BLOCK 1170 LOT 18 (29-180) QUALIFICATION CODE _____ ADDRESS (SITE) 425 JACKMARTIN BLVD PERMIT NO. 98-3723

RECEIVED
SEP 29 1998
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: BRICK HOSPITAL 425 JackMartin Blvd.
2. Name of Owner in Fee: MERIDIAN HEALTH SYS Tel. (732) 840-2200
   Address 425 JACKMARTIN BLVD (street) BRICKTOWN (municipality) NJ. 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: MERIDIAN HEALTH Tel. (732) 295-6572
   Address 425 JACKMARTIN BLVD
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer NADASKAY KOPELSON ARCHS Tel. (973) 539-5353
   Address 95 WASHINGTON ST. MORRISTOWN NJ. 07960
6. Responsible Person in Charge of Work BILL TRANSUE
   Tel. (732) 295-6572 FAX (732) 840-3398

Update to follow per JC exterior excavation

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	185.-	
2.	Electrical		160.-	
3.	Plumbing		85.-	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		13.-	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other ZBA + PP		$30	
13.	TOTAL	$	473.-	

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	5	
2.	Height of Structure	63 ft.	
3.	Area — Largest Floor	12,000ft² sq. ft.	
4.	New Building Area	N/A sq. ft.	
5.	Volume of New Structure	N/A cu. ft.	
6.	Construction Classification	I-A	
7.	Total Land Area Disturbed	— sq. ft.	
8.	Flood Hazard Zone	—	
9.	Base Flood Elevation	— ft.	
10.	Wetlands yes		
	no	/	
11.	Max. Live Load		
12.	Max. Occupancy Load		

AHBT PRELIMINARY APPROVAL

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☑ Minor Work	$2000								
2.	☐ New Building									
3.	☐ Addition									
4.	☑ Alteration	$5000								
5.	☑ Fire Protection	$1,950								
6.	☑ Plumbing	$3,000				10-21-98		11/12/98		
7.	☑ Electrical	$4,500				10/22/98		11-17-98		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☑ Demolition	$1500		10/7/98		10/7/98				
	TOTAL COSTS	$19,950								

OPTIONAL (for office use 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

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

AHBT FINAL APPROVAL

COMMERCIAL

LDS BR 10319853 I-2 A.M.&.I.M.

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 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 WILLIAM TRANSUE

Address 425 JACKMARTIN BLVD.
BRICKTOWN N.J. 08724

Telephone (732) 295-6572

Signature William Transue

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

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	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☑ Certificate of Approval	No. 3723	11-24-98			
☐ Lead Abatement Clearance Certificate	No.				

CERTIFICATE

Date Issued 11-24-98
Control #
Permit # 98-3723

IDENTIFICATION

Block 1170 Lot 18
Work Site Location 425 Jack Martin Blvd.

Owner in Fee Meridian Health System
Address 425 Jack Martin Blvd.
Brick, NJ 08723
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Interior alterations - Remove and relocate 3 walls, cutting into installation of 3 doors. Installation of suspended ceiling and carpet.

INTERIM MAMMOGRAPHY SUITE

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☑ **CERTIFICATE OF APPROVAL**

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 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:

Frank Mc... N J C
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/23/98
Control #
Permit # 98-3723

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
INTERIOR ALTERATION
Owner in Fee MERIDIAN HEALTH SYS
Address 1350 CAMPUS PARK WAY
WALL, NJ 07753-
Telephone (732)295-6306

Contractor MERIDIAN HEALTH SYSTEM
Address 425 JACK MARTIN BLVD
BRICK, NJ 08723-
Telephone (732)840-2200
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 84-02200

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR RENOVATION/ REMOVE AND RELOCATE 3 WALLS. CUTTING INTO INSTALLATION OF 3 DOORS. INSTALLATION OF SUSPENDED CEILING AND CARPET.

