

1. *any*
 2. *printer &*
 3. *disposition*
 4. *to come in as*
 5. *updates*



Soil
TCO
\$55.
one
pct.

1. Proposed Work-site at: CHILD CARE CENTER COUNTY BRICK
2. Name of Owner in Fee: MEDICAL CENTER OF OCEAN Tel. (201) 840-2200
Address 425 JAXX MARTIN BLVD BRICK, NJ 08724
street municipality zip code
3. Ownership in Fee: Public X Private (NON PROFIT HOSPITAL)
4. Principal Contractor: A.G. HEILBROUN CONST. CO. INC Tel. (201) 840-1786
Address 638 MANTOKOKING RD, BRICK, NJ
License No. OR, if new home, Builder Reg. No. N/A Exp. Date _____
Federal Emp. No. 22-2796151 Social Security No. _____
5. Architect or Engineer HARRY ROTHSTEIN Tel. (201) 908-493-3384
Address OAK HURST, N.J. 908-892-1100
6. Responsible Person JOHN HOOPER Tel. (201) 840-2320
In Charge of Work JOHN HOOPER

Update Update

1. Building	\$	741.69		
2. Electrical				
3. Plumbing		195.-	/	55.-
4. Fire Protection		192.-		
5. Other				
6. Subtotal	\$	933.69	/	
7. Less 20% for State Plan Review		93.37	/	
8. Subtotal	\$		/	
9. DCA Training Fee		115.31	/	
10. Subtotal	\$		/	
11. Cert. of Occupancy		140.05	/	
12. Other			/	
13. TOTAL	\$	1282.48	/	

addnl
pub. fees
55.
Pg,
7-29-91

(office use only)

1. Number of Stories 1

2. Height of Structure 17 ft

3. Area—Largest Floor sq. ft

4. Building Area—All Floors 4020 sq. ft

5. Volume of Structure 52460 cu. ft

6. Construction Classification 5-A T-2

7. Total Land Area Disturbed 7.71 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

Est	Cost
-----	------

1. ☐ Minor Work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☒ New Building
4. ☐ Addition
5. ☐ Alteration
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		Re-viewer
					Approval	Rejection	
		1/11/90 R	1/26/90 R	R	Footings		
		1/16/90 RX	1/27/90 R	R	Framing		
					RECEIVED		
	1-25-91		1-25-91		7-29-91		DE
	4-19-91		4-19-91		7-29-91		BK
					7-24-91		BK

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 _____

1. State Specific Use:

2. Use Group: I-2
3. Change in Use Group:
- Indicate Former:

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

LDS BR 10315015

ZOK

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

I hereby certify the following as required by the 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 MEDICAL CENTER OF OCEAN COUNTY

Address 425 JACK MARTIN BLVD, BRICK, NJ 08724

Telephone (201) 840-2200

Signature [Signature] Date 11/10/91

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 <i>zoning</i>	<i>SC</i>	<i>11/14/91</i>	<i>child care</i>						
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

☒ Temporary Certificate of Occupancy	No. <i>61</i>	DATE EXPIRED <i>TO Sept 8-31-91</i>
☐ Temporary Certificate of Occupancy	No. _____	
☐ Continued Certificate of Occupancy	No. <i>61</i>	
☒ Certificate of Occupancy	No. <i>61</i>	
☐ Certificate of Approval	No. _____	
☐ None	No. _____	

61 *8-30-91*



CERTIFICATE

Date Issued 8-30-91
Control #
Permit # 61-91

IDENTIFICATION

Block 1170 Lot 18, 18.2
Work Site Location Rt. 70 & Georges Road
Owner in Fee Medical Center of Ocean County
Address 425 Jack Martin Blvd.
Brick, NJ
Tele. ()
Contractor A. G. Helbrow Constr. Co., Inc.
Address 628 Mantoloking Rd.
Brick, NJ
Tele. ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group I-2 2 hours
Maximum Live Load
Description of Work/Use: Child Care Center

Type of Warranty Plan: [] State [] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ CERTIFICATE OF OCCUPANCY

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

☐ CERTIFICATE OF APPROVAL

☐ 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 OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than , 19 or the owner will be subject to a fine or order to vacate:

Fee \$
Paid [] Check No.
Collected by:

CONSTRUCTION OFFICIAL

Arthur J. Cairns



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

1/25/91

61-91

IDENTIFICATION Block

1170

Lot

18 & 18.2

Work Site Location

Rt 70 W @ Georges Rd

Contractor

D.S. Neeldbrown Const.

Address

Owner in Fee

Medical Center of O.C.

Address

2121 Edgewater Place

Tele. ()

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

61*#

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Child Care Center
 New Bldg 82410 -

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 \$

335,000

CONSTRUCTION OFFICIAL

BLOCK		
PAYMENTS (Office Use Only)		1170 #
Building	741.69	0.00
Plumbing	10 #	0.00
Electrical	741.69	741.69
Fire Protection	192.00	192.00
Other	93.37	93.37
Other	115.37	115.37
DCA Training Fee	140.05	140.05
Cert. of Occ.	140.05	140.05
Other	1202.48	1202.48
Total	1282.48	1282.48
Check No.	751520	0.00
Cash	01/25/91 NO. 5	00104005
Collected By:		15:36



PERMIT UPDATE

Date Update Issued 7-29-91
Control #
Permit # 61-91
Date Permit Issued 1-25-91

IDENTIFICATION Block 1170 Lot 18 x 18.2
Work Site Location Rt. 70 & Georges Rd. Contractor A. G. Heilbronn
Address _____
Owner in Fee Med. Ctr. of D.C.
Address 425 Jack Martin Blvd. Tele. (____) _____
Bethesda, MD
Lic. No. or Bldrs. Reg. No. _____
Tele. (____) _____ Federal Emp. No. 00000000
or Social Security No. 0124

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

add'l. plb. fees

Estimated Cost of Work \$ _____

[Signature]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		0.00
Building	1170 #	
Plumbing	118...18	2 #
Electrical	PLUMBING	35.00
Fire Protection	TOTAL	35.00
Other	CHECK	35.00
Other	CHANGE	0.00
DCA Training Fee	NO. 5 0002A005	5:51
Cert. of Occ.		
Other		
Total		
Check No.		
Cash		
Collected By:		



Date Received
Date Issued
Control #
Permit #

1/25/91
6-1-91

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

Block 1170 Lot 16
Work Site Location ROUTE 70 WEST @ GEORGE'S RD.
Owner in Fee MEDICA CENTER OF OCEAN COUNTY
Address 2121 EDGEWATER PLACE
POINT PLEASANT, NJ 08742
Tele. ()
Contractor A.S. HELLERSON CONSTRUCTION CO., INC.
Address 638 MANTOLOKING ROAD
ROSELAND, NJ 08723
Tele. (908) 840-1706
Lic. No. or Bids. Reg. No. N/A
Federal Emp. No. 22-2796151 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☐ No Plans Req.			Footing		
☒ All	1/24/91	AK	Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☒ CO ☐ CCO ☐ CA			TCO		
Date: 7/29/91			Other		
Approved By: [Signature]			Final		

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed I-2
Constr. Class Present _____ Proposed 5A
No. of Stories ONE (1)
Height of Structure _____ Ft.
Area—Largest Floor 4020 Sq. Ft.
Total Bldg. Area/All Floors 4020 Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed .74 +/- Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 335,000
2. Alteration \$ _____
3. Total (1+2) \$ 335,000

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.

Signature [Signature]

**D. TECHNICAL SITE DATA
DESCRIPTION OF WORK**

Chad Case Carter
I 2 was

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Other _____
- ☐ Demolition
- ☐ Miscellaneous
- ☐ Fence _____ Height _____
- ☐ Sign _____ Sq. Ft. _____
- ☐ Pool _____
- ☐ Elevator _____
- ☐ Asbestos Abatement
- ☐ Other _____

(Office Use Only)

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



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

1/25/91
61-91

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

Block 1170 Lot 16
Work Site Location 425 South Main Street, South Cove Center
Owner in Fee Medical Center of Ocean County
Address 425 South Main Street, South Cove Center
Contractor A.H. Sullivan Corp
Address 638 Main Street, South Cove Center
Tele. ()
Lic. No. 638
Federal Emp. No. 638 or Social Security No. 638

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed 1-2
Constr. Class. Present Proposed 1-2
Heating Systems Present Existing 1-2
Type: Gas Oil Electrical Solar
Location: Other
Total Est. Cost of Fire Prot. Work \$ 1-2

JOB SUMMARY (Office Use Only)

PLAN REVIEW: INSPECTIONS: Dates (Month/Day)
No Plans Required Type: Failure Failure Approval Initial
Joint Plan Review Required: Suppression Test 7/29/91
Bldg. Plumb. Elec. Fire Alarm Test 7/29/91
Fire Plans Approved Smoke Test 7/29/91
Date: 1-23-91 Mechanical 7/29/91
Approved by: TCO Other 7/29/91
SUBCODE APPROVAL: Other 7/29/91
Date: 1/23/91 Other 7/29/91
Approved by: Other 7/29/91

