mike

BLOCK 1170 LOT 18, 18-1 ADDRESS (SITE) 425 Jack Martin Blvd. PERMIT NO. 831-91

CONSTRUCTION PERMIT APPLICATION

RECEIVED JAN 14 1991 BUILDING

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

I. IDENTIFICATION

1. Proposed Work-site at: Brick Hospital
2. Name of Owner in Fee: Medical Center of Ocean County Tel. (201) 840-2200
   Address 425 Jack Martin Blvd., Brick, NJ 08724 (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Fitzpatrick & Associates Tel. (201) 542-6100
   Address P.O. Box 1408, Eatontown, NJ 07724 840-3315
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____ TRAILER
   Federal Emp. No. 222013709 Social Security No. --
5. Architect or Engineer Ewing, Cole, Cherry & Parsky Tel. (609) 354-0060
   Address One Centennial Square, Haddonfield, NJ
6. Responsible Person in Charge of Work John Rauner Tel. (201) 840-2200 ext. 3320

TIE IN LINK CONST, + [redacted] TRASH COMP.

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade) DUMPSTER	80,000.
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building BRIDGE	
4. ☒ Addition LINK →	150,000 Vol.
5. ☒ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	230,000.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			12/13/90	RK	LINK CONST ONLY		

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 Preventers
6. ☒ Hazardous Uses/Places of Assembly
7. ☒ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☒ Underground Storage Tanks

U.C.C. Form F-100A

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building Dumpster	$ 600		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other Link Tie Vol.	464.46		
6. Subtotal	$ 1064.40		
7. Less 20% for State Plan Review	106.44		
8. Subtotal	$		
9. DCA Training Fee	72.24		
10. Subtotal	$		
11. Cert. of Occupancy	159.66		
12. Other			
13. TOTAL	$ 1402.74		

800 5380

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	5	
2. Height of Structure	70 ft.	
3. Area—Largest Floor	33,000 sq. ft.	
4. Building Area—All Floors	151,000 sq. ft.	
5. Volume of Structure	1,800,000 cu. ft.	51,600 Link Const
6. Construction Classification	1-A	
7. Total Land Area Disturbed	80,000 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		

1748400 Vol Bak

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

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 1/14/91

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 Boulevard

Brick, New Jersey 08724

Telephone (201) 840-2200

Signature _____ Date 1/14/91

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/22/91
Date Issued
Control #
Permit # 831-91

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

Block 1170 Lot 18, 18-1
Work Site Location 425 JACK MARTIN BLVD
BRICK, NJ 08724
Owner in Fee MEDICAL CENTER OF OCEAN COUNTY
Address 425 JACK MARTIN BLVD
BRICK, NJ
Tele. (201) 840-2200
Contractor FITZPATRICK & ASSOCIATES
Address PO BOX 1408, EATONTOWN, NJ
Tele. (201) 542-6100
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 222613709 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
LINK CONSTRUCTION ONLY
+ TRASH COMPACTOR

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] ~~No Plans~~ Req. 2/15/91 AK
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
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 I-2 Proposed I-2
Constr. Class Present 1A Proposed 1A
No. of Stories 5
Height of Structure 70 Ft.
Area—Largest Floor 33,000 Sq. Ft.
Total Bldg. Area/All Floors 151,000 Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed 80,000 Sq. Ft.

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

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

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

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