire hose cabinet and as indicated on drawing.

B. Fire extinguisher cabinets and wall brackets are to be delivered to the job site for installation by this Contractor.

C. Recessed type - W. D. Allen Co. Figure No. 285LX. Recessed steel cabinet with style "X" door. Door to have wire glass. Figure No. 7156 water filled air pressure operated fire extinguisher. Fig. 285 WX cabinet for surface mounted installation.

D. Exposed fire extinguisher - W. D. Allen Figure No. 7400 - 10 lbs. carbon dioxide type and wall brackets.

E. Finish of cabinet as selected by Architect.

11. MANUFACTURERS

A. All fire standpipe equipment shall be manufactured by W. D. Allen Co. Elkhart Mfg. Co., Crocker Co.

September 13, 1982

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
HEALTH CARE FACILITIES
CONSTRUCTION AND
MONITORING PROGRAM
RELEASED
DEC 14 1983

APPROVED
William T. Parker

A COPY OF THIS STAMPED APPROVED PLAN MUST BE KEPT ON BUILDING PREMISES FOR WHICH IT IS APPROVED UNTIL WORK IS COMPLETED.
This approval is based on the Regulations for the New Jersey Uniform Construction Code for health care facilities.

CERTIFICATE OF NEED NO. 810719
N.J. PUBLIC LAW 1975, C. 217

COMM. NO. 16 620 15
T5-01
(S-40)1

ADDENDUM NO. 3

POINT PLEASANT HOSPITAL
BRICK TOWNSHIP SATELLITE
OCEAN COUNTY, NEW JERSEY
C/N #810719-15-01

FERRENZ AND TAYLOR, INC.
ARCHITECTS
810 SEVENTH AVENUE
NEW YORK, NEW YORK 10019

Wm J. Taylor

The following changes to the Contract Documents are hereby made:

SPECIFICATIONS:

SECTION 02612 - BITUMINOUS CONCRETE PAVEMENT

Page 02612-1 — Item 2. WORK INCLUDED.
In paragraph A2 delete "Types 1,2".

Page 02612-1 — Item 3. WORK OF OTHER SECTIONS.
Revise "02200" to read "02210".

Page 02612-2 — Item 5. SUBGRADES.
In paragraph A revise "02200" to read "02210".
In paragraph C3, revise "FABC" to read "FABC -1".

Page 02612-2 — Item 6. INSTALLATION.
In paragraph B revise "Base Course:" to read "Base Course - Gravel Base, Type 2, Class B:".

Page 02612-3 — Item 6. INSTALLATION.
In paragraph B6 revise "FABC" to read "FABC-1".
On page 02612-3, delete Item B8 in its entirety and substitute the following:

"8. Bituminous Concrete:

	Thickness (Min.)
Base Course	6 inches
Binder Course	1½ inches (1 lift)
Surface Course	2 inches (1 lift)"

SECTION 02700 - SITE IMPROVEMENTS

Page 02700-1 Item 2. WORK INCLUDED.
In paragraph A, delete "Metal Tree Grates.".

Page 02700-11 Item 13. METAL TREE GRATES.
Delete this item in its entirety.

In Section 02700. Wherever reference is made to Section 03300, revise "Cast-in-place Concrete" to read "Concrete and Cement Work".

DECEMBER 15, 1983

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
HEALTH CARE FACILITIES
CONSTRUCTION AND
MONITORING PROGRAM
RELEASED DEC 14 1983

APPROVED: William T. Parker

A COPY OF THIS STAMPED APPROVED PLAN MUST BE KEPT ON BUILDING PREMISES FOR WHICH IT IS APPROVED UNTIL WORK IS COMPLETED.
This approval is based on the Regulations for the New Jersey Uniform Construction Code for health care facilities.
CERTIFICATE OF NEED NO. 81 0719-15-01
N.J. PUBLIC LAW 1975, C. [illegible]