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 DAY CARE CENTER
Water Supply Source Cherry Sp.
Method of Valve Supervision He be with
Local Alarm Supervision Not on site
Central Supervision Not on site
Proprietary Supervision Not on site
Flammable Liquid Storage Tanks () Capacity
Combustible Liquid Storage Tanks () Capacity
L.P.G. Storage Tanks () Capacity
L.N.G. Storage Tanks () Capacity

Number

FEE (Office Use Only)

Wet Sprinkler Heads 1
Dry Sprinkler Heads 25-
TOTAL 26-
Smoke Detectors 3
Heat Detectors 75-
TOTAL 82-
Kitchen Hood Exhaust Systems 3
Pre-Engineered Systems 75-
CO₂ Suppression 82-
Halon Suppression 75-
Foam Suppression 75-
Dry Chemical 75-
Wet Chemical 75-
Gas or Oil Fired Appliances 75-
OTHER 75-

Administrative Surcharge

Paid () Check # 192-
Collected by 192- Minimum Fee \$ 192-
TOTAL FEE \$ 192-

DUPLICATE Form 1-140A
3 Pink = Office Use
3 White = Applicant Copy
3 Yellow = Inspector Copy
3 Green = Other Agency Copy



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
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 18-18.2

Work Site Location ROUTE 70 WEST @ GEORGES ROAD

BRICK, NJ

Owner in Fee MEDICAL CENTER OF OCEAN COUNTY

Address 2121 EDGEMONT PLACE

POINT PLEASANT, NJ 08742

Tele. () 807 MANTOLOKING RD.

Contractor BRICK TOWNSHIP, N.J. 08723

201 477-0854

Tele. () 22-1853417

Lic. No. 22-1853417 or Social Security No.

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present 411 Proposed I-2

Building Sewer Size 4"

Water Service Size 1 1/2"

Estimated Cost of Plumbing Work \$ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

INSPECTIONS:

Dates (Month/Day)

☐ No Plans Required

Type:

Failure Failure Approval Initial

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire

☒ Plumb. Plans Approved

Date: 4-19-91

Approved by: PCD. J. J.

Slab 5-8-91 PCD. J. J.

Rough 5-8-91 PCD. J. J.

Water 5-8-91 PCD. J. J.

Sewer 5-8-91 PCD. J. J.

Fixtures 5-8-91 PCD. J. J.

Gas Equipment 5-8-91 PCD. J. J.

Gas Final 5-8-91 PCD. J. J.

Solar 5-8-91 PCD. J. J.

TCO 5-8-91 PCD. J. J.

Approved by: PCD. J. J.

Date: 7-29-91

D. TECHNICAL SITE DATA (List all fixtures.)

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

⑥ 7

Water Closet

35-

⑥ 11

Urinal/Bidet

35-

⑥ 11

Bath Tub

35-

⑥ 11

Lavatory

35-

⑥ 11

Shower

35-

⑥ 11

Floor Drain

35-

⑥ 11

Sink

35-

⑥ 11

Dishwasher

35-

⑥ 11

Drinking Fountain

35-

⑥ 11

Washing Machine

35-

⑥ 11

Hose Bibb

35-

⑥ 11

Gas Piping

35-

⑥ 11

Fuel Oil Piping

35-

⑥ 11

Water Heater

35-

⑥ 11

~~Space-Boiler~~ FURNACE

35-

⑥ 11

Hot Water Boiler

35-

⑥ 11

Sewer Pump

35-

⑥ 11

Interceptor/Separator

35-

⑥ 11

Backflow Preventer

35-

⑥ 11

Greasetrap

35-

⑥ 11

Water Cooled A/C

35-

⑥ 11

or Refrigeration Unit

35-

⑥ 11

Sewer Connection

35-

⑥ 11

Water Service Connection

35-

⑥ 11

Gas Service Connection

35-

⑥ 11

Active Solar System

35-

⑥ 11

Other

35-

SUBCODE APPROVAL:

☒ CO ☐ CCO ☐ CA

Approved by: PCD. J. J.

Date: 7-29-91

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.

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Signature-Contractor Seal

Administrative Surcharge \$
Paid ☐ Check # Minimum Fee \$
Collected by: TOTAL \$

\$
\$
\$195.-

U.C.C. Form F-130A

1 White=Inspector Copy
3 Pink=Office Copy

2 Canary=Office Copy
4 Gold=Applicant Copy

Date Received
Date Issued
Control #
Permit #
61-91

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 7-29-91

NAME Medical Center of O.C. - Day Care Center

ADDRESS Route 70 and Georges Road, Brick, NJ

PROPERTY LOCATION Route 70 and Georges Road

Account No. V226601 Block 1170 Lot 18-81.2

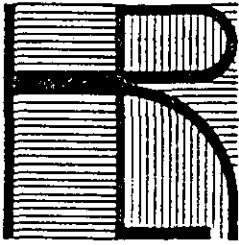
I hereby certify that the above applicant has complied with all Rules
and Regulations of this Authority and has paid all required fees and charges.

For the Authority

James Mastrop

INVOICE DATE	INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DISC.	NET AMOUNT
1/25/91		INSPECTION FUND	1,282.48	0.00	1,282.48
JANUARY 25, 1991		CHECK #	VENDOR #	1,282.48	0.00
		284570			1,282.48

THE MEDICAL CENTER OF OCEAN COUNTY • PT. PLEASANT • NEW JERSEY • 08742



H L R ASSOCIATES

ARCHITECTS - PLANNERS - ENGINEERS

P.O. BOX 430

OAKHURST, NEW JERSEY 07755

(908) 493-3384 • FAX # (908) 493-3384

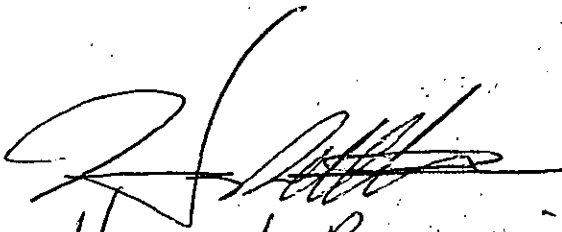
HARRY L. ROTHSTEIN, R.A.

MR. RAY KORKOWSKI
ACTING CONSTRUCTION OFFICIAL
BRICK TOWNSHIP, N.J.

MARCH 26, 1991

RE: CHILD DAY CARE CENTER
BRICKTOWN, N.J.

CONTRACTOR TO PROVIDE A (1) ONE HOUR
FIRE RATED EXTERIOR WALL; THIS TO BE
ACCOMPLISHED BY INSTALLING 5/8" FIRE RATED (X)
SHEETROCK ON THE INSIDE FACE OF EXTERIOR
WALL AND 5/8" FIRE RATED (X) WEATHERPROOF
SHEETROCK ON THE EXTERIOR FACE OF WALL.


HARRY L. ROTHSTEIN

====<<<A.C.E.S Version. 5.6>>>===== [000253]=====<<<BEMAX-OF-FL.>>>=====
 Customer : SMITH Mon Jan 07 15:53:24 1991
 Project #: T-S-I Family # : 1314
 Span : 64-0 Quantity : 1 Top Pitch : 5.801/12
 =====