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 $ 16,200

Construction Official

10/23/98
Date

PAYMENTS (Office Use Only)

Building	185
Electrical	160
Plumbing	85
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	13
Cert. of Occupancy	0
~~Other~~ 360	30
Total 1 473	443
Check No.	8444
Cash	
Collected By	PA

U.C.C. F170 (rev. 3/98)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/29/98
Date Issued 10/23/98
Control # C29-180
Permit # 98-3723

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 Qual

Work Site Location 425 JACK MARTIN BLVD
INTERIOR ALTERATION

Owner in Fee MERIDIAN HEALTH SYS

Address 1350 CAMPUS PARK WAY
WALL, NJ 07753-

Tele.(732)295-6306

Contractor MERIDIAN HEALTH SYSTEM

Address 425 JACK MARTIN BLVD
BRICK, NJ 08723-

Tele.(732)840-2200 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 84-02200

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

INTERIOR RENOVATION/ REMOVE AND RELOCATE 3 WALLS. CUTIING INTO INSTALLATION OF 3 DOORS. INSTALLATION OF SUSPENDED CEILING AND CARPET.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[X] All	10-15-98	F.M.	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame			11/2/98	JK (over)
[ ] Other			BarrierFree				
Joint Plan Review Required:			Insulation				
[ ] Elect [ ] Plumb [ ] Fire			Finishes				
SUBCODE APPROVAL [ ] Elev			Energy				
[ ] CO [ ] CCO [ ] CA			Mechanical				
Date: 11-19-98			TCO				
Approved By:			Other				
			Final			11/17/98	JK
			BarrierFree				

TYPE OF WORK — FEE (Office Use Only)

[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	185
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed I-2
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 7,000
3. Total (1+2) $ 7,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 185
DCA Training Fee	$ 6

U.C.C. F110 (rev. 3/96)

11/2- Frame OK - pending elec. approval
Above cieling insp required to check numerous
wall penetrations - JK

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 10/23/98
Date Issued
Control #
Permit # 98-3723

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 X-RAY DEPT - BRICK HOSPITAL
JACK MARTIN BLVD., BRICK, N.J.
Owner in Fee/Occupant MERIDIAN HEALTH SYSTEMS
Address 2721 EDGEWATER PLACE
PT. PLEASANT, N.J. 08742
Tele. (732) 295-6000
Contractor ELECTRIC CONSTRUCTION CORP.
Address 69 BRIGHTON AVE. P.O. BOX 3126
WEST END, N.J. 07740
Tele. (732) 222-4728 Fax (732) 222-0385
Lic. No. 5130
Federal Emp. No. 21-0684074

B. ELECTRICAL CHARACTERISTICS

Use Group Present HOSPITAL Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as HOSPITAL Utility Co.
Est. Cost of Elec. Work $ 7,700.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 10 22 98
Approved by: WM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11 7 98
Approved by: WM 6455

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough			11-9-98	WM
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final 11-10-98 WM 6455		11 7 98	WM 6455	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
14		Lighting Fixtures
14		Receptacles
5		Switches
1		Detectors
1		Light Poles
—		Motors—Fract. HP
3		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
1		20AMP - PANELBOARD
		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
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
1	20A	480V MAMMO UNIT.
1	20A	208V MAMMO UNIT.

FEE (Office Use Only)	
TOTAL NUMBERS	$
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 160.

U.C.C. F120 (rev. 3/96)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/08/98
Date Issued 10 12/31/98
Control # C29-180
Permit # 98-3723

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 Qual
Work Site Location 425 JACK MARTIN BLVD
INTERIOR ALTERATION
Owner in Fee MERIDIAN HEALTH SYS
Address 1350 CAMPUS PARK WAY
WALL, NJ 07753-
Tele.(732)842-1899 Fax ( )
Contractor J A CHRISTMAN ICN
Address PLO BOX 2037
RED BANK, NJ
Tele.(732)842-1899
Lic. No. or Bldrs. Reg. No. BIO-5896
Federal Emp. No. 22-2204970

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed I-2
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 10-21-98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 11-12-98

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			12-30-98	
Water				
Sewer				
Fixtures			11-2-98	
Gas Equip.				
Gas Piping				
Solar				
TCO				

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 Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
2	Floor Drain	20
3	Sink	30
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other ACID NEUTRAL	35
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 85
	DCA Training Fee	$ 1

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: September 30, 1998 1998 - 1630

Block 1170 Lot 18 Zone H-S

Property Address: 425 Jack Martin Boulevard

Owner: Meridian Health System (Phone): (732) 840-2200

Applicant: William Transue (Phone): Same

Existing Use: Brick Hospital

Proposed Use: Brick Hospital

Proposed Construction (if any): Interior alterations for Women's Center, Interim Mannography Suite.