ADDENDUM NO. 6

NORTHERN OCEAN HOSPITAL SYSTEM, INC.
BRICK TOWNSHIP HOSPITAL
OCEAN COUNTY, NEW JERSEY
C/N No. 810719-15-01

FERRENZ, TAYLOR, CLARK AND ASSOCIATES, INC.
ARCHITECTS
149 FIFTH AVENUE
NEW YORK, NEW YORK 10010

COMM. NO. 16 620 15
(S-43)

The following changes to the Contract Documents are hereby made:

Provide 2 1/2 gallon pressurized water fire extinguishers (Type A) and 10 pound carbon dioxide fire extinguishers (Type B) in the following locations:

Ground Floor - Drawing A-2

1. Mechanical Room G-17 (Type B).
2. Radiology Suite (Type B) centrally located in Passage G-24.
3. Emergency Area (Type A) - at column 13-C adjacent to Nurses Station G-48B.
4. Physical Therapy (Type A).

First Floor - Drawing A-3

1. O.R. Suite (Type A) in Corridor 138 near Soiled Work Room 146.
2. ICU Suite (Type A) near Nurses Station.
3. Laboratory Suite (Type B) in Passage 131H.
4. Central Sterile Suite (Type A).

Wm J Taylor

INTERIOR FINISH SCHEDULE

TYPE	FLOOR	BASE	WAINSCOT		WALL		CEILING		REMARKS
			Mat'	Hgt.	Mat'l.	Fin.	Mat'l.	Fin.	
A	V.A.T.	VINYL	-	-	G.W.B.	V.W.C.	AC.T. # 1		
B	C.M.T.	GL.T.	GL.T.	4'-4"	G.W.B.	P^1	AC.T. # 3		1. SEMI-GLOSS PAINT
C	C.M.T.	GL.T.	GL.T.	4'-4"	G.W.B.	P^1 GL.T.*	AC.T. # 4 GWB +	GL.T. +	*GL.T. WALL FINISH, FULL HEIGHT IN SHOWER AND BATH TUB AREA ONLY +.W.B. CEILING WITH GL.T. FINISH ON SUSP. 7'-0"CEILING IN SHOWER AREA ONLY P^1 SEMI-GLOSS PAINT
D	V.A.T.	GL.T.*	-	-	G.W.B.	GL.T.	AC.T. # 1		*GL.T. BASE SHALL BE THIN LIP TYPE.
DD	SHEET VINYL	INTEGRAL SHEET VINYL	-	-	G.W.B.	GL.T.	AC.T. # 1		
E	VA.T.	VINYL	-	-	G.W.B.	P	AC.T. # 1		
F	CONC.*	-	-	-	EXP.MAS. AND/OR G.W.B.	P^2	EXPOSED	P	*DUSTPROOFING. 2. SEMI-GLOSS PAINT IN MECHANICAL ROOMS
FF	CONC.*	VINYL	-	-	EXP.MAS. AND/OR G.W.B.	P	AC.T. # 1		*DUSTPROOFING
G	SHEET VINYL	INTEGRAL SHEET VINYL	-	-	G.W.B.	P^3	AC.T. # 1		3. SEMI-GLOSS PAINT IN LABORATORIES
GG	SHEET VINYL	INTEGRAL SHEET VINYL	-	-	G.W.B.	EPOXY PAINT	AC.T. # 1		
H	CARPET	VINYL	-	-	G.W.B.	V.W.G.	AC.T. # 1		
J	MIPOLAM	INTEGRAL MIPOLAM	—	—	G.W.B.	EPOXY PAINT	GWB	EPOXY PAINT	