REACTIONS - SIZE
 20=-3145 5.50
 11=-3145 5.50

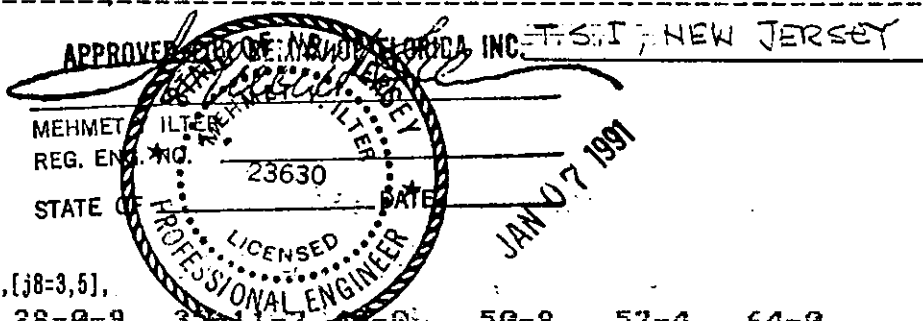
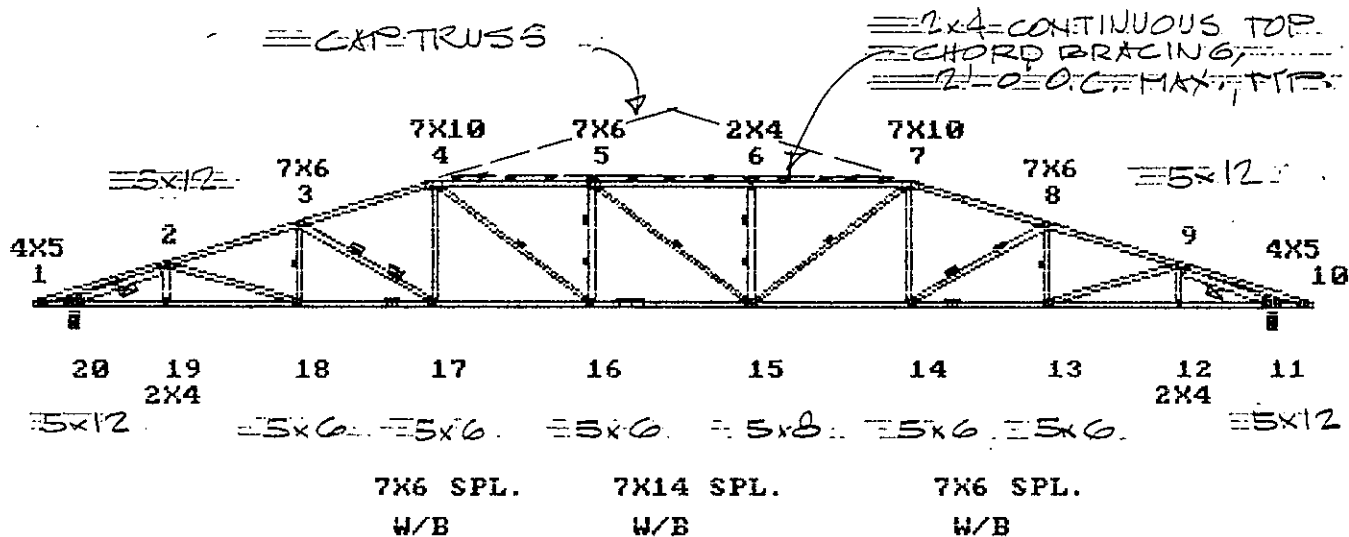


PLATE OFFSETS (X=LEFT,Y=TOP):{j3=3,5},{j5=3,5},{j8=3,5},

6-8	13-4	20-0	28-0-9	35-11-7	44-0	50-8	57-4	64-0
6-8	6-8	6-8	8-0-9	7-10-13	8-0-9	6-8	6-8	6-8



2-0 6-8	13-4	20-0	28-0-9	35-11-7	44-0	50-8	57-4	62-0	64-0
2-0 4-8	6-8	6-8	8-0-9	7-10-13	8-0-9	6-8	6-8	4-8 2-0	

L. HL TO PK:22-2-9

R. HL TO PK :22-2-9

LEFT HEIGHT:0-6-6

SPAN:64-0

RISE:10-2-6

RIGHT HEIGHT:0-6-6

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30	TOP	4-5=0.724	TOP CHORD:2*6	No.1D KD SP
BOTT	0	BOTT	19-20=0.659	BOT CHORD:2*6	No.1D KD SP
		DEFL.	< L/360	WEBS	:2*4 No.3 AD SP
STR. INC.: LUMB = 1.15 PLATE = 1.15		SPACING : 24.0 in. o. c.		NO. OF MEMBERS = 1	
REPETITIVE STRESSES NOT USED					

LOADING	STRESS INCREASE	LOADING	PANEL(PLF) / JOINTS(LBS)
LUMBER	1.15	PLATE	1-10= 74 10-15= 20 15-16= 60 16- 1= 20
1	1.15	UNIFORM	

WEB: 2-20; 9-11 TO BE 2*6 No.2 KD SP
 WEB 2-20; 3-18; 4-16; 5-15; 7-15; 8-13; 9-11 BRACED at 1/2 POINTS
 WEB 3-17; 5-16; 6-15; 8-14 BRACED at 1/3 POINTS

Note: Use 1x4 or 2x3 Cont. Bracing conn. with 2-8d nails min.
 PLATES ARE BEMAX-20 HOLDING-240 TENSION-359 SHEAR-242 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON BOTH FACES OF JOINTS, SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS WITH NDS DESIGN SPECS AND BOCA,NDS-86
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

DUE TO THE EXTREME SIZE OF THIS TRUSS, EXTRA CARE SHOULD BE TAKEN DURING HANDLING AND ERECTION. REFER TO TPI PUBLICATION:
 BRACING WOOD TRUSSES, COMMENTARY AND RECOMMENDATIONS

====<<A.C.E.S Version 5.0>>===== 000520 7=====<<<T.S.I. NEW-JERSEY>>>====
 Customer : Mon Dec 31 12:14:55 1990
 Project #: 1 Truss ID : 0 Family # : 104
 Span : 21-3-8 Quantity : 1 Top Pitch : 5.801/12'

TOP CHORD BOTTOM CHORD WEBS
 1-2=-1569 5-6= 1390 2-7=-304
 2-3=-1359 6-7= 958 3-7= 476
 3-4=-1359 7-1= 1390 3-6= 476
 4-5=-1569 4-6=-304

REACTIONS - SIZE
 1=-987 3.50
 5=-987 3.50

APPROVED FOR REMAX OF NEW JERSEY, INC.

MEHMET Y ILER

REG. ENG. NO. *

23630

STATE OF

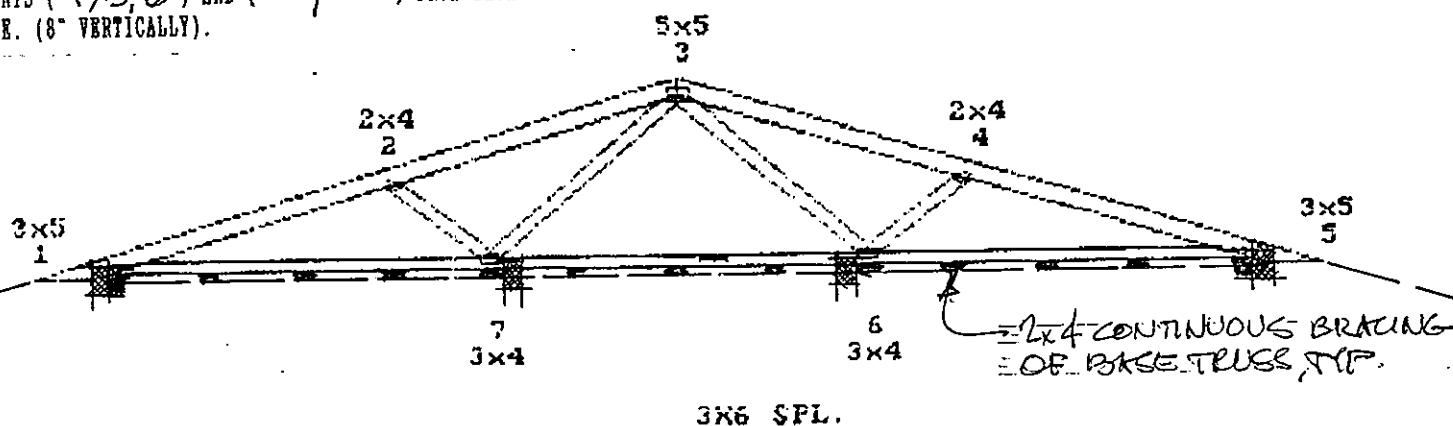
DATE

PROFESSIONAL ENGINEER

JAN 07 1991

1-4-4 5-3-14 10-7-12 15-11-10 21-3-8 1-4-4
 5-3-14 5-3-14 5-3-14 5-3-14

CAP CONNECTED TO TRUSS W 1/2" X 6" X 8" EXT. TYPE
 PLYWOOD W/6 10d NAILS, OR 3x8 NAIL-ON
 PLATES W/6 1 1/2" LONG, 11 GAUGE NAILS AT
 JOINTS (1,5,6) AND (7) FROM EACH
 FACE. (8" VERTICALLY).



