BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 19-2737

CONSTRUCTION PERMIT APPLICATION

CA-003282

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 425 JACK MARTIN BLVD
2. Name of Owner in Fee: HACKENSACK MERIDIAN
   Tel. (732) 751-3384 e-mail brian.oneill@hackensackmeridian.org
   Address 1350 CAMPUS PARKWAY NEPTUNE 07753
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: STRUCTURE TONE Tel. (732) 362-3500
   Address 10 WOODBRIDGE CENTER DR e-mail jeffrey.forsythe@structuretone.com
   WOODBRIDGE NJ 07095
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 132687699 FAX: (____) _____
5. Architect or Engineer Michael SAVARESE ASSOC Contact Michelle Del Vecchio
   Address 34 Sycamore AVE Little Silver e-mail _____
   Tel. (732) 530-1424 FAX: (732) 530-1340
6. Responsible Person in Charge once Work has Begun Jeff Forsythe
   Tel. (201) 421-9712 FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 4500 ✓		
2. Electrical	450 ✓		
3. Plumbing	150 ✓		
4. Fire Protection	111 ✓	1110 ✓	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	015	3	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 5711	119	

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

MEP Shop Dwg

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building		9/3/19			10/15/19	KEK			
☑ Electrical		9/3/19		9/10/19	10/10	JSC	JMA		
☑ Plumbing		9/3/19			9-26-19	MN			
☑ Fire Protection					9/26/19	JSC			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

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

MRI

ROLLED 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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 STRUCTURE TONE

Address 10 WOODBRIDGE CENTER DR

WOODBRIDGE NJ 07095

Telephone 732-362-3500

Signature Jeffrey M. Fay

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/2/2020
Control Number C-19-003282
Permit Number 19-2737
Permit Issue Date 10/21/2019
Certificate Number 19-2737

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 STRUCTURE TONE

Address 10 WOODBRIDGE CENTER DRIVE WOODBRIDGE NJ 07095

Telephone: (732) 362-3500 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL - - MRI REPLACEMENT

Certificate Comments:

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

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

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

David J. Newman Jr
Construction Official

Fee: $0.00
Check Number:
Collected By:

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/21/19

Date Issued / Permit # 19-2737

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

Block 1170 Lot 18 Qualification Code

Work Site Location 425 JACK MARTIN BLVD BRICK NJ 08724

Owner in Fee: HACKENSACK MERIDIAN

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

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

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

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

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

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

Federal Emp. ID No. 132687699 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All — 10/15/19 — MCH
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 10/15/19
Approved by: MCH

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			11.6.19	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other open ceiling			*11.27.19	
Final			12.13.19	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present ____ Proposed ____

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 100,000
3. Total (1+ 2) $ 100,000

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: Jeffrey M. Forsythe

Print name here: JEFFREY M. FORSYTHE

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

MRI REPLACEMENT

PARTITIONS
CEILINGS
MILLWORK

COMMERCIAL

TYPE OF WORK:

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

FEE (Office Use Only)

$

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

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

732-395-0552
Brian

Date Received
Control #
Date Issued
Permit #

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

Block 1170 Lot 10 Qualification Code

Work Site Location 425 JACK MARTIN BLVD
OCEAN MEDICAL CENTER

Owner in Fee: HACKENSACK MERIDIAN HEALTH

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

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

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

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

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

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 50000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Kurt Wagner

Print name here: KURT Wagner

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
MRI Replacement

QTY.	SIZE	ITEMS	FEE (Office Use Only)
11		Lighting Fixtures	
13		Receptacles	
5		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
10		Emergency & Exit Lights	
8		Communications Points	
3		Alarm Devices/F.A.C. Panel	
50		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1	80	HP ~~Motors 1/+ HP~~ ACCU - 1	
		KW Transformer/Generator	
1/1	40/35	AMP ~~Service~~ Coil + AC1 / DISC	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	200	200 Amp DIS + CB	

JOB SUMMARY (Office Use Only)

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

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

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

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12-25-19
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough Walk			11-13-19	MM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other Close Cavity			11-25-19	MM
Service				
Final			12-25-19	MM
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

Contact Ken - 732-232-3314

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 10/21/19
Date Issued
Control #
Permit # 19-2737