Conditions: Interior work only.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 1170 LOT 18

PROPERTY ADDRESS 425 JACK MARTIN

NAME OF OWNER MERIDIAN HEALTH SYSTEM OWNER'S PHONE (732) 840-2200

NAME OF APPLICANT BRICK HOSPITAL - William Transue

APPLICANTS COMPLETE ADDRESS 425 JACK MARTIN BLVD, BRICK, NJ. 08724

APPLICANTS PHONE NUMBER (732) 840-2200 APPLICANTS BUSINESS NAME

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☐ Single Family Dwelling
- ☐ Condo or Apartment
- ☑ Commercial (please describe) HOSPITAL
- ☐ Other (please describe)

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☐ Single Family Dwelling
- ☐ Condo or Apartment
- ☑ Commercial (please describe) HOSPITAL
- ☐ Other (please describe)

PROPOSED CONSTRUCTION INTERIOR RENOVATIONS

All Dimensions _____ W _____ L _____ Ht

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

CHECKLIST:

- ☐ All information completed above
- ☐ Two (2) accurate Survey / Plot Plans containing:
  - ☐ all existing and proposed structures
  - ☐ all dimensions of lot and structures
  - ☐ set backs to all property lines
  - ☐ all streets and waterways shown
- ☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of Applicant William Transue Date 9/28/98

Reviewed by Zoning Officer Date 9/30/98

☒ Approved ☐ Rejected

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 12-7-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1170 LOT 13 SITE ADDRESS 425 Brick Blvd

TYPE OF SITE Commercial TYPE OF BUSINESS [illegible]
(Residential/Commercial)

APPLICANT [illegible] CITY & STATE [illegible]

☑ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

ORIGINAL
ILLEGIBLE

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

1/13
_____
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1110 LOT 16 SITE ADDRESS 122 [illegible]
TYPE OF SITE Residential /(Commercial) TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # 02-1510 NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ 15,000.00 Date 10-9-02

Estimated Required Fee $ 150.00

Required Deposit on Estimate $ 75.00 Date 10-1-02

Check # [illegible] Receipt # 1597

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

ORIGINAL
ILLEGIBLE

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

_____

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

Date: 9/30/98

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 1170 Lot: 18

I, William Transue (name) of 425 Jack Martin Blvd (address)

request to be exempted from the plot plan requirement as outlined in ~~the Brick Land Use Book~~, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

William Transue
applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved X Date: 10/7/98 By:

Rejected Date: By:

Remarks: As per Site Plan
Interior Only!

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

Date: 09-29-98

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 1170 Lot: 18

I, William Transue (name) of Brick Hospital-425 Jack Martin Blvd (address),

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book , Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

_____
applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved Date: _____ By: _____

Rejected Date: _____ By: _____

Remarks: _____

_____

Electric Construction Corporation

P.O. Box 3126 • West End, N.J. 07740 • Permit & License No. 5130 • (908) 222-4728
FAX: (908) 222-0385

To: BRICKTOWN INSPECTIONS
401 CHAMBERS BRIDGE ROAD
BRICK, N.J. 08723
ATTN: ELECTRICAL INSPECTIONS

Date MARCH RENOVATION
RE: BRICK HOSPITAL

Our Job No. 643

TRANSMITTAL

We Are ■ Sending You ■ Herewith ■ For Approval ■ For Your Files
■ Returning ☐ Under Separate Cover ■ For Your Use ☐ Approved As Noted
☐ For Resubmittal

NO. of COPIES	REFERENCE NO.	DESCRIPTION
1		ELECTRICAL SUB CODE APPLICATION

PLEASE CALL WITH FEE SO WE CAN REMITT.

Very truly yours,

ELECTRIC CONSTRUCTION CORP.

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1170 LOT 16 SITE ADDRESS 1125 [illegible]
TYPE OF SITE Residential /(Commercial) TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER 215-[illegible]
APPLICANT ADDRESS 1125 [illegible] CITY & STATE [illegible]
PERMIT # 024-150 NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ 150000.00 Date 10.9.98

Estimated Required Fee $ 150.00

Required Deposit on Estimate $ 75.00 Date 10-15-98

Check # Money Order [illegible] Receipt # 1597

Actual Assessment $ 150000.00 Date 11-23-98

Actual Required Fee $ 150.00

Minus Deposit of Estimate $ 75.00

Balance Due $ 75.00 Date 11-23-98

Check # [illegible] Receipt # [illegible]