7-1-3 14-2-5 21-3-8
 7-1-3 7-1-3 7-1-3

L. HL TO PK:11-9-14

LEFT HEIGHT:8-6-6

SPAN:21-3-8

RISE:5-8-2

R. HL TO PK :11-9-14

RIGHT HEIGHT:8-6-6

LOADING (PSF)

TOP 30 5
 BOT 0 10

MAX STRESSES

TOP 1-2=0.314
 BOT 5-6=0.485
 DEFL. < L/360

MINIMUM GRADE OF LUMBER

TOP CHORD:2*6 No.2 KD SP
 BOT CHORD:2*4 No.2 KD SP
 WEBS :2*4 No.3 KD SP

STR. INC.: LUMB = 1.15 PLATE = 1.15
 REPETITIVE STRESSES USED

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 1

PLATES ARE REMAX-20 HOLDING-240 TENSION-359 SHEAR-242 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON BOTH FACES OF JOINTS, SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS WITH NDS DESIGN SPECS AND BOCA,TPI-85
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

TRUSS SYSTEMS INC.
 P. O. BOX 486
 HOWELL, N.J. 07731

833

The
Medical Center
OF OCEAN COUNTY
POINT PLEASANT • BRICK

RICHARD J. LEONE, FACHE
PRESIDENT

January 10, 1991

Mr. Arthur J. Cierzo
Construction Official of Brick Township
Chambersbridge Road
Brick, New Jersey 08723

Dear Art:

At Ray's request I am submitting to you the following information:

- o The Medical Center anticipates that Child Care Center hours of operation will be from 6:00 a.m. to 6:00 p.m. Monday through Friday.
- o As per the attached acknowledgment dated June 8, 1990, from Kevin Batzel, Fire Official, and per the request dated November 30, 1990, of Sandra Buten of the Bureau of Licensing, Department of Human Services, the day care center will be fully protected by fire sprinklers.
- o Per the same letter from Ms. Buten dated November 30, 1990, I refer you to a note on page 3, the first sentence to wit: "...the approximate number of children that may be served per session shall be 79."
- o For the record, all of the above are in the possession of the Town Clerk in accordance with customary procedure for local approval.
- o Attached for your review is a signed set of architectural drawings and new applications for construction permits.

Page 2

As in the past we greatly appreciate your expeditious handling of these matters and please extend these thanks to Ray for future cooperation.

Very truly yours,



John Rauner
Vice President, Support Services

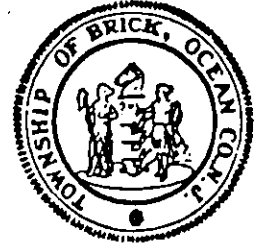
JR/cak/R04

Attachments

Copy: Mr. Scott McFadden
Business Administrator
Brick Township

00: *MA 10000*
DAT
PH

BRICK TOWNSHIP BUREAU OF FIRE SAFETY



500 Herbertsville Road
Brick Township, New Jersey 08724
(201) 458-4100

June 8, 1990

Office of the Planning Board
401 Chambersbridge Road
Brick, NJ 08723

JUN 12 1990

BRICK TWP. PLANNING BOARD

BLOCK: 1170

LOT: 16

OWNER/APPLICANT: Medical Center of Ocean County
Edgewater Place and Osborne Avenue
Point Pleasant, New Jersey

ENGINEER/FILE: Donald W. Smith Associates
#88-673 DCC

B.T.P.B.#: 1933

SITE PLAN: Revision of June 6, 1990

LOCATION: Off Route 70 across from V.A. Clinic (under construction)

PROPOSED USE: Child Care Center

DESCRIPTION: Proposed one (1) story, 4,020 square foot child care center access off V.A. Clinic roadway. Hydrants (2) located off 8" main by entranceway to subject property. Buildings to be fully fire sprinklered as per plan.

The above mentioned revised site plan has been reviewed and accepted.

Very truly yours,

Kevin C. Batzel
Kevin C. Batzel
Fire Official

RECEIVED

JUN 15 1990

DONALD W. SMITH
ASSOCIATES

Medical Center of O.C.
D Smith
Jyle
Garnett
KCB/mb
Farrell



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH AND FAMILY SERVICES

NICHOLAS R. SCALERA
Acting Director

CN-717
Trenton, N.J. 08625-0717

November 30, 1990

John Rawner, Vice President
Support Services
Medical Center of Ocean County
425 Jack Martin Boulevard
Brick, New Jersey 08724

RE: Proposed child care center to
be located at the above
address.

Dear Mr. Rawner:

I am responding to your letter which was received on November 26, 1990 along with a copy of the architectural drawings for the proposed child care center. A member of my staff has reviewed the drawings in accordance with the Physical Facility Life-Safety section of the Manual of Requirements for Child Care Centers, the official licensing regulations, and has noted the following comments:

1. Upon completing the facility and prior to occupancy, secure and forward to this office a copy of the building's Certificate of Occupancy as issued by the local construction official. The Certificate of Occupancy shall state that the use of the building is to be a child care center, I-2, Use Group Classification;
2. Secure a copy of the building's health inspection approval. This approval shall indicate that the center meets all local and state sanitary codes and poses no hazards to the children;
3. The center shall comply with all applicable provisions of the State Sanitary Code, as specified in N.J.A.C. 8:24. The center shall obtain a certificate or statement of satisfactory health approval issued by the applicable municipal, county or State health agency, based on a health inspection conducted within the preceding 12 months, certifying that the center complies with all applicable provisions of local, county and State health codes and poses no health hazards to the children served, the center shall maintain on file the certificate or statement of satisfactory health approval;

4. If the center intends to serve meals to the children, the kitchen and food preparation area shall comply with Chapter 12 of the State Sanitary Code for use as a retail food establishment;
5. Food requiring refrigeration shall be stored in a refrigerator at no more than 45 degrees Fahrenheit;
6. The kitchen facility and/or food preparation area shall be separate from other areas of the center by a door, gate, screen or other barrier to prevent accidental access by children;
7. Centers to be located in newly constructed buildings shall equip every room designated for use by children, except for kitchen and toilet facilities, with either uncovered glass panels or two-way mirrors that cover at least 10 percent of square footage of at least one interior wall in order to promote maximum visibility in such rooms;
8. Provide a separate bathroom for staff use;
9. The bathrooms shall be provided with natural or mechanical ventilation;
10. All glass that occurs within 36 inches of finished floor shall be protected by guards or screening or be of an approved safety glass;
11. An automatic fire alarm and detection system shall be installed and maintained in full operating condition. The detection system shall be smoke detectors;
12. A manual fire alarm system, with pull alarms at exterior exit doors shall be installed and maintained in full operating condition;
13. Provide and install illuminated exit signs and emergency lighting;
14. A fire suppression system shall be installed over the cooking range;
15. The lighting in the center, in areas accessible to the children, shall provide at least 20 footcandles of light as measured at 36 inches above the floor at the furthest point from the light source; and
16. The outdoor play area shall be fenced or otherwise protected by a natural or manmade barrier or enclosure.

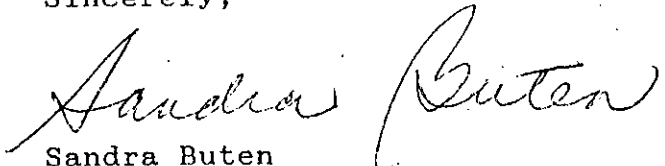
NOTE: Based on the square footage noted on the drawings, and the number of toilet facilities in the proposed center, the approximate number of children that may be served per session shall be 79. The actual capacity will be determined by the square footage in the rooms used by the children, and the number of toilets and sinks available for the children at the initial Life-Safety Inspection of your building. The building's maximum capacity may also be affected by its type of construction or by other regulations under the New Jersey Uniform Construction Code (UCC). Your local construction official, upon inspecting the building, will advise you if there are additional UCC requirements affecting the building's capacity or occupancy.

It should be noted that this plan review does not take the place of the required plan review by the local construction official. This plan review extends only to the drawings, and does not constitute licensing approval of the entire project, which must also meet programmatic and administrative requirements of the Manual of Requirements for Child Care Centers.

Finally, the facility must comply with all provisions of the physical plant on-site inspection to be scheduled in the future.

If you have any questions regarding the above, please feel free to contact me in writing or by phoning (609) 292-9220; refer to plan review number 94-1990.

Sincerely,



Sandra Buten
Assistant Chief for Day Programs
Bureau of Licensing

SB:dms

c: Richard Crane, Acting Chief
Bureau of Licensing
Horace E. Jones, Supervisor
Life-Safety Inspections (2)

The
Medical Center
OF OCEAN COUNTY
POINT PLEASANT • BRICK

RICHARD J. LEONE, FACHE
PRESIDENT

January 10, 1991

Mr. Arthur J. Cierzo
Construction Official of Brick Township
Chambersbridge Road
Brick, New Jersey 08723

Dear Art:

At Ray's request I am submitting to you the following information:

- o The Medical Center anticipates that Child Care Center hours of operation will be from 6:00 a.m. to 6:00 p.m. Monday through Friday.
- o As per the attached acknowledgment dated June 8, 1990, from Kevin Batzel, Fire Official, and per the request dated November 30, 1990, of Sandra Buten of the Bureau of Licensing, Department of Human Services, the day care center will be fully protected by fire sprinklers.
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- o Attached for your review is a signed set of architectural drawings and new applications for construction permits.

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As in the past we greatly appreciate your expeditious handling of these matters and please extend these thanks to Ray for future cooperation.