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
Work Site Location 425 JACK MARTIN BLVD. (MRI)
BRICK, NJ 08724
Owner in Fee HMH OCEAN MEDICAL CENTER
Address 425 JACK MARTIN BLVD.
BRICK, NJ 08724
Tele. (732) 751-3384
Contractor CENTRAL JERSEY MECHANICAL, INC.
Address 379 BROADWAY
LONG BRANCH, NEW JERSEY 07740
Tele. (732) 571-4844 Fax (732) 571-3242
Lic. No. 36BI00936900 EXPIRES 6-30-21
Federal Emp. No. 223-211-662

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-17-19
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Slab				
Rough			11-22-19	Will
Water				
Sewer				
~~Fixtures~~ Partial Rough See Back			11-21-19	Will
Gas Equipment				
Gas Piping				
Solar				
TCO FINAL			12-13-19	

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

~~Bob~~ Ceiling BRIAN 732-395-0552

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
1	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	~~Backflow Preventer~~ Trap Primer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

UCC/PRO F-130 (REV3/96)
Professional Printing
(856)468-7933

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued
Permit #

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

Block 1170 Lot 18 Qualification Code

Work Site Location 425 JACK MARTIN BLVD BRICK NJ 08724

Owner in Fee: HACKENSACK MERIDIAN

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

Address 1350 CAMPUS PARKWAY NEPTUNE 07753
street municipality zip code

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

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

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

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 50,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: KURT WAGNER

Print name here: KURT WAGNER

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: MRI

QTY.	SIZE	ITEMS	FEE (Office Use Only)
11		Lighting Fixtures	
13		Receptacles	
5		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
10		Emergency & Exit Lights	
8		Communications Points	
3		Alarm Devices/F.A.C. Panel	
		COMMERCIAL	
50		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
8		AMP Subpanels	
1/1	100/60	AMP Motor Control Center DISC.	
		KW Elec. Sign/Outline Light	
1	150	150 AMP RUSSELL STROL	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Finesse Electric Corp 2273

Date Received
Control #
Date Issued
Permit #

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

Block 1170 Lot 18 Qualification Code

Work Site Location 425 JACK MARTIN BLVD
BRICK NJ 08724

Owner In Fee: HACKENSACK MERIDIAN

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

Address 1350 CAMPUS PARKWAY NEPTUNE 07753
street municipality zip code

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

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

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

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

Fire Alarm Contractor No. Exp. Date

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

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 6,000

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Kurt Wagner

Print name here: KURT WAGNER

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source SMOKE DETECTORS

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	3	
Other Devices		
TOTAL	3	
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Release

COMMERCIAL

Document Attached

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 12/15 Approved by: KO
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-15
Approved by: KO

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12/23/15
Approved by: KO

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System	Incomplete Paperwork			
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	12/15	12/23	12/23	KO
Other				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Meadowlands
Fire Protection
An EMCOR Company

Date Received / Control # 10/21/19

Date Issued / Permit # 19-2737 TA

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

Block 1170 Lot 18 Qualification Code

Work Site Location 425 JACK MARTIN BLVD
BRICK, NJ 08724

Owner in Fee: HACKENSACK MERIDIAN

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

Address 1350 CAMPUS PARKWAY NEPTUNE 07753
street municipality zip code

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

Address 348 New County Road e-mail

Secaucus, New Jersey 07094

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-2525478 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 1800.00

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: P.A.A.

Print name here: PAUL A. AUBRY

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: MRI

Water Supply Source

Method of Alarm/Suppression System Supervision

COMMERCIAL

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, dry/wet/air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	4	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 12/18/19 Approved by: MD
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] COO [✓] CA
Date: 12/23/19
Approved by: MD

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.	Fire Alarm Reporting			
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	12/9/19		12/23/19	MD
Other				

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

#319163

Contractors Material and Test Certificate for Aboveground Piping

NATIONAL FIRE SPRINKLER ASSOCIATION, INC.

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

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

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

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

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

E. Sprinklers

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

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

G. Alarm Valve or Flow Indicator

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

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

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

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

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

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

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

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

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

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

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

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

S. Hydraulic Data Nameplate Provided ☐ Yes ☐ No

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

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

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

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

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

#319163

Contractors Material and Test Certificate for Aboveground Piping

NATIONAL FIRE SPRINKLER ASSOCIATION, INC.