INTERIOR FINISH SCHEDULE

TYPE	FLOOR	BASE	WAINSCOT		WALL		CEILING		REMARKS
			Mat'	Hgt.	Mat'l.	Fin.	Mat'l.	Fin.	
JJ	MIPOLAM	INTEGRAL MIPOLAM	-	-	G.W.B.	EPOXY PAINT	AC.T. # 6		
K	QUARRY TILE	QUARRY TILE	-	-	G.W.B.	VWC EXP BRICK	AC.T. # 5		
KK	QUARRY TILE	QUARRY TILE	-	-	G.W.B.	V.W.C.	AC.T. # 1		
M	QUARRY TILE	QUARRY TILE	-	-	G.W.B.	EPOXY PAINT	AC.T. # 4		
N	V.A.T.	VINYL	-	-	G.W.B.	EPOXY PAINT	AC.T. # 1		
P	C.M.T.	GL.T.	-	-	G.W.B.	GL.T.	AC.T. # 1		
PP	C.M.T.	GL.T.	-	-	G.W.B.	GL.T.	AC.T. # 2		
R	QUARRY TILE	ALUM. FRAME	-	-	GLASS & ALUM. FRAME	-	AC.T. # 1		
S	C.M.T.	GL.T.	-	-	CONC. BLOCK	GL.T.	AC.T. # 4		
T	V.A.T.	VINYL	-	-	EXP.MAS. AND/OR G.W.B.	P	AC.T. # 3		
U	V.A.T.	ALUM FRAME	-	-	GLASS & ALUM FRAME	-	AC.T. # 1		

Re: Northern Ocean Hospital System Inc.

CEILING TYPES:

AC.T. # 1	Acoustic Tile 2'x4' Lay-in
AC.T. # 2	Acoustic Tile 2'x4' Lay-in - Ceramaguard
AC.T. # 3	Acoustic Tile 2'x2' Lay-in
AC.T. # 4	Acoustic Tile 2'x2' Lay-in - Ceramaguard
AC.T. # 5	Acoustic Tile 12"x12" concealed spline
AC.T. # 6	Acoustic Tile 2'x4' Lay-in unperforated metal face
G.W.B.	Gypsum Wall Board

NOTE: Provide Aluminum ceiling grid in all areas with C, JJ, M, S and PP finishes as well as serving area 102.

Architects
Consultants

Ferrenz, Taylor, Clark and Associates, Inc.

149 Fifth Avenue
New York, NY 10010
212-460-8840

November 16, 1983

Fitzpatrick and Associates Inc.
P.O. Box H
Eatontown, New Jersey 07724

Attention: Mr. Michael Hintz

Re: Northern Ocean Hospital System Inc.
Brick Town Hospital
Project No. 16 620 15
Finish Changes

Gentlemen:

We have made a complete review of the finishes for this project. In order to update the finishes with the Owner's requests, State requirements and to coordinate a number of problem areas on the plans, we have made the following changes:

Ground Floor Plan

Room	Room Number	Revised Finish
Vestibule	G 01	R
Gift Shop	G 03	KK
Coffee Shop	G 04	KK
Hydrotherapy	G 19	PP
Hot Lab	G 22A	N
Corridor	G 42	KK
Visitors Lobby	G 42A	KK
Exam. No. 3	G 48	E
Nurses Station	G 48B	E
Exam No. 2	G 48D	E
Soiled Utility	G 48G	DD
Patient Toilet	G 53	B
Vestibule	G 66	U
Treatment Room No. 1	G 72	JJ
Treatment Room No. 2	G 73	JJ
Soiled Utility	G 76	DD
Exam No. 5	G 77	JJ
Exam No. 4	G 78	JJ
Chapel	G 88	H

