Called N.A. 9-19-94 DE

BLOCK 1170 LOT 18 ADDRESS (SITE) 425 JACK MARTIN BLVD. BRCK NJ 08723 PERMIT NO. 2674-94

RECEIVED SEP 14 1994 DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

COMMERCIAL

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

I. IDENTIFICATION

1 Proposed Work-site at: BRICK HOSPITAL DIVISION OF MEDICAL CENTER OF

2 Name of Owner in Fee: OCEAN COUNTY Tel. (908) 295-6391

Address 425 JACK MARTIN BLVD, BRCK, NJ 08723
(street, municipality, zip code)

3 Ownership in Fee: Public ____ Private X

4 Principal Contractor: MAINTENANCE DEPT Tel. (908) 295-6391

Address (SAME)

License No OR, if new home, Builder Reg. No. ____ Exp. Date ____

Federal Emp No 210634586 Social Security No. ____

5 Architect or Engineer JOE DOHERTY Tel. (908) 758-6665

Address 10 WEST BERGEN PL. SUITE 210 REDBANK NJ 07701

6. Responsible Person In Charge of Work SCOTT BRUETT Tel. (908) 295-6391

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 15 —		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$ 15		
7. Less 20% for State Plan Review	5 —		
8. Subtotal	$		
9. DCA Training Fee	2 —		
10. Subtotal	$		
11. Cert. of Occupancy	20 —		
12. Other			
13. TOTAL	$ 42 —		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 5	
2. Height of Structure 75 ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification ____	
7. Total Land Area Disturbed 0 sq. ft.	
8. Flood Hazard Zone ____	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no ____	
11. Fire Grading ____	
12. Max. Live Load ____	
13. Max. Occupancy Load ____	

II. PROPOSED WORK

	Est. Cost
1 ☐ Minor Work (single trade)	
2 ☐ Small Job ($5,000 and no prior approvals)	
3 ☐ New Building	
4 ☐ Addition	
5 ☒ Alteration	$2,000
6 ☐ Fire Protection	
7 ☐ Plumbing	
8 ☐ Electrical	
9 ☐ Asbestos Abatement	
10 ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
[illegible]			9/19/94	R-1	11/30/94		RK

III. DO YOU WANT: (optional) 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
6 ☒ Hazardous Uses/Places of Assembly
7 ☒ Sprinklers
8 ☒ Smoke Control Systems in Open Wells

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use: HOSPITAL
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10505459

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		
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 9/20/94
Control #
Permit # 2674-94

IDENTIFICATION Block 1170 Lot 18

Work Site Location 405 Jack Martin Blvd Contractor [illegible]

Address [illegible]

Owner in Fee Board of Education

Address [illegible] Tele. ( ) [illegible]

Lic. No. or Bldrs. Reg. No. [illegible] Exp. Date [illegible]

Tele. ( ) [illegible] Federal Emp. No. **0004**

or Social Security No. 2674*#

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER [illegible]

[ ] 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 $ [illegible]

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only) 1170 #	
Building	0.00
Plumbing	
Electrical	15.00
Fire Protection	5.00
Other	2.00
Other	20.00
DCA Training Fee	2.00
Cert. of Occ.	2.00
Other	0.00
Total	9:45
Check No.	
Cash	
Collected By:	

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9/26/94
Date Issued
Control #
Permit # 2674-94

COMMERCIAL

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

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.
Federal Emp. No. 210634586 or Social Security No.

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

D. TECHNICAL SITE DATA

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9/26/94	MK
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 11/30/94 MK
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present X Proposed
Constr. Class Present Proposed V
No. of Stories 5
Height of Structure 75 Ft.
Area—Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ $2,000
3. Total (1+2) $ $2,000

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (6' or over)
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other
- [ ] Other

[ ] Demolition

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

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
OF OCEAN COUNTY
POINT PLEASANT • BRICK

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