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

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

B. Plans

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

C. Instructions

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

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

E. Sprinklers

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

F. Pipe and Fittings

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

G. Alarm Valve or Flow Indicator

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

H. Dry-Pipe Valve

Make, Model and Serial Number:

I. Quick Opening Device (Q.O.D.)

Make, Model and Serial Number:

J. Dry-Pipe System Operating Test Without Q.O.D.

1. Time to trip through test connection*:
2. Water pressure _____ psi. Air pressure _____ psi.
3. Trip point air pressure _____ psi.
4. Time water reached test outlet*: _____
5. Alarm operated properly ☐ Yes ☐ No

K. Dry-Pipe System Operating Test With Q.O.D.

1. Time to trip through test connection*:
2. Water pressure _____ psi. Air pressure _____ psi.
3. Trip point air pressure _____ psi.
4. Time water reached test outlet*: _____
5. Alarm operated properly ☐ Yes ☐ No

L. Deluge and Preaction Valves

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

M. Pressure Reducing Valve

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

N. Test Description

Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi for two hours or 50 psi above static pressure in excess of 150 psi for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.

Pneumatic: Establish 40 psi air pressure and measure drop. Test pressure tanks at normal water level and air pressure and measure air pressure drop. In both cases, the pressure drop shall not exceed 1½ psi in 24 hrs.

O. Tests

1. All piping hydrostatically tested at 40 psi for 24 hours
2. Dry piping pneumatically tested ☒ Yes ☐ No
3. Equipment operates properly ☒ Yes ☐ No
4. Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks? ☒ Yes ☐ No
5. Drain Test:
   a. Static pressure reading of gage located near water supply connection _____ psi.
   b. Residual pressure with valve in test connection open wide _____ psi.
6. Underground mains and lead in connections to risers flushed before connection made to sprinkler piping and verified by copy of form No. 13-U ☐ Yes ☒ No
7. Flushed by installer of underground piping ☐ Yes ☒ No
8. If powder driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? ☒ Yes ☐ No

P. Blank Testing Gaskets

1. Number used: _____
2. Locations: _____
3. Number removed: _____

Q. Welded Piping - If welded piping was used in the system, complete the following:

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

R. Cutouts (Disks)

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

S. Hydraulic Data Nameplate Provided ☐ Yes ☐ No

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

U. Signatures

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

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

Underground piping installed by others

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

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

1170 18

Red Hawk Fire & Security
1345 Campus Parkway
Wall Township NJ 07753
732-751-0600 www.redhawkus.com

RED HAWK
Fire & Security

NFPA 72
FIRE ALARM SYSTEM INSPECTION & TESTING FORM

Date: December 6, 2019
Page: 1 of 6

INSPECTION & TESTING PROVIDED BY

Red Hawk Fire & Security
1345 Campus Parkway
Wall Township, NJ 07753

Representative : James McCall
License No. : P-00525
Telephone : (732) 751-0600

PROTECTED PROPERTY INFORMATION

Name : Ocean Medical Center
Extension: South Bldg. 1st floor MRI
Address: 425 Jack Martin Blvd.
City : Brick State : NJ Zip : 08724
Contact : Rich McCann
Phone : 732-840-3296

MONITORING ENTITY

Name : Affiliated Monitoring
Telephone : 1-855-831-6298
Monitoring Account Number : M380370

AUTHORITY HAVING JURISDICTION

Name : Brick Twp. Bureau of Fire Safety
Email : rorlando@brickfire.com
Phone : 732-458-4100 Fax : 732-458-4153

TYPE TRANSMISSION

- [X] Digital Dialer
- [ ] Cellular Transmitter
- [ ] IP Internet Transmitter
- [ ] Reverse Polarity
- [ ] Local System
- [ ] McCulloh
- [ ] Multiplex
- [ ] Radio
- [ ] Local Energy / Shunt
- [ ] Other :

SERVICE

- [X] Acceptance
- [ ] Annual
- [ ] Semi-Annual
- [ ] Monthly
- [ ] Quarterly

Control Unit Manufacturer : Edwards System Technology Model No : EST3
Current Software Revision : 5.32
Last Date System had any Service Performed : 12/6/2019
Last Date System Software/Configuration was revised 12/6/2019

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Installed Devices	Circuit Style	Quantity of Devices Tested	
1	4	1	Manual Stations
			Heat Detectors
4	4	4	Photoelectric Smoke Detectors
			Ionization Smoke Detectors 4
			Other :
			Carbon Monoxide Detectors
			Sprinkler System Alarm Devices
			Other :
			Other :

Quantity of Alarm Initiating Circuits : 1 Circuit Style : B Class : 4

Initiation Circuits monitored for integrity : [X] Yes [ ] No
Alarm Verification feature functionality : [ ] Disabled [X] Enabled

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Fire & Security

NFPA 72
FIRE ALARM SYSTEM INSPECTION & TESTING FORM

Date: December 6, 2019

SUPERVISORY SIGNAL - INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Installed Devices	Circuit Style	Quantity of Devices Tested	
			Sprinkler - Riser Valve Tamper Switches
			Sprinkler - Elevator Shaft/Pit Valve Tamper Switches
			Sprinkler - Low Air Supervisory
			Duct Smoke Detectors
			Building Low Temperature
			Fire Pump Power / Controller Trouble
			Fire Pump Running
			Fire Pump Phase Reversal
			Fire Pump in Auto Position
			Fire Pump Low Fuel
			Generator Running
			Generator in Auto Position
			Generator Trouble
			Generator Switch Transfer
			Other :
			Other :
0			

Quantity of Supervisory Initiating Circuits : 1

Supervisory Circuits monitored for integrity : [X] Yes [ ] No

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Installed Devices	Circuit Style	Quantity of Devices Tested		
1	Y	1	Horn /Strobes	
			Horns	
			Speaker / Strobes	
			Speakers	0
			Bell / Strobes	
			Bells	
			Chime / Strobes	
			Chimes	1
1	Y	1	Strobes	
			Other :	
1				

Quantity of Notification Appliance Circuits : 2

Notification Circuits monitored for integrity : [X] Yes [ ] No

SIGNALING LINE CIRCUITS (*per NFPA72, Table 6.6.1*)

Quantity of Signaling Line Circuits : 2 Style : Y

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RED HAWK
Fire & Security

NFPA 72
FIRE ALARM SYSTEM INSPECTION & TESTING FORM

Date: December 6, 2019

SYSTEM POWER SUPPLIES

(a) Primary (Main):

Primary Power	Nominal Voltage: 120	Nominal Amps:	20
Overcurrent Protection	Type: Circuit Breaker	Rating:	20
Primary Supply Panelboard	Panel Name: LEE C B	Circuit No.:	7
Disconnecting Means Location	M.E.R. 4 ACROSS FROM BOILER #2		

(b) Secondary (Standby): Nominal Voltage: 24V Amp Hour Rating: 12AH

Standby Battery Type [X] Sealed Lead-Acid [ ] Lead Acid [ ] Nickel-Cadmium [ ] Other

(c) Calculated capacity to operate system in hours: [X] 24 Hours [ ] 60 Hours

Engine-driven generator dedicated to fire alarm system
Location of fuel storage

(d) Emergency system used as a backup to primary power supply, instead of using a secondary power supply:

Emergency system described in NFPA 70, Article 700	Generator
Legally required standby described in NFPA 70, Article 701	
Optional standby system described in NFPA 70, Article 702, (also meets the performance requirements of Article 700 or 701)	

NOTIFICATIONS MADE PRIOR TO TESTING

	YES	NO	TIME	WHO NOTIFIED
Monitoring Agency	X		8:00 AM	
Municipal Authorities	X		8:00 AM	
Building Management	X		8:00 AM	
Building Occupants	X		8:00 AM	
AHJ Notified of any impairments				
Other:				

SYSTEM TESTS AND INSPECTIONS

	VISUAL	FUNCTIONAL	PASS	FAIL	COMMENTS
Control Unit	X	X	X		
Remote Annunciators	X	X	X		
Interface Equipment					
Disconnect Switches	X	X	X		
Primary Power Supply	X	X			
Fuses / Circuit Breakers	X	X	X		
Transient Suppressors					
Lamps/LEDs	X	X	X		
Trouble Signals	X	X	X		
Ground-Fault Monitoring	X	X	X		

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Fire & Security

NFPA 72
FIRE ALARM SYSTEM INSPECTION & TESTING FORM

Date: December 6, 2019

SECONDARY POWER TESTS AND INSPECTIONS

	VISUAL	FUNCTIONAL	PASS	FAIL	COMMENTS
Battery Condition	X	X	X		
Load Voltage Test	X	X	X		
Discharge Test	X	X	X		
Charger Test	X	X	X		

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

DEVICE TYPE	VISUAL	FUNCTIONAL	PASS	FAIL	COMMENTS
Manual Stations	X	X	X		
Heat Detectors					
Smoke Detectors	X	X	X		
Beam Smoke Detectors					
Duct Smoke Detectors					
CO Detectors					
Sprinkler Waterflow Alarm					
Sprinkler Valve Tamper					
Sprinkler Supervisory					
Suppression Systems					
Temperature Monitoring					
Fire Pump Monitoring					
Generator Monitoring					

Comments:

NOTIFICATION APPLIANCE TESTS AND INSPECTIONS

	VISUAL	FUNCTIONAL	PASS	FAIL	COMMENTS
Audible Appliances	X	X	X		
Visual Appliances	X	X	X		
Audio (Voice) Appliances					

Comments:

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1345 Campus Parkway
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RED HAWK
Fire & Security

NFPA 72
FIRE ALARM SYSTEM INSPECTION & TESTING FORM

Date: December 6, 2019

AUXILIARY CONTROL & FUNCTIONS TESTS AND INSPECTIONS

DEVICE TYPE	VISUAL	FUNCTIONAL	PASS	FAIL	COMMENTS
Alarm Monitoring		X	☐	☐	
Elevator Helmet Display	☐	☐	☐	☐	
Elevator Power Shunt Trip	☐	☐	☐	☐	
Fan Control / Shutdown	☐	☐	☐	☐	
Door Control / Release	☐	☐	☐	☐	
Smoke Damper Control	☐	☐	☐	☐	
Smoke / Atrium Exhaust	☐	☐	☐	☐	
Stair Pressuration	☐	☐	☐	☐	
Sprinkler Supervisory	☐	☐	☐	☐	
_____	☐	☐	☐	☐	

Comments: _____

EMERGENCY COMMUNICATIONS EQUIPMENT TESTS AND INSPECTIONS

	VISUAL	FUNCTIONAL	PASS	FAIL	COMMENTS
Phone Sets	☐	☐	☐	☐	
Phone Jacks	☐	☐	☐	☐	
Off-Hook / Call-In Signal	☐	☐	☐	☐	
Amplifiers	☐	☐	☐	☐	
Tone/Message Generators	☐	☐	☐	☐	
Voice Clarity	☐	☐	☐	☐	
System Performance	☐	☐	☐	☐	

INTERFACE EQUIPMENT	VISUAL	TESTING MEANS DEVICE	TESTING MEANS SIMULATED	
_____	☐	☐	☐	
_____	☐	☐	☐	
_____	☐	☐	☐	
SPECIAL HAZARD SYSTEMS				
_____	☐	☐	☐	
_____	☐	☐	☐	
_____	☐	☐	☐	

Special Procedures: _____

Comments: _____

Red Hawk Fire & Security
1345 Campus Parkway
Wall Township NJ 07753
732-751-0600 www.redhawkus.com

RED HAWK
Fire & Security

NFPA 72
FIRE ALARM SYSTEM INSPECTION & TESTING FORM

Date: December 6, 2019

SUPERVISING STATION MONITORING

	YES	NO	TIME	COMMENTS
Alarm Signal	X		3:03 PM	
Trouble Signal	X		8:25 AM	
Supervisory Signal	X		2:05 PM	
Restore Signals	X		3:10 PM	

NOTIFICATION THAT TESTING IS COMPLETE

	YES	NO	TIME	COMMENTS
Monitoring Agency	X		3:30 PM	
Municipal Authorities	X		3:30 PM	
Building Management	X		3:30 PM	
Building Occupants	X		3:30 PM	
Other :				

System restored to normal : Date: December 6, 2019 Time: 3:30 PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector : James McCall Date: 12/06/19 Time: 3:30 PM
Signature : *James McCall*

Name of Owner or Representative : Rich McCann Date: 12/06/19 Time: 3:30 PM
Signature :

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NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION

Date: December 6, 2019

1. PROTECTED PROPERTY INFORMATION

Property Name : Ocean Medical Center
Extension : South Bldg. 1st floor MRI
Address : 425 Jack Martin Blvd.
City : Brick State : NJ Zip : 08527
Description of Property : Hospital Occupancy Type : Public

Property Contact : Rich McCann
Address : 425 Jack Martin Blvd.
City : Brick State : NJ Zip : 08527
Email : RMcCann@meridianhealth.com Phone : 732-840-3296 Fax :

Authority Having Jurisdiction : Brick Twp. Bureau of Fire Safety
Email : rorlando@brickfire.com Phone : 732-458-4100 Fax : 732-458-4153