First Floor Plan

Room	Room Number	Revised Finish
Dining Area	101	H
Maintenance	103	FF
Narcotic Safe	106A	FF
Alcohol Storage	106B	FF
Trash	111	N
Vestibule	118	E
General Storage	119	FF
Passage	120	E
Vestibule	121	E
Central Sterile (Work Room)	122	PP
Decontamination	122K	PP
Corridor	123A	E
Clean Up	126	GG
Ante-Room	128	E
Autopsy	128A	PP
Blood Bank	131N	G
Day Surgery/Recovery	136	E
Soiled Utility	136A	DD
F. Lounge	139	E
M. Lounge	140	E
Control	143A	JJ
Scrub-Up	144	JJ
Clean Work Room	145	GG
Soiled Work Room	146	GG
Sub-Sterile	148A	JJ
Gas Storage	149	E
Oxygen Storage	150	E
Scrub-Up	151A	JJ
Sub-Sterile	152	JJ
Equipment Storage	154	E
Soiled Utility	157A	DD
Equipment Storage	158C	E
Quiet Room	158D	A
Soiled Utility	158G	DD
Corridors	138, 155	N
Nurses Station and Holding	132, 134	N

Second Floor Plan

Nurses Office	215	A
Medication	219	E
Lockers and Lounge	220	E
Linen Chute Room	236	N
Trash Chute	237	N
Exam and Treatment	243	E
Soiled Utility	250	DD

Third Floor Plan

Room	Room Number	Revised Finish
Nurses Office	315	A
Lockers and Lounge	320	E
Linen Chute	336	N
Trash Chute	337	N
Soiled Utility	350	DD

Fourth Floor Plan

Nurses Office	415	A
Lockers and Lounge	420	E
Linen Chute	436	N
Trash Chute	437	N
Soiled Utility	450	DD

Please note due to steel beam fireproofing and exposed piping, we have requested that you provide an acoustic tile ceiling type No. 1 in stair landings, as indicated in our letter of July 18, 1983.

Please proceed to laminate gypsum wall board on exposed masonry walls in Storage Room 117.

Enclosed herewith, for your use and distribution, is a revised finish schedule for the new building only, dated November 16, 1983.

Should you have any questions, please do not hesitate to call.

Very truly yours,

Zachary T. Lambrinon

ZACHARY T. LAMBRINON,
Vice President

ZTL/mac

cc: Mr. R. Matthews
Mr. J. Barndt

November 4, 1983

ADDENDUM NO. 5

POINT PLEASANT HOSPITAL
BRICK TOWNSHIP SATELLITE
OCEAN COUNTY, NEW JERSEY
C/N #810719-15-01

FERRENZ AND TAYLOR, INC.
ARCHITECTS
149 FIFTH AVENUE
NEW YORK, NY 10010

COMM. NO. 16 620 15
(S-43)

Wm J. Taylor

The following changes to the Contract Documents are hereby made:

SPECIFICATIONS:

Division 15 - Mechanical; Division 16 - Electrical

Division 15 - Mechanical

15504 Sprinkler System

A. Page 15504-3 Paragraph 6B Revise as follows:

1. Third line after "floor" insert "drains", after "approved" add "no drains shall spill out onto floor".

Division 16 - Electrical

16101 - Conduit and Fittings

A. Page 16101-4 Paragraph 5B Revised as follows:

1. Seventh line after "used" add new sentence as follows: "Type AC cable shall not be used in any hazardous location and in hoistways or on elevators except as provided in the National Electrical Code (NEC), Section 620-21".

16119 Fire, Smoke & Sprinkler Alarm Systems

A. Page 16119-2 Add new Paragraph 4C as follows:

1."4.C Fan shutdown for AC-4 (Surgical Suite) shall be accomplished by activation of either fire alarm or smoke detection device located within area served by AC-4. Manual emergency shutdown shall be accomplished by a separate breakglass station located outside of Mechanical Equipment Room".

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
HEALTH CARE FACILITIES
CONSTRUCTION AND
MONITORING PROGRAM
RELEASED

DEC 14 1983

APPROVED:

A COPY OF THIS STAMPED APPROVED PLAN MUST BE KEPT ON BUILDING PREMISES FOR WHICH IT IS APPROVED UNTIL WORK IS COMPLETED.
This approval is based on the Regulations for the New Jersey Uniform Construction Code for health care facilities.
CERTIFICATE OF NEED NO. 810719 15 01
N.J. PUBLIC LAW 1971, C. 217

September 17, 1982

ADDENDUM NO. 4

POINT PLEASANT HOSPITAL
BRICK TOWNSHIP SATELLITE
OCEAN COUNTY, NEW JERSEY
C/N #810719-15-01

FERRENZ AND TAYLOR INC.
ARCHITECTS
810 SEVENTH AVENUE
NEW YORK, NEW YORK 10019
COMM. NO. 16 620 15
(S-43)

Wm J. Taylor

The following changes to the Contract Documents are hereby made:

Drawing Number S-4 - "Second Floor Framing Plan"

1. Provide 8[11.5 channel frame for new sky vent as shown on Supplement Number 3 near Column E10. Channel frame to be similar to that shown near Column H9.

Drawing Number S6 - "Fourth Floor Framing Plan and Roof Framing Plan"

1. On roof framing plan add size W16x40(12) on beam between Columns H4 and J4.

Drawing Number S-7 -"Column Schedule and General Notes"

1. General Note Number 14 of structural steel notes to read:

   "Provide wind moment connections for all beam to column connections. Connections shall be field welded and detailed for full flange capacity of beams unless otherwise noted."

2. Change size of Column A9 from W12 x 156 to W12 x 136.

3. At Column A2 indicate bottom of base plate 3'-6" below Elevation 43-8 1/4. Add "30 1/2 x 30 1/2 x WP" and "10 x 12 x 1" base plate in appropriate spaces.

4. At Column E14 move cap plate designation "CP" to Elevation 67'10-7/8".

Drawing Number S8 - "Typical Details

1. At "column over beam' detail add the following to the appropriate arrows:

   a. To the arrow pointing to the plates under the column flange add "Web stiffeners same thinkness as column flange (1/2" min.)".

   b. To the arrow pointing to the plate on the column centerline add:

      "When column web is perpendicular to beam web provide fitted structural 'T' same size as column above."

Specification Section 05300 - "Metal Deck"

1. Page 3, Section 6, "Materials", Item B shall read "The steel floor deck shall have a depth of not less than 2" and shall.....".

2. Page 5, Section 7, "Erection", Item 1, Paragraph 9:

   a. Correct a. to read "beam parallel to deck span...9.5 kips."

   b. Correct b. to read as follows:

      "Beams perpendicular to deck span

      $$9.5 \text{ times } \left(\frac{0.85}{\sqrt{Nr}}\right)\left(\frac{Wr}{Hr}\right)\left(\frac{Hs}{Hr} - 1\right) \leq 9.5$$

      Where Nr = number of studs per rib

      Wr = width of concrete rib (6 used in calculation)

      Hr = height of rib (2 used in calculation)

      Hs = length of shear stud (3.5" typ. or as shown on drawings)"

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Daniel F. Newman, Mayor

Members of Township Council
Mary Anne L. Butler, Council President
Charles E. Anderson
Patrick L. Bottazzi
Edmund H. Hibbard
Joseph C. Scarpelli
Warren H. Wolf
David W. Wolfe

Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

CHECK LIST

RE: Block 1170 - Lot 18-18 Address _____

Please be advised that your application for a construction permit for the subject property has beenrejected due to deficiencies in the following areas:

Administrative _____

Zoning _____

Engineering _____

Building _____

Plumbing V Drawing Mark.

Electric _____

Fire _____

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

Arthur J. Cierzo,
Construction Official

Date 3/3/88

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

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Charles E. Anderson
Patrick L. Bottazzi
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Edmund H. Hibbard
Warren H. Wolf
David W. Wolfe

Department of Administration, Finance and Public Affairs

Office of Business Administrator
Robert H. Chankalian, P.E.
Business Administrator/Municipal Engineer
(201)477-3000, ext. 201

Scott R. MacFadden
Assistant Business Administrator
(201) 477-3000, ext. 202

RECEIVED
JUL 14 1987
DIV. OF INSPECTION

Date: July 14, 1987

To: Arthur Cierzo, Construction Official

From: Robert H. Chankalian, P.E. Business Adm./Municipal Eng.

Re: Brick Hospital

Enclosed please find copy of letter dated July 13, 1987 from John Rauner, Director of Support Services for the Northern Ocean Hospital Systems, Inc. In this letter, Mr. Rauner requests permission to proceed with footings and foundation construction at the Hospital's own risk, pending full resolution compliance, for the site plan that was recently approved by the Planning Board.

I have reviewed this request with the Mayor who has approved same and, therefore, request that you expedite this matter provided that the architectural plans submitted meet your satisfaction.

Please note that Mr. Rauner has also submitted the required $500.00 inspection fund down payment.

RHC/nn

ROBERT H. CHANKALIAN, P.E.
Business Adm./Municipal Eng.

RHC/njn

cc: Mayor Daniel F. Newman
Scott MacFadden, Assistant Business Administrator
File: Admin003
Division of Inspections
N.O.H.S.

201-892-1100

THE NORTHERN OCEAN HOSPITAL SYSTEM, INC.
2121 Edgewater Place • Point Pleasant, N. J. 08742-2290

NOHS
The Northern Ocean Hospital System, Inc.
Point Pleasant Hospital Brick Hospital

Richard J. Leone, FACHA
President

July 13, 1987

Robert H. Chankalian
Business Administrator, Engineer
Brick Township
Chambersbridge Road
Brick, N.J. 08723

Dear Bob:

We are requesting permission to proceed at our own risk with work on the footings and foundation of a much needed addition slated to house a new CAT Scanner at Brick Hospital.

Revised plans in resolution compliance along with an application for the construction permit will follow. A check in the amount of $500. is enclosed as partial payment of the fee. We appreciate the cooperation and support you have shown in the past, and we thank you for your assistance in helping to further enhance the scope of service offered to the community at Brick Hospital.

Sincerely,

John Rauner
Director of Support Services

lml

Enclosure

cc: Robert Matthews

The Northern Ocean Hospital System, Inc.
Pt. Pleasant Hospital/Brick Hospital
Pt. Pleasant, New Jersey 08742

Ocean County National Bank
Pt. Pleasant Beach, New Jersey 08742

55-430
312

VOID 3 MONTHS AFTER ISSUE DATE

233534

CHECK DATE	CHECK NO.	CHECK AMOUNT
07-13-87	233534	*$500.00

PAY
TO THE ORDER OF Township of Brick
401 Chambersbridge Rd.
Brick, N.J. 08723

Richard J. Leone
Charles L. Henning
AUTHORIZED SIGNATURES

⑈233534⑈ ⑆031204309⑆ 171⑈352 8⑈

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

U N I F O R M C O N S T R U C T I O N C O D E
Chapter 23, Title 5

Approval of Part
5.23-2.5 (7)

OWNER/AGENT *Northern Ocean Hospital System John Rauner/John Hopler*

ADDRESS *425 Jack Martin Blvd.*

TOWN *Brick, New Jersey* ZIP *08723*

BLOCK *18 and 18-1* LOT *1170*

☒ FOOTING

☒ FOUNDATION

☐ OTHER

OWNER/AGENT PROCEED AT OWN RISK ☒

OWNER/AGENT *Northern Ocean Hospital System (Brick Div.)*
John Rauner/John Hopler X2390 P.P. N.

