

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(e)1.vii:

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. (X) I further certify that I will perform or supervise the following work:

C.1. (X) Building C.2. () Fire Protection

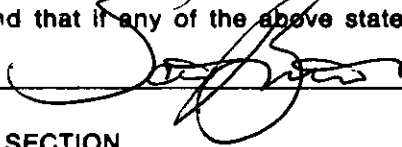
I further certify that I will perform the following work:

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 9-13-94

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 _____

Address _____

Telephone (_____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
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Building _____	Energy _____	Other _____
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only) DATE EXPIRED

☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Continued Certificate of Occupancy	No. _____	_____
☐ Certificate of Occupancy	No. _____	_____
☐ Certificate of Approval	No. _____	_____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

9/26/94

2674-94

IDENTIFICATION Block 1170 Lot 18Work Site Location 425 Rock Mountain Blvd Contractor W. J. M. Enterprises, Inc.Owner in Fee Medical Center, Inc. Address _____Address 1000 N. 1st St. Tele. (____) _____

Tele. (____) _____ Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. **0004**or Social Security No. 2674**

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Alteration

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 \$ 20,000.00

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only) 1170

Building	<u>15</u>	TOTAL	0.00
Plumbing	<u>10</u>	#	0.00
Electrical	<u>15.00</u>	DUTY FINE	15.00
Fire Protection	<u>5.00</u>	DUTY FINE	5.00
Other	<u>2.00</u>	DUTY FINE	2.00
Other	<u>20.00</u>	DUTY FINE	20.00
DCA Training Fee	<u>12.00</u>	TOTAL	12.00
Cert. of Occ.	<u>12.00</u>	DUTY FINE	12.00
Other	<u>0.00</u>	DUTY FINE	0.00
Total	<u>19.45</u>	DUTY FINE	19.45

Check No. 11-270

Cash _____

Collected By: W. J. M. Enterprises, Inc.

**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

9/26/94
2674-94

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE - CALL (800) 272-1000.

Block 1170 Lot 78

Work Site Location BRICK HOSPITAL DIVISION, 425 JACK MARTIN BLVD, BRICK NJ 08723

Owner in Fee MEDICAL CENTER OF OCEAN COUNTY

Address SAME AS ABOVE

Tele. (908) 295-6391

Contractor MAINTENANCE DEPT.

Address SAME

Tele. (908) 295-6391

Lic. No. or Bldrs. Reg. No. 210634586 or Social Security No. _____

Federal Emp. No. _____

JOB SUMMARY (Office Use Only)					
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:	Failure	Approval
☒ All	9/14/94	ME	Footing		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ TCO ☐ CCO ☐ SCA			TCO		
Date: 11/30/94			Other		
Approved By: [Signature]			Final		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	<u>5</u>	<u>4</u>	1. New Bldg. \$ <u>2,000</u>
No. of Stories	<u>5</u>		2. Alteration \$ <u>2,000</u>
Height of Structure	<u>75</u>		3. Total (1+2) \$ <u>4,000</u>
Area—Largest Floor		Sq. Ft.	
New Bldg. Area/All Floors		Sq. Ft.	
Volume of New Structure		Cu. Ft.	
Total Land Area Disturbed	<u>0</u>	Sq. Ft.	

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.

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CHANGE OF ENTRANCE AND
EGRESS ON 1ST FLOOR
BRICK HOSPITAL.

TYPE OF WORK:	
☐ New Building	
☐ Addition	
☒ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	Height (6' or over)
☐ Sign	Sq. Ft.
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ Other	
☐ Demolition	

Administrative Surcharge	
Paid ☐ Check # _____	Minimum Fee \$ _____
Collected by: _____	DCA TRAINING FEE \$ _____
TOTAL FEE \$ _____	

(Office Use Only)
FEE

TOWNSHIP OF
BRICK NJ

09/23/94 NO. 5

0004

2674**#

BLOCK 0.00

1170 #

LOT 0.00

18 #

BUILDING 15.00

PLAN RVW 5.00

D.C.A. 2.00

C / O 20.00

TOTAL 42.00

CHECK 42.00

CHANGE 0.00

0009A005 09:45

Medical Center

O F O C E A N C O U N T Y
P O I N T P L E A S A N T • B R I C K

JOHN T. GRIBBIN
PRESIDENT

September 14, 1994

**Township of Bricktown
Municipal Offices
Office of Inspections/Subcode Dept.
401 Chambers Bridge Road
Bricktown, NJ 08723**

Attn: Mr. Cierzo, Mr. Korkowski and Mr. Evaristo

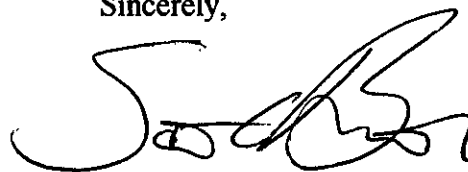
Re: Meeting 8-10-94, S. Bruett, B. Transue of MCOC and Mr Korkowski. Subj. changes to the first floor Brick Hospital.

Gentlemen,

As a result of the referenced meeting, provided as an attachment is the requested information on the proposed changes to the first floor at Brick Hospital. As discussed, your departments requested an architectural stamped drawing showing the entrance and egress changes to the first floor. In addition to this information, we are submitting a subcode and construction permit to authorize construction in the hallways as described on the drawings. The areas of change are shown in hatch mark on the prints.

Please contact myself or Mr. Transue at (908) 295-6000 to discuss this matter in further detail or to request payment associated with this floor plan change.

Sincerely,



Scott A. Bruett
Facility Engineer

cc. D. Kaplan
G. Kamp
B. Transue