Very truly yours,



John Rauner
Vice President, Support Services

JR/cak/R04

Attachments

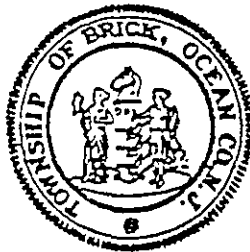
Copy: Mr. Scott McFadden
Business Administrator
Brick Township

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Daniel F. Newman, Mayor



Division of Inspections

Members of Township Council

Mary Anne L. Butler, Council President

Charles E. Anderson

Patrick L. Bottazzi

Edmund H. Hibbard

Joseph C. Scarpelli

Warren H. Wolf

David W. Wolfe

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

CHECK LIST

RE: Block 170 Lot 16 Address Brick Hosp. CHILD CARE

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

Administrative _____

Zoning _____

Engineering _____

Building _____

Plumbing _____

Electric _____

Fire _____

① OCCUPANT LOAD

② TYPE COAST.

③ DETAIL PLANS ?

Sec 1017.5 Sprinkler Blot. exception
Sec 1002.6 EXITS,
Sec 1016.4.3 Fire Protective Signaling Sys.
Sec 1017.4.2 Anti-Fire Detection Sys.
Sec 1017.7 Alarm Verification
Sec 1017.2.2 Mechanical

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

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

4020 yft.

Arthur J. Cierzo,
Construction Official

Date _____

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

Stevan J. Zboyan, Mayor

Township Council:
Andrew R. Ciesla, President
Albert Chrobocinski
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Warren H. Wolf
David W. Wolfe



Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(201) 477-3000, Ext. 260
Fax: (201) 920-4850

January 10, 1991

Kevin Batzel
Bureau of Fire Safety
500 Herbertsville Road
Brick, NJ 08723

RE: Brick Hospital Child Care Center

Dear Mr. Batzel;

In reference to your suggested requirement for a fire sprinkling system at the above referenced site, I would like it to be on record that I am opposed to same.

I feel that the use such fire sprinkling system is unsafe for the occupancy of the structure by children 18 months and younger.

I know of no code that requires this type of fire sprinkling system. Kindly send me any information, copies of codes or ordinances which apply.

Respectfully yours,

Raymond Korkowski
Building Inspector

JG/vjgs

cc: File--1170,DIMIS*91

GENERAL NOTES:

CHARL E. & NANCY J.

N.J. 08724

CHARL E. & JUDITH L.

N.J. 08724

AL E. & HARRIET

N.J. 08724

CAROL

RD.

N.J. 08724

ORGE L. & SHERI L.

RD.

N.J. 08724

ALVATORE O. & CEMPNEY

N.J. 08724

RONALD R. & SUSAN O.

RD.

N.J. 08724

RICHARD C. & DOROTHY

RD.

N.J. 08724

ED G. & AGNES

RD.

N.J. 08724

ERMAN J. & CELESTINE C.

RD.

N.J. 08724

ED H. & RUBY

RD.

N.J. 08724

ORGE J. & RITA H.

RD.

N.J. 08724

ED W. & CHRISTINE E.

RD.

N.J. 08724

WARD L. JR. & BRENDA C.

RD.

N.J. 08724

ED C. & CHARLOTTE

RD.

N.J. 08724

ICK M. & MICHELLE M.

RD.

N.J. 08724

LLIAM F. & JANET

RD.

N.J. 08724

ED M. & ROSE M.

RD.

N.J. 08724

1. OWNER/APPLICANT

MEDICAL CENTER OF OCEAN CO.
EDGEWATER, PL. & OSBORNE AVE.
PT. PLEASANT, N.J. 08742

2. TRACT CONTAINS 8.56 ACRES.

3. PROPERTY KNOWN AS LOT 16 BLOCK 1170

4. TAX MAP SHEET 61

5. ZONING DISTRICT H.S. - HOSPITAL SUPPORT ZONE.

6. SCHEDULE OF LOT SIZE AND BULK REQUIREMENTS:

PARAMETER	REQUIRED	PHASE I & II EXISTING	PROPOSED PHASE III	ACCUMULATIVE
LOT AREA	2.0 AC	5.61 AC +	0.95 AC +	* 8.56 AC
LOT WIDTH	200 FT.	512 FT.	175 FT.	N/A
LOT DEPTH	200 FT.	689 FT.	235 FT.	N/A
FRONT YARD	75 FT.	97 FT.	95 FT.	N/A
SIDE YARD	30 FT.	31 FT.	80 FT.	N/A
REAR YARD	50 FT.	110 FT.	85 FT.	N/A
MAX % LOT COVERAGE				
BY BUILDING	30 %	18 %	10 %	13 %
LANDSCAPING	20 %	30 %	38 %	24 %
TOTAL IMPERVIOUS	70 %	60 %	38 %	44 %

* INCLUDES AREA FOR FUTURE PHASE IV
WHICH IS SUBJECT TO FUTURE SITE PLAN APPROVAL.

7. PARKING

PROFESSIONAL OFFICE BUILDING - 4020 S.F.

REQUIRED - 1 SPACE/300 S.F. = 14 SPACES REQUIRED.

PROVIDED - 32 SPACES TOTAL (23(20x10 SPACES) 2-HANDICAPPED, 7 DR

8. ALL IMPROVEMENTS TO BE CONSTRUCTED IN ACCORDANCE WITH APPLICABLE REGULATIONS OF THE TOWNSHIP OF BRICK.

9. WATER AND SEWER SERVICE TO BE PROVIDED BY THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY.

10. OUTBOUND SURVEY DATA PER "SURVEY OF PROPERTY, LOT 16, BLOCK 1170 SITUATED IN BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY", AS PREPARED BY DONALD W. SMITH ASSOCIATES, P.A. JUNE 15, 1988, ERROR OF CLOSURE 1:10,000 LATEST REVISION 11-17-89.

11. ALL ELEVATIONS BASED ON U.S.G.S. DATUM, N.G.V.D. 1929.

12. NO WETLANDS EXIST ON THE PROJECT SITE.

13. ALL FIRE LANE, ZONE, FIRE SIGNS AND STRIPING TO BE IN ACCORDANCE WITH ORDINANCE NO. 102.71

14. BUILDINGS SHALL BE FULLY EQUIPPED WITH AUTOMATIC FIRE SPRINKLER SYSTEMS IN ACCORDANCE WITH ALL APPLICABLE CODES OF THE BRICK TOWNSHIP BUREAU OF FIRE SAFETY.

15. THIS PLAN HAS BEEN PREPARED TO OBTAIN PRELIMINARY AND FINAL SITE PLAN APPROVAL FOR A PROPOSED 4020 S.F. CHILD CARE CENTER, INCLUDING ASSOCIATED ACCESS DRIVES, PARKING, UTILITY SERVICES, LANDSCAPING ETC., DEVELOPMENT OF THIS PORTION OF LOT 16 BLOCK 1170 WILL RESULT IN CUMULATIVE APPROVALS AS FOLLOWS: PHASE I 33,000 SF VACLINIC PHASE II 27,816 SF OFFICE BUILDING (NO MEDICAL OFFICES) PHASE III 4020 SF CHILD CARE CENTER

From
SITE PLAN

Site Plan
Requirement
77 Pg.



REMINGTON & VERNICK ENGINEERS

Reply to:

☐ 232 King's Highway East
Haddonfield, NJ 08033
(609) 795-9595
FAX (609) 795-1882

☐ 9 Allen Street
Toms River, NJ 08753
(908) 286-9220
FAX (908) 505-8416

☐ 95 Grove Street
Haddonfield, NJ 08033
(609) 795-9596
FAX (609) 795-3684

☒ 711 N. Main Street - Suite 5
Pleasantville, NJ 08232
(609) 645-7110
FAX (609) 645-7076

January 10, 1991

For Your Information

DISTRIBUTION: Ed Vernick, Craig Remington, Tom Beach, Don Mauer,
Tony Vogt, Bob Perry, Mike Vena (Toms River),
Ed Walberg (Pleasantville,

FROM: J. Gulnac

SUBJECT: NOTICE OF ADMINISTRATIVE CORRECTION

The attached notice appeared in Vol 23, Number 1
January 7, 1991 edition of the New Jersey Register.

Please review and pass on to appropriate departments.

DIVISION OF COASTAL RESOURCES
Notice of Administrative Correction
Coastal Permit Program Rules
Waterfront Development
N.J.A.C. 7:7-2.3

Take notice that the Office of Administrative Law has discovered an error in the text of N.J.A.C. 7:7-2.3 currently appearing in the New Jersey Administrative Code. The rule was amended on an emergency basis and concurrently proposed for amendment at 22 N.J.R. 2361(a). The amendment to subsection (a) included revision of paragraphs (a)2 and 3 and deletion of subparagraphs (a)2i and ii. Upon incorporation of the emergency amendment into the Code through the 8-20-90 update, revised paragraph (a)3 was erroneously deleted from the Code. Since the adoption of the concurrent proposed amendment to the rule (see 22 N.J.R. 3222(a)) was without textual change from the proposal, paragraph (a)3 was not reincorporated into the rule through the 10-15-90 Code update. Through this notice of administrative correction, paragraph (a)3, as amended by the emergency adoption and adopted concurrent proposal, is reincorporated into the Code, through the 12-17-90 Code update. This notice of administrative correction is published pursuant to N.J.A.C. 1:30-2.7.