Amount Paid In Full $ 150.00

ORIGINAL
ILLEGIBLE

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

_____

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 10-7-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1170 LOT 18 SITE ADDRESS 425 Jack Martin Blvd Brick Hospital

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Interior Renovation

APPLICANT Meridian Health CITY & STATE Brick NJ

☑ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 15,000

ORIGINAL
ILLEGIBLE

Frederick R. Millman, CTA, Tax Assessor

10-9-98
Date

☒ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ 15,000

Frederick R. Millman, CTA, Tax Assessor

11/23/98
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 425 JACK MARTIN — Date Rec'd.:
Block: 1170 Lot: 18 — Date Issued:
Owner in Fee: MERIDIAN HEALTH 345- — Control #:
Address: 425 JACK MARTIN BLVD — Permit #:
BRICK, N.J. 08724

State: NJ Zip: 08724 Phone: (732) 295-6572
SS #: [redacted] Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: MERIDIAN HEALTH SYSTEM
ADDRESS: 425 JACK MARTIN BLVD
BRICKTOWN, NJ.
PHONE: 840-2200
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 141-30-2395

TECHNICAL SITE DATA

DESCRIPTION OF WORK: Removal and relocation of three walls. Cutting into and installation of (3) doors. Installation of suspended ceiling, carpeting and VCT installation.
Walls are all non bearing that are being relocated - walls where doors are being installed are no bearing

TYPE OF WORK

☐ New Building
☐ Addition — ☐ Fence: Height (6' or More)
☑ Alteration — ☐ Sign: Sq. Ft.
☐ Roofing — ☐ Pool (In Ground)
☐ Siding — ☐ Pool (Above Ground)
☐ Other: — ☐ Asbestos Abatement
☐ Other: — ☑ Demolition

BUILDING CHARACTERISTICS

USE GROUP 1-2 Present: Proposed: 1-2
CONSTR. CLASS 5 Present: 1A Proposed: 1A
No. of Stories: 5
Height of Structure: 63
Area - Largest Floor: 12,500
New Building Area / All Floors: —
Volume of Structure: Total Land Disturbed: 0
Signature: Bill Hansel

Estimated Cost of Building Work:
New Building (1): $ $ 0
Alteration (2): $ $ 19,950
TOTAL (1+2): $ $ 19,950
SUBCODE APPROVAL:
PLANS: Required ☑ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS	
Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

RECEIVED
OCT 0 8 1998
DIV. OF INSPECTION

Update

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 425 Jack Martin Blvd. Date Rec'd.: 10-8-98.
Block: Lot: Date Issued:
Owner in Fee: MERIDIAN SYSTEMS. Control #:
Address: SAME Permit #:
State: NJ Zip: 08723 Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: J.A. Christman Inc
ADDRESS: PO Box 2037 Red Bank N.J. 07701
PHONE: 732-842-1899
LIC #: 5896
LIC. EXPIRATION DATE: 2000
FEDERAL EMP. # (or S.S. #): 222204970

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
2	Floor Drain
3	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
1	Other 50 GAL ACID NEUTRA/12mm TANK. ?

Estimated Cost of Plumbing Work: $ 15000.00
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS

Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks	Capacity:	Fuel:
Combustable Liquid Storage Tanks	Capacity:	Fuel:
L.G.P. Storage Tanks	Capacity:	Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

UNITED STATES POSTAL MONEY ORDER 15-600/000

69161136794 981123 08730 **75*00

SERIAL NUMBER | YEAR, MONTH, DAY | POST OFFICE | U.S. DOLLARS AND CENTS

PAY TO: TOWNSHIP OF BRICK | CHECKWRITER IMPRINT AREA | $$$75.00

ADDRESS: 401 Chambers Bridge Rd. | FROM: Brick Hospital

ADDRESS: BRICK, NJ 08723 | IMPRINT AREA

COD NO. OR USED FOR: A.H. FEE

NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS

⑈000006008⑈ 69161136794⑈

Joseph C... Township C... Victo... Mart... Hele... Greg... Mary... Kath... Fredrick S. Chesrwood, Sr.

...using ...istrator 920-1456 ...us

ORIGINAL ILLEGIBLE

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 11-23-98

Business/Development: Brick Hospital

Owner/Applicant: Brick Hospital

Property Address: 425 Jack Martin Blvd

Block: 1170 Lot: 18

DEