

BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin Blvd PERMIT NO. 182000 (4/5 East)



CONSTRUCTION PERMIT APPLICATION

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

C18-003268

I. IDENTIFICATION

1. Proposed Work Site at: 425 Jack Martin Blvd
2. Name of Owner in Fee: HMH - Ocean Medical Center
Tel. (732) 751-7500 e-mail _____
Address 425 Jack Martin Blvd Brick 08724
street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: OA Pedersen Constr. Tel. (973) 7496200
Address 78 N. Willow St e-mail _____
Montclair, NJ 07042
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 22-1196565 FAX: () _____
5. Architect or Engineer Saphire Alberman Contact _____
Address 12 N. Main St Princeton NJ 08539 e-mail _____
Tel. (609) 737-5924 FAX: () _____
6. Responsible Person in Charge once Work has Begun Jason Hibbard
Tel. (908) 418-2120 FAX: () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>9150-</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ _____		
8. Subtotal	\$ _____		
9. State Permit Surcharge Fee	\$ <u>475-</u>		
10. Subtotal	\$ _____		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>101225</u>		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>450,000</u>	<u>JP</u>	<u>8/23/18</u>	<u>9/13/18</u>	<u>09/04/18</u>	<u>WEN.</u>			
<u>220,000</u>					<u>RF</u>			

TOTAL COST 450,000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
Gained, Sale _____
Gained, Rental _____
Lost, Sale _____
Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

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

- D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

5th Floor West

Roller Plans

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☒ Check if contractor.

Agent Name OA Peterson Constr

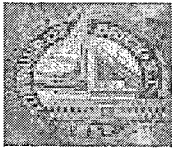
Address 78 N. Willow St

Montclair, NJ 07042

Telephone (973) 744-6200

Signature _____

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/19/2018
Control Number C-18-003268
Permit Number 18-2600
Permit Issue Date 09/18/2018
Certificate Number 18-2600

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ Block: 1170 Lot: 18 Qual:
Owner in Fee: OCEAN MEDICAL CENTER %MERIDIAN
Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone:
Contractor OA PETERSON CONSTRUCTION
Address 78 North Willow Street MONTCLAIR NJ 07042
Telephone: (973) 744-6200 Fax:
License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL - - 5th-FI WEST ...REPLACE FLOORING, MILLWORK & ELECTRICAL ALTS

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number:

Collected By:



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

9/18/18

18-2600

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

Block 1170 Lot 18 Qualification Code _____

Work Site Location 425 Jack Martin Blvd (4/5 East) 973-626-7900

Owner in Fee: AMH - Ocean Medical Center Bois (Contract)

Tel. _____ e-mail _____

Address 425 Jack Martin Blvd Brick 08724

Contractor: OA Peterson Constr. Co Tel. 973-744-6200

Address 78 N. Willow St e-mail _____

Montclair, NJ 07042

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

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

Federal Emp. ID No. 22-1196565 FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
				Type	Failure	Failure	Approval
☐	No Plans Required			Footings			
☒	All	<u>09/18/18</u>	<u>KEK</u>	Footings Bonding			
☐	Footings/Foundations			Foundation			
☐	Structural/Framework			Slab			
☐	Exterior			Frame			
☐	Interior			Truss Sys./Bracing			
Joint Plan Review Required:				Barrier-Free			
☐	Elec.	☐	Plumb.	Insulation			
☐	Fire	☐	Elevator	Finishes -Base Layer			
SUBCODE APPROVAL for PERMIT				Finishes -Final			
Date:	<u>09/18/18</u>			Energy			
Approved by:	<u>KEK</u>			Mechanical			
SUBCODE APPROVAL for CERTIFICATE				*TCO For 4th Floor only	<u>10-2-18</u>	<u>KEK</u>	
☐	CO	☐	CCO	Other			
Date:	<u>12/19/18</u>			Final	<u>*10-17-08</u>	<u>12-9-18</u>	<u>KEK</u>
Approved by:	<u>KEK</u>			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

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

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work:

- New Bldg. \$ _____
- Rehabilitation \$ 250,000 -
- Total (1+ 2) \$ 250,000 -

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: J. Hibbard

Print name here: Jason Hibbard

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Phase II

- remove / replace flooring

- remove / replace millwork

5th Floor West

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



CONSTRUCTION PERMIT

Date Issued 9/18/18
Control # C-18-003268
Permit # 18-2600

IDENTIFICATION Block: 1170 Lot: 18 Qualifier _____
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ Contractor: OA PETERSON CONSTRUCTION
Address: 78 North Willow Street MONTCLAIR NJ 07042
Owner in Fee: OCEAN MEDICAL CENTER %MERIDIAN
1350 CAMPUS PKWY STE 1500 NEPTUNE NJ Telephone: (973) 744-6200
07753 Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL - 5th-FI WEST ...REPLACE FLOORING, MILLWORK & ELECTRICAL ALTS