Full text of the corrected rule follows (addition indicated in boldface thus):

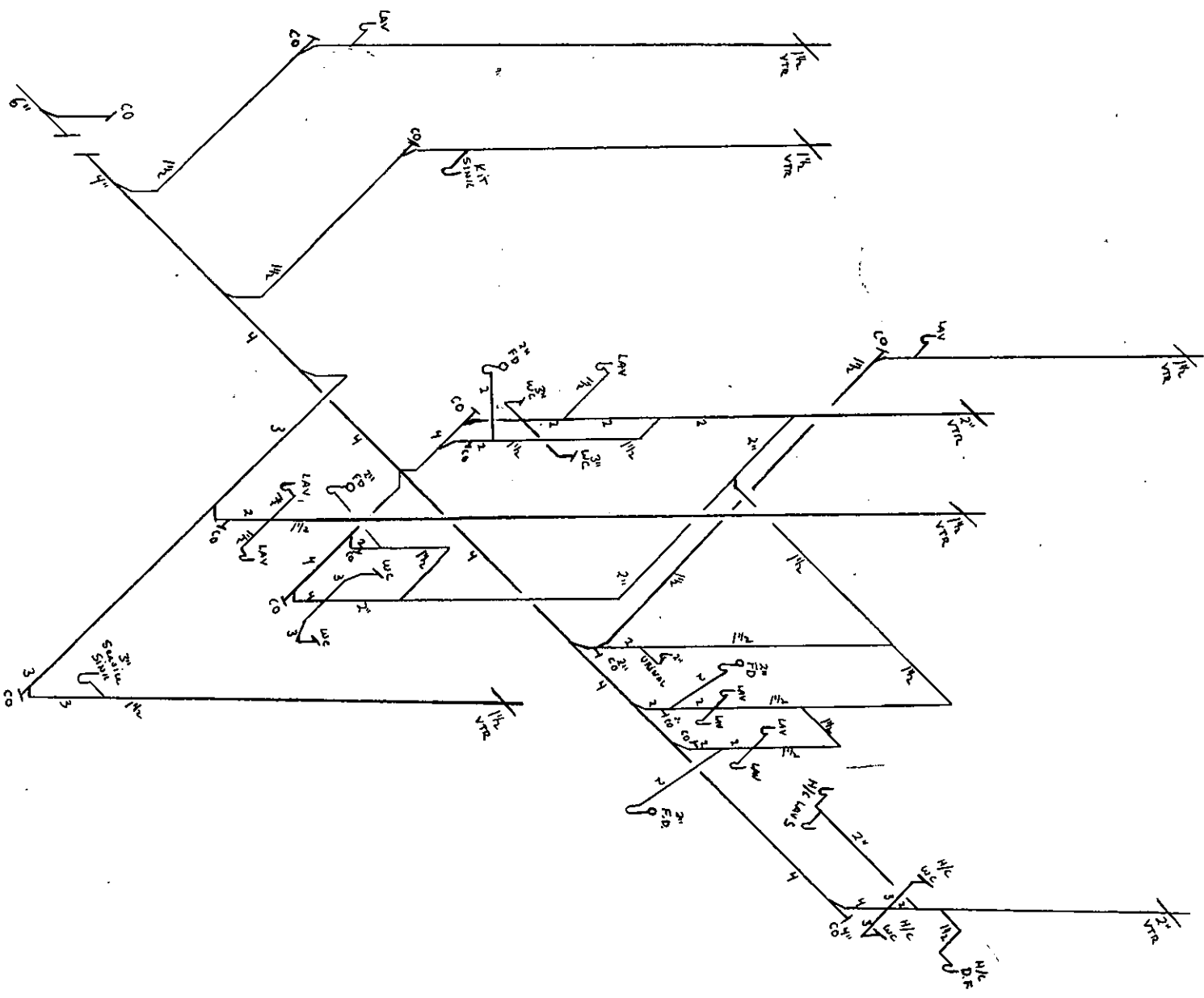
7:7-2.3 Waterfront development

(a) The waterfront area regulated under this subchapter is divided into three sections, and will vary in width in accordance with the following rules:

1.-2. (No change.)

3. In all other areas of the State (that is in those areas outside of the "coastal area" defined by CAFRA and outside of the Hackensack Meadowlands Development District), the regulated waterfront area shall consist of any tidal waterway and all the lands lying thereunder up to the mean high water line and an adjacent upland area extending landward from the mean high water line to the first paved public road, railroad or surveyable property line existing on September 26, 1980 generally parallel to the waterway, provided that the landward boundary of the upland area shall be no less than 100 feet and no more than 500 feet from the mean high water line.

(b)-(f) (No change.)



840 1786

CHILD CARE CENTER

SIZING FOR WATER AND SEWER SERVICES

Property Owner MEDICAL CENTER OF OCEAN CO. Date 4-19-91
 Property Address ROUTE #70 & GEORGES RD. Block 1170 Lot 18-18.2
 Zoning _____ Use Group _____
 Contractor PINELAND License No. Registration 1722
 Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	<u>7</u>	(5) <u>35</u>	() _____
2. Lavatory	<u>11</u>	(2) <u>22</u>	() _____
3. Bath Tub	_____	() _____	() _____
4. Shower Stall	_____	() _____	() _____
5. Kitchen Sink	_____	() _____	() _____
6. Service Sink	<u>1</u>	(4) <u>4</u>	() _____
7. Laundry Tray	_____	() _____	() _____
8. Dishwasher	_____	() _____	() _____
9. Washing Machine	_____	() _____	() _____
10. Urinal	_____	() _____	() _____
11. Floor Drain	_____	() _____	() _____
12. Drinking Fountain	<u>1</u>	(2) <u>2</u>	() _____
13. Air Conditioner (water cooled)	_____	() _____	() _____
14. Dental Unit	_____	() _____	() _____
15. Lawn Sprinkler No. of Heads	_____	() _____	() _____
16. Fire Sprinkler No. of Heads	_____	() _____	() _____
17. _____	_____	() _____	() _____
18. _____	_____	() _____	() _____

Total 63

Gallons per minute 33

Size of Service 1 1/2"

Date: 4-19-91

Approved: [Signature]
 Brick Township Plumbing Inspector

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

RICHARD J. LEONE, FAC
PRESIDENT

January 10, 1991

Mr. Arthur J. Cierzo
Construction Official of Brick Township
Chambersbridge Road
Brick, New Jersey 08723

Dear Art:

At Ray's request I am submitting to you the following information:

- o The Medical Center anticipates that Child Care Center hours of operation will be from 6:00 a.m. to 6:00 p.m. Monday through Friday.
- o As per the attached acknowledgment dated June 8, 1990, from Kevin Batzel, Fire Official, and per the request dated November 30, 1990, of Sandra Buten of the Bureau of Licensing, Department of Human Services, the day care center will be fully protected by fire sprinklers.
- o Per the same letter from Ms. Buten dated November 30, 1990, I refer you to a note on page 3, the first sentence to wit: "...the approximate number of children that may be served per session shall be 79."
- o For the record, all of the above are in the possession of the Town Clerk in accordance with customary procedure for local approval.
- o Attached for your review is a signed set of architectural drawings and new applications for construction permits.

1-16-90

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Daniel F. Newman, Mayor

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



Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

CHECK LIST

CHILD-CARE CENTER

RE: Block 1170 Lot 16 Address RT. 70 BRICK.

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

Administrative	<u>SA</u>
Zoning	
Engineering	
Building	<u>PLANS INCOMPLETE</u>
Plumbing	<u>DO NOT REFLECT SA CONSTRUCTION</u>
Electric	<u>CALED</u>
Fire	