2. FIRE ALARM SYSTEM INSTALLATION & SERVICE COMPANY INFORMATION

Installation Contractor for this Equipment : Finesse Electric Corporation
Address: 24 Jackson Mills Road
City : Freehold State : NJ Zip : 07728
Email : FECROBERT@AOL.COM Phone : 732-577-9671 Fax :

Service Organization for this Equipment : Red Hawk Fire & Security
Address : 1345 Campus Parkway
City : Wall Township State : NJ Zip : 07753-6815
Email : service@redhawkus.com Phone : 732-751-0600 Fax : 732-751-0489

Location of As-Built Drawings : Boiler Room
Location of Historical Test Reports : Boiler Room
Location of Operation & Maintenance Manuals: Boiler Room

2.1 SERVICE & TESTING CONTRACT

A Contract for Test & Inspection in accordance with NFPA standards is in effect as of : 01/01/18 **Expires :** 12/31/20
Contracted Testing Company : Red Hawk Fire & Security
Address : 1345 Campus Parkway
City : Wall Township State : NJ Zip : 07753
Email : service@redhawkus.com Phone : 732-751-0600 Fax : 732-751-0489
Inspection Frequency : Annual Contract # :

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE

NFPA 72 Chapter Reference of System Type : 6 & 8

Name of Organization receiving alarm signals with telephone numbers (*if applicable*):

Monitoring Entity : Affiliated Monitoring Phone : 1-888-213-0795
Alarm/Trouble/Supv signaled to: Affiliated Monitoring Phone : 1-888-852-3909
Type of Transmission : Digital Format : Contact ID

If Chapter 8, note the means of transmission : [X] Digital Dialer [ ] Cellular [ ] Multiplex [ ] McCulloh [ ] N/A
If Chapter 9, note the connection type : [ ] Local Energy [ ] Shunt [ ] N/A

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NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION

Date: December 6, 2019

3.1 System Software

Operating system software revision level : 5.32

Site-specific software revision date : 12/6/2019 Revision completed by : James McCall

4. SIGNALING LINE CIRCUITS

Characteristics of signaling line circuits connected to the system (*see NFPA 72, Table 6.6.1*) :

Quantity : 2 Style : 4 Class : Y

5. ALARM-INITIATING DEVICES AND CIRCUITS

Characteristics of initiating device circuits connected to the system (*see NFPA 72, Table 6.5*) :

Quantity : 5 Style : 4 Class : B

5.1 MANUAL INITIATING DEVICES

5.1.1 Manual Pull Stations

Quantity of Manual Pull Stations : 1

Type of devices : ☐ Addressable ☐ Coded
☐ Conventional ☐ Transmitter

5.2 AUTOMATIC INITIATING DEVICES

5.2.1 Area Smoke Detectors

Quantity of Smoke Detectors : 4

Type of coverage : ☒ Complete Area Quantity of Beam Smoke Detectors :
☐ Partial Area

Type of devices : ☒ Addressable ☐ Coded
☐ Conventional ☐ Transmitter

Type of sensing technology : ☐ Photoelectric ☐ Ionization ☐ Beam Smoke Detector

5.2.2 Duct Smoke Detectors

Quantity of Duct Smoke Detectors : 0

Type of devices : ☐ Addressable ☐ Coded
☐ Conventional ☐ Transmitter

Type of sensing technology: ☐ Photoelectric ☐ Ionization

5.2.3 Heat Detectors

Quantity of Heat Detectors : 0

Type of coverage : ☐ Complete Area
☐ Partial Area ☐ Non-required Partial Area

Type of devices : ☐ Addressable ☐ Coded
☐ Conventional ☐ Transmitter

5.2.4 Sprinkler Waterflow Detectors

Quantity of Waterflow Detectors :

Type of devices : ☐ Addressable ☐ Coded
☐ Conventional ☐ Transmitter

5.2.5 Alarm Verification

Quantity of devices subject to alarm verification :

Alarm verification the system is : ☒ Disabled ☐ Enabled ☐ Verification Delay

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Fire & Security

NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION

Date: December 6, 2019

6. SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUITS

6.1 CO Detectors

Quantity of Valve Supervisory Devices : _____

Type of devices : ☐ Addressable ☐ Coded
☐ Conventional ☐ Transmitter

6.2 Fire Pump

Type of fire pump : ☐ None ☐ Electric ☐ Diesel

Pump supervisory devices : ☐ Addressable ☐ Coded
☐ Conventional ☐ Transmitter

Functions supervised : ☐ Fire Pump Power ☐ Engine or Control Panel Trouble
☐ Fire Pump Running ☐ Low fuel
☐ Fire Pump Phase Reverse ☐ Other : _____
☐ Selector switch not in audio