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

Estimated Cost of Work \$250,000

D. Neuman
Construction Official

9/17/18
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$9,750
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$475
CO Fee	
Other	\$0
Total	<u>1440.72</u>
Check No.	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

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

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

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

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

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

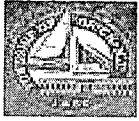
☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

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

☒ A complete copy of released plans must be kept on the job site.

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

Emailed JASON Hibberd. NP 9/13/18



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

Subcode Official Review

Date: Thursday, September 13, 2018

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

RE: Electrical Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD.
Permit Number: Control Number: C-18-003268
Last Submit Date: Thursday, September 6, 2018

Dear OCEAN MEDICAL CENTER %MERIDIAN,

Your request is hereby denied based upon the following infractions.

Provide electrical fixture schedule and specifications.

Sincerely,

Patrick Callahan, Subcode Official

CC:

saphire + albarran
ARCHITECTURE LLC

September 14, 2018

Mr. Patrick Callahan-Electrical Subcode Official
Brick Township Building Department
Municipal Building
401 Chambers Bridge Road
Brick, New Jersey 08723

Regarding: Cosmetic Upgrades to Ocean Medical Center's 4th Floor West & 5th Floor West
425 Jack Martin Blvd,
Brick, NJ 08724

Mr. Callahan,

As was done at previously completed floors 6 West, 4 East and 3 OB all light fixtures are in-kind replacement of previously installed fixtures. This work is covered under allowance of routine maintenance performed by the hospital.

Should you have any further questions please do not hesitate to contact us.

Respectfully,



Joseph E. Saphire, AIA
Principal/Owner
Saphire+Albarran Architecture
NJ License #AT08932

Cc: Mr. Daniel F. Newman Jr. - Construction Official

twelve north main street
pennington, new jersey, 08534
t 609.737.5924 / 609.737.5929
e-mail: sa@saphirealbarran.com
website: www.saphirealbarran.com



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

PHILIP D. MURPHY
Governor

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

VIA EMAIL ONLY: porem@saphirealbarran.com

August 15, 2018

Patrick M. Orem, AIA
Saphire + Albarran Architecture, LLC
12 North Main Street
Pennington, NJ 08534

Re: Local Plan Review Request
Cosmetic Upgrades to 4th & 5th Floor West
HMH-Ocean Medical Center
425 Jack Martin Boulevard, Brick, NJ 08724

Dear Mr. Orem:

Currently, we are allowing local construction departments to perform the review of certain projects, as long as there are no State licensure or FGI Guidelines requirements to be met in those areas or if the work is very minor in nature. Having looked at the submitted information, **it has been determined that local review for the following project is appropriate.** This is with the understanding that this is strictly limited to the review of the proposed project to **renovate and cosmetically upgrade the 4th and 5th floor West areas as outlined in your email (and attachments) dated August 3, 2018, 4:33 PM** and all work necessary to accomplish this project at the above referenced facility. All work and affected areas shall comply with the *2014 FGI Guidelines For Design & Construction of Hospital & Outpatient Facilities* and *2012 NFPA 101 Life Safety Code* as applicable. Note: 2018 FGI Guidelines are in currently in effect with mandatory compliance starting February 1, 2018.

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

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

Sincerely,

John Paluchowski

John Paluchowski, P.E.

Supervisor

Construction Plans Approval

Health Care Plan Review

C: File



TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 425 Jack Martin Blvd.

BLOCK: _____ LOT: _____

CONTRACTOR: OA Peterson Constr

CONTRACTOR'S ADDRESS: 78 N. Willow St Montclair, NJ 07042

Type of Construction (minor, new home): Cosmetic upgrades

Type of Debris (shingles, siding, wood, etc.): Flooring, millwork, ceramic tile

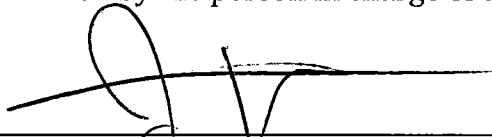
Party responsible for removal: OA Peterson Constr.

Dumpster Size: 40 yd.

Destination of Debris: Transfer Station

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."



Signature

08 / 23 / 2018
Date

Jason Hibbard

Print Name

OFFICE USE ONLY

[illegible]