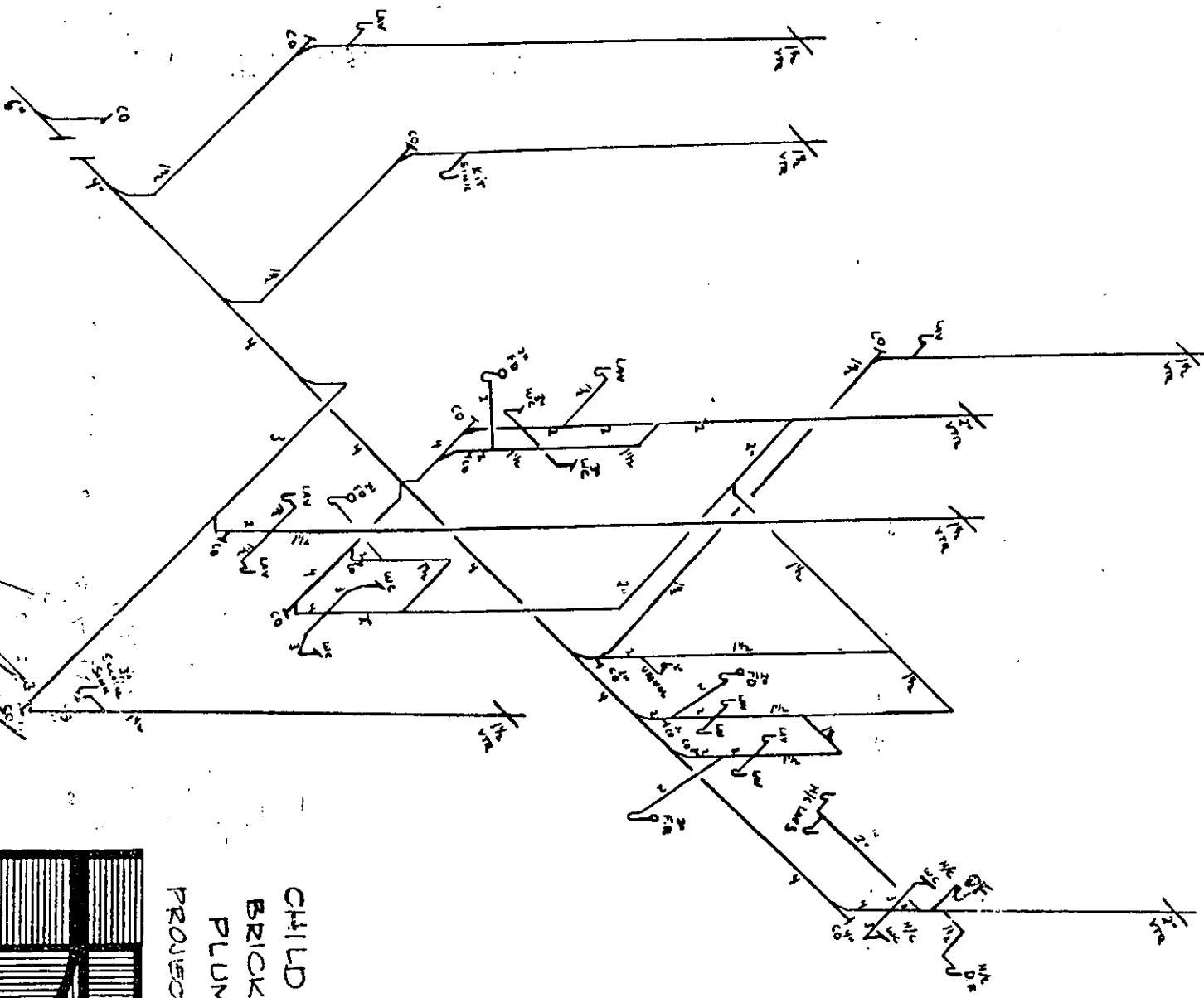
See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

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

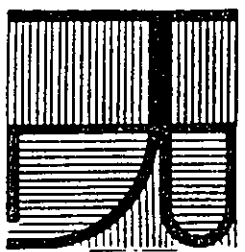
*1/16/90
TALKED TO
HARRY ROTH STEIN
ON PHONE AGREES
will DRAW UP BY PLAN
PLANS. R/L*

Arthur J. Cierzo,
Construction Official

Date _____



Handwritten signature



H L R ASSOCIATES

ARCHITECTS - PLANNERS - ENGINEERS

P.O. BOX 430
OAKHURST, NEW JERSEY 07756

(808) 483-3384 • FAX # (808) 483-3384

CHILD DAY CARE CENTER
BRICK, NEW JERSEY
PLUMBING SCHEMATIC
PROJECT # 17-91-06 7/22/91

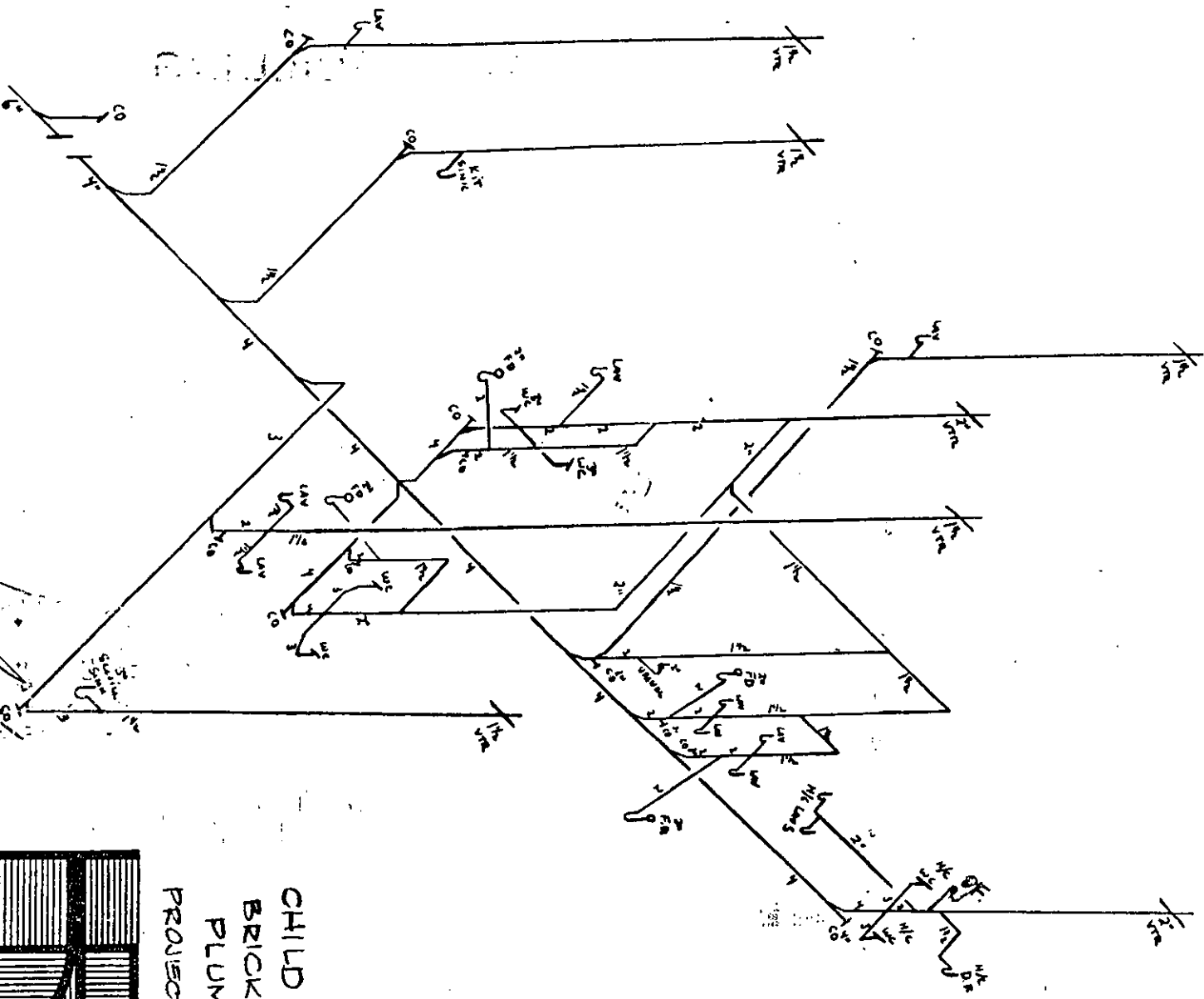
RECEIVED

JUL 23 1991

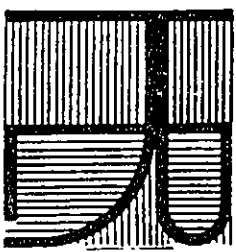
BUILDING

As Built

BRICK TOWNSHIP			
Plan Review	Class	Date	By
Zoning		7-23-91	<i>Jeff</i>
Plumbing			
Building			
Fire			
Energy			
Electrical			



CHILD DAY CARE CENTER
 BRICK, NEW JERSEY
 PLUMBING SCHEMATIC
 PROJECT # 17-91-06 7/22/91



H L R ASSOCIATES
 ARCHITECTS - PLANNERS - ENGINEERS
 P.O. BOX 430
 OAKHURST, NEW JERSEY 07755
 (808) 483-3384 • FAX # (808) 483-3384

RECEIVED

JUL 23 1991

BUILDING

At Benets

BRICK TOWNSHIP			
Plan Review	Class	Date	By
Zoning			
Plumbing		7-23-91	JMK
Building			
Fire			
Energy			
Electrical			

INSPECTOR:

Genevieve Kivi

DATE:

7/29/

JOB:

Hay Cove Center

SECTION:

TYPE OF WORK:

Final Engineer

WEATHER:

Cloudy

LOCATION:

Route 70

TEMPERATURE:

76°

BLOCK:

1170.