BUILDING SUB-CODE OFFICIAL Edward Izzo

CONSTRUCTION OFFICIAL 9/23/87

9-23-87. foot only

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

DATE July 15, 1987

SUBJRCT: LOT(S) 18 and 18-1

BLOCK 1170

AFFIDAVIT

I John Hopler, Director of Engineering hereby request a temporary building permit to proceed with construction of footings and foundation (only) on the subject property at my own risk. I understand and acknowledge that the issuance of the full building permit is subject to further approvals as normally required. I understand that adjustments in the foundation and first floor elevation may be necessary in order to comply with the approved plot plan grading. The below department approvals are required prior to issuance of a temporary building permit.

7/15/87

For Northern Ocean Hospital System, (Brick Div.)
Applicant — Date

7/22/87

Twp. Engineer or Ass't. Engineer — Date
Engineering Department

7/22/87

Zoning Officer — Date
Zoning Department

7-23-87

Building Inspector — Date
Building Department

1170 - 18

Township of Brick
401 Chambers Bridge Road
Brick, New Jersey 08723
Attn: Daniel F. Newman, Jr.
Construction Official

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR MUNICIPAL USE ONLY

Date Received: Feb 3, 04 Date of Response: _____

Request Accepted By: _____ I.D. Checked by: _____

SEE INSTRUCTIONS ON THE OTHER SIDE

Name: Daniel Newman

Address: for Mike Tshoda
732-836-4077

Telephone [Day]: _____

Information Requested by: _____ Homeowner _____ Owner in Fee
_____ Architect _____ Other

Type of Identification Provided:
Picture I.D. _____ **Drivers License No.** _____

Other _____

Information Requested: Brick Hospital

Information on a Specific Property Address 425 Jack Martin Blvd.
Block 1170 Lot 18

(X) **View/Copy Construction Permit / Sub-Code Technical Sections**
Original, + or any blueprints / permits approx dated 1984

(X) **View/Copy Construction Plans** [specify survey, site plan, or other identifying information]

( ) **View/Copy Certificate of Occupancy /Approval**

( ) **View/Copy Other** [Specify] _____

A request for access to or for a copy of Government Records should be submitted on this form which has been adopted by the Municipal Clerk as the Custodian of Records. Some records will be immediately available during normal business hours. Some records will require time to compile and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically. In general:

Immediate access is ordinarily available for to budgets, bills, vouchers, contracts, including collective negotiations agreements and individual employment contracts, and public employee salary and overtime information. Minutes of public meetings will be generally available immediately after the minutes have been approved.

Records which are not readily available or which will require a search of records will be made available as soon as possible and the applicant will be provided with an interim report within seven [7] business days indicating the time which will be required to provide the records.

Except as otherwise provided by law or regulation, the fee assessed for the duplication of a printed record shall be: first page to tenth page, $0.75 per page; eleventh page to twentieth page, $0.50 per page; all pages over twenty, $0.25 per page; for a police accident report there is an additional fee when the request is not made in person of $5.00 for the first 3 pages and $1.00 for each additional page, as provided by *N.J.S.A.* 39:4-131.

Where a request is for a copy in a format other than a photocopy, reasonable efforts will be made to provide the information in the format requested. The cost will be based on the costs of producing the format requested.

Where a legal determination must be made as to whether records are "public records" as provided by law, the request will be reviewed by the Municipal Attorney.

The term "public records" generally includes those records determined to be public in accordance with *N.J.S.A.* 47:1A-1. The term does not include employee personnel files, police investigation records, public assistance files or other matters in which there is a right of privacy or confidentiality or inter-agency or intra-agency advisory, consultative, or deliberative material or other material which is specifically exempted by law.

The applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost The applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this State, any other state or the United States and is not seeking government records. containing personal information pertaining the victim or the victim's family as provided by *N.J.S.A.* 47: lA-l et seq..

This form, when signed by the municipal official shall constitute a receipt for any deposit received.

The information requested will be ready on: _____

Estimated Number of Pages: _____

Estimated Cost: _____

Deposit: _____
[required where the anticipated cost of reproduction exceeds $5.00]

_____ Applicant

Date: _____

_____ Municipal Official

Date: _____