6.3 Engine-Driven Generator

Type of Generator : ☐ None ☐ Gas ☐ Diesel

Generator supervisory devices : ☐ Addressable ☐ Coded
☐ Conventional ☐ Transmitter

Functions supervised : ☐ Generator Running ☐ Engine or Control Panel Trouble
☐ Selector Switch Not In Auto ☐ Low fuel
☐ Other: _____

7. ANNUNCIATORS

7.1 Annunciator 1 ☐ Panel ☐ Remote Location : _____

Type of annunciator : ☐ Addressable ☐ Directory ☐ Graphic

7.2 Annunciator 2 ☐ Panel ☐ Remote Location : _____

Type of annunciator : ☐ Addressable ☐ Directory ☐ Graphic

7.3 Annunciator 3 ☐ Panel ☐ Remote Location : _____

Type of annunciator : ☐ Addressable ☐ Directory ☐ Graphic

8. ALARM NOTIFICATION DEVICES AND CIRCUITS

8.1 Emergency Voice Alarm Service

Quantity of single voice alarm channels : _____ Quantity of multiple voice alarm channels : _____
Number of speakers : _____ Quantity of speaker zones : _____

Type of devices installed : ☐ Speakers ☐ With Visual Device

8.2 Fire Fighters Telephone System

Quantity of Telephone Jacks installed : _____ Quantity of telephone handsets on site : _____

Type of system installed : ☐ Electrically powered ☐ Sound Powered

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Fire & Security

NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION

Date: December 6, 2019

8.3 Nonvoice Audible System
Characteristics of notification circuits connected to the system *(see NFPA 72, Table 6.5)* :

Quantity : 2 Style : Y Class : B

8.4 Types and Quantities of Nonvoice Notification Appliances Installed

[X] Horns [X] With Visual Device [ ] Chimes [ ] With Visual Device
[ ] Bells [ ] With Visual Device

Quantity of non-voice audible devices : 1 Other (describe):

Quantity of visual device without audible : 1 Other (describe):

9. EMERGENCY CONTROL FUNCTIONS ACTIVATED

[ ] Door Unlocking [ ] Hold-Open Door Releasing Devices
[ ] Elevator Control [ ] Smoke Management / Smoke Control
[ ] Other:

10. SYSTEM POWER SUPPLY

10.1 Primary Power

Primary power	Nominal voltage :	120	Nominal amps :	20
Overcurrent protection	Type :	Circuit Breaker	Rating :	20
Primary supply panelboard	Panel name :	LEE CB	Circuit No. :	7
Disconnecting means location	M.E.R 4 across form boiler #2			

10.2 Secondary Power

Secondary power	Nominal voltage :	24	Amp hour rating :	7
Standby batteries	Type :	Sealed lead acid	Quantity :	2
Location of standby batteries :	FACP			
Location of emergency generator :	Outside			
Location of fuel storage :				

Calculated capacity of secondary power to drive the system :
Standby mode : 24 Alarm mode : 5

11. RECORD OF SYSTEM INSTALLATION

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching but before conducting operational acceptance tests.

The system has been installed in accordance with the following NFPA standards. *(Note any that apply)*

[X] NFPA 72 [X] NFPA 70, Article 760
[X] Manufacturers published instructions [ ] Other:

System deviation from referenced NFPA standards:

Signed : Printed name : Date : December 6, 2019
Organization : Finesse Electric Corporation Title : Phone : 732-577-9671

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1345 Campus Parkway
Wall Township NJ 07753
732-751-0600 www.redhawkus.com

RED HAWK
Fire & Security

NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION

Date: December 6, 2019

12. RECORD OF SYSTEM OPERATION

All operational features and functions of the system were tested by or in the presence of the signer below, on the date shown below, and were found to be operating properly in accordance with the requirements of;

- [X] NFPA 72
- [X] NFPA 70, Article 760
- [X] Manufacturers published instructions
- [ ] Other:
- [ ] Documentation in accordance with Inspection and Testing Form is attached

System deviation from referenced NFPA standards:

Signed : James McCall | Printed name : James McCall | Date : December 6, 2019
Organization : Red Hawk Fire & Security | Title : Service Technician | Phone : 732-751-0600

13. CERTIFICATIONS AND APPROVALS

13.1 Installation Contractor

This system as specified herein has been installed according to all NFPA standards cited herein.