LOT:

18

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

*Pending on Completion of Garbage in
Clause.*

RECOMMENDATIONS:

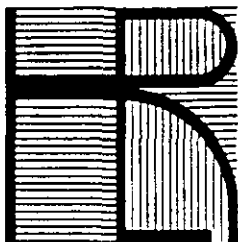
☒ TEMP. C.O.*Asper H.D.*☐ FINAL C.O.☐ DETAILED REINSPECTION☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of

above deficiencies, and further realize that the Certificate of Occupancy will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.



H L R ASSOCIATES
ARCHITECTS - PLANNERS - ENGINEERS
P.O. BOX 430
OAKHURST, NEW JERSEY 07755
(908) 493-3384 • FAX # (908) 493-3384

HARRY L. ROTHSTEIN, R.A.

BRICK TWP. BUILDING DEPT.
BRICK, N.J.

ATT. RAY KORKOWSKI
BUILDING INSPECTOR

DEAR MR. KORKOWSKI

7/29/91

RE: CHILD DAY CARE
CENTER
BRICK, N.J.

DRAFTSTOPPING IS BEING DELETED FROM THIS
PROJECT IN ACCORDANCE WITH SECTION 921.7.2.2
OF THE 1990 BOCA CODE.

FIRE RATED SHEETROCK IS NOT REQUIRED AND
THEREFORE DELETED FROM THE PROJECT IN ACCORDANCE
WITH SECTION 913.1.2 OF THE 1990 BOCA CODE IN
THE AREA BELOW THE FIRST FLOOR (CRAWLSPACE)

IF THERE ARE ANY FURTHER QUESTIONS
PLEASE DO NOT HESITATE TO CALL

Very truly yours
HARRY L. ROTHSTEIN

INSPECTOR:

DATE:

JOB:

SECTION:

TYPE OF WORK:

WEATHER:

LOCATION:

TEMPERATURE:

BLOCK:

LOT:

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

Pending completion of garbage enclosure.

RECOMMENDATIONS:

☒ TEMP. C.O.☐ FINAL C.O.☐ DETAILED REINSPECTION☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

_____, Authorized representative of
_____, hereby acknowledge the
above deficiencies, and further realize that the Certificate of Occupancy will be conditioned upon the acceptable resolution
thereof within _____ days of the issuance of Certificate of Occupancy.

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723



Joseph C. Scarpelli, Mayor

Township Council:

Mary Lou Powner, President
Stephen C. Acropolis
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Michael A. Thulen

Department of Administration & Finance

Division of Inspections
A. J. Cierzo
Construction Official
(908) 262-1024
Fax: (908) 920-4850

FACSIMILE CORRESPONDENCE

(908) 920-4850

DATE 3/15/94 TO FAX NO. 775-3739 PAGES TO FOLLOW 1
TO SABINA FRIEDMAN
ATTN _____
FROM VALERIE

MESSAGE

Re: CUDDLE CORE DAY CARE CENTER

Copy of 9/0

Township of Brick

WHAT TYPES OF WORK REQUIRE BUILDING PERMITS AND WHAT THE REQUIREMENTS ARE FOR OBTAINING A BUILDING PERMIT

Please read this requirement list very carefully. The applicant is completely responsible for submitting everything listed below. Failure to do so will result in the delay of your permit.

ADDITION Submit two plot plans (see zoning below) showing the location of the addition with setbacks marked on plot. Submit two sets of drawings consisting of cross section drawings showing all materials from footing to roof, and finished elevation view of the sides of the addition. If more than one room is involved, submit two floor plans. If plumbing is involved two applications must be submitted by whoever is doing the plumbing. Electrical permits are obtained from Ocean County Electrical Bureau in Toms River (36 Hadley Ave.). If the plans are drawn by owner, the owner signs each page and the owner section on the application. If the addition is to be over 1500 square foot in size, and in a flood zone, wetlands, beach lagoon, or near any type of water, you must first make application to the Department of Environmental Protection--Division of Coastal Resources. The local office is located at 1433 Hooper Ave. in Toms River. (201) 286-6428. (Additional handout information is available).

ALTERATION For inside changes, submit 2 copies of floor plan showing changes. For porch enclosures, submit 2 copies of elevation view showing how porch will be enclosed.

BULKHEADS As of September 26, 1980, on man-made lagoons only, a permit from the state is an approval from the Army Corps of Engineers. This approval is required for a permit in Brick. On all other natural waterways such as Metedeconk River, Kettle Creek, etc. both State and Army permits are necessary. Submit copy of Environmental letter and Army letter is natural waterway, two plot plans showing location of bulkhead and bulkhead designed and sealed by engineer.

DECK 2 sets of plans showing how the deck is going to be built from the footing to the rails, what materials are going to be used, there size, and how deep the footing will be. Also included two plot plans or a survey showing the location of the proposed deck.

ELECTRICAL If there is any electrical work involved, a permit is to be obtained from the Ocean County electrical Bureau in Toms River. The phone number is 244-2121. IT IS THE OWNERS RESPONSIBILITY TO OBTAIN ELECTRICAL PERMITS. NO CERTIFICATES OF OCCUPANCY WILL BE ISSUED WITHOUT A FINAL ELECTRICAL APPROVAL.

FENCES With the supplied application form, submit two drawings or plot plans showing your property line and where the fence will be built.

FIREPLACE & WOOD STOVE If masonry chimney is on outside of house, submit two plot plans showing location along with 2 copies of cross section of foundation, hearth and throat. On wood burning stoves

PLUMBING Submit 1 TECHNICAL Section with the Heatloss, gas pipe sizing, and the isometric sketch. Also list any existing plumbing fixtures.

PORCH ENCLOSURES If you live in a development with an association, you must first receive the association's approval. Bring us a copy of the association's approval, submit two copies of cross section drawings showing how the porch will be built from the footing (if its not there already) to the roof, and what materials you will be using. Also submit 2 copies of the elevation view showing how the porch will be enclosed, and two plot plans. Make sure you fill out an Engineering Exemption Form.

ROOFING Just fill out an application form.

SHEDS If you're building your own shed, submit 2 copies or cross section of materials showing where material is going and two plot plans showing location of shed on property and the setbacks. If metal or pre-fab shed just a plot plan is needed.

SIDING Just fill out an application form.

SWIMMING POOLS Submit two plot plans showing location of swimming pool on property. two sets of sealed prints with pool designer's seal on both prints and a brochure on the filter system. Above Ground pools, submit picture of pool, plot plan and the filter system.

ZONING REQUIREMENTS FOR ADDITIONS AND NEW HOMES All plot plans must show the required yard areas for the particular zone. All yard requirements are shown to the building line. The building line is a line formed by the intersection of a horizontal plane and a vertical plane that coincides with the most projected exterior surface of the building including eaves and overhangs.

All yard areas facing on a public street shall be considered a front yard and shall be considered a front yard and shall conform to the minimum front yard requirements for the particular area. The rear yard shall be deemed to be the area opposite the narrowest lot frontage and the remaining lot yard shall be determined to the side yard.



Barbara Han
del - 648-2378
board architect

HAROLD J. RAUSCH

INSPECTOR

ENFORCEMENT BUREAU/PROFESSIONAL BOARDS

NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS

1100 RAYMOND BOULEVARD
NEWARK, NEW JERSEY 07102

william V. Arbley
648-2600 (201) 648-3500



ATTORNEY GENERAL OF NEW JERSEY

ATTORNEY FOR: BOARD OF ARCHITECTS

by: Alan B. Rothstein

Deputy Attorney General

OFFICE ADDRESS: 1207 Raymond Blvd.
Newark, New Jersey

TELEPHONE NO: 648-3696

ADMINISTRATIVE ACTION

Subpoena

DUCES TECUM

RE: HARRY L. ROTHSTEIN, ARCHITECT

The State of New Jersey, to: ARTHUR CIERZO - CONSTRUCTION OFFICIAL
401 CHAMBERSBRIDGE ROAD
BRICK TOWNSHIP, NJ

You are hereby commanded to deliver to the above named Professional Board or its attorney at 1207 Raymond Boulevard, Newark, NJ by or on Monday day, JANUARY 7 1991, at 5:00 P. M. the following

All original plans for the construction of a Child Day Care Center to be built on Block 1170 - Lot 16 in Brick Township and your original construction permit file.

In lieu of the above, you may turn over to the bearer of this subpoena, who is a representative of the State of New Jersey, Enforcement Bureau - Professions & Occupations, the demanded items at the time that this subpoena is served upon you.

Failure to comply with this subpoena may render you liable for contempt of court and such other penalties as are provided by law. This subpoena is issued pursuant to the authority of N.J.S.A. 45:1-14 et seq.

Dated: Dec 19, 1990

Deputy Attorney General

AFFIDAVIT OF SERVICE

On 19, I, the undersigned, being duly sworn according to law, on my

The Medical Center
OF OCEAN COUNTY
POINT PLEASANT, BRICK

, at approximately M., I served the within Sub-

at Subpoena to and leaving a true copy thereof with said individual.

JOHN HOPLER
Director of Engineering & Maintenance