Signed : | Printed name : | Date : December 6, 2019
Organization : Finesse Electric Corporation | Title : | Phone : 732-577-9671

13.2 Testing Company

This system as specified herein has been tested according to all NFPA standards cited herein.

Signed : James McCall | Printed name : James McCall | Date : December 6, 2019
Organization : Red Hawk Fire & Security | Title : Service Technican | Phone : 732-751-0600

13.3 Central Station

This system as specified herein is monitored according to all NFPA standards cited herein.

Signed : | Printed name : | Date : December 16, 2019
Organization : Affiliated Monitoring | Title : | Phone : 1-855-831-6298

13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed : | Printed Name : Rich McCann | Date : December 6, 2019
Organization : Ocean Medical Center | Title : Operations Supervisor | Phone : 732-840-3296

13.5 Authority Having Jurisdiction

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, its approved sequence of operations and with all NFPA standards cited herein.

Signed: | Printed Name: Richard J. Orlando | Date: December 16, 2019
Organization: Brick Twp. Bureau of Fire Safety | Title: Fire Protection Inspector | Phone: 732-458-4100

Inspection Testing Results

Address	Type	Location	Test Date
3020001	SMOKE	1 SOUTH SMOKE MRI REAR HALL OFFICE	12/6/2019
3020002	SMOKE	1 SOUTH SMOKE MRI CHANGING ROOM	12/6/2019
3020003	SMOKE	1 SOUTH SMOKE MRI MECHANICAL ROOM	12/6/2019
3020009	SMOKE	1 SOUTH SMOKE MRI ELECTRIC ROOM	12/6/2019
3020127	PULL	1 SOUTH PULL MRI VESTIBULE	12/6/2019

CONSTRUCTION PERMIT

Date Issued 10/21/19
Control # C-19-003282
Permit # 19-2737

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

Owner in Fee: OCEAN MEDICAL CENTER %MERIDIAN 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone:

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

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL - MRI REPLACEMENT

PAYMENTS (Office Use Only)

Building	$4,500
Electrical	$630
Plumbing	$150
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$315
CO Fee	
Other	$0
Total	$5,711
Check No.	815167
Cash	$0
Credit	$0
Collected By	M. Fagan

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 $166,000

Construction Official 10/15/19 Date

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

PERMIT UPDATE

Date Update Issued 10/21/19
Control # C-19-003282+A
Permit # 19-2737 +A

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

Owner in Fee: OCEAN MEDICAL CENTER %MERIDIAN 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone:

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

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL - MRI REPLACEMENT ...UPDATE +A - SPRINKLER HEADS

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

Estimated Cost of Work $1,800

D. Numan 10/15/19
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$119
Check No.	815687
Cash	$0
Credit	$0
Collected By	M. Fiore

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

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

Subcode Official Review

Date: Tuesday, September 10, 2019

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

RE: Electrical Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD.
Permit Number: Control Number: C-19-003282
Last Submit Date: Thursday, September 5, 2019

Dear OCEAN MEDICAL CENTER %MERIDIAN,

Your request is hereby denied based upon the following infractions.

Include all equipment and wiring on electrical application, ie: 200 Amp MRI feeder.

Sincerely,

Patrick Callahan, Subcode Official

CC:

Resubmit 9/17/19

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

PHILIP D. MURPHY
Governor

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

VIA EMAIL ONLY: michelle.delvecchio@msassc.com

June 7, 2019

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

Re: Local Plan Review Request
MRI Equipment Replacement & Alteration
HMH-Ocean Medical Center (First Floor)
425 Jack Martin Blvd., Brick, NJ 08724

Dear Ms. Del Vecchio:

Currently, we are allowing local construction departments to perform the review of certain projects, as long as there are no State licensure or FGI Guidelines requirements to be met in those areas or if the work is very minor in nature. Having looked at the submitted information, **it has been determined that local review for the following project is appropriate.** This is with the understanding that this is strictly limited to the review of the proposed project to **replace existing MRI equipment and alter nearby space as outlined in your email (with attachments) dated, June 7, 2019, 10:28 AM** and all work necessary to accomplish this project at the above referenced facility. The facility owner is responsible for all project work and affected areas to comply with the *2018 FGI Guidelines for Design and Construction of Hospitals* and *2012 NFPA 101 Life Safety Code* as applicable.

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

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

Sincerely,

John Paluchowski

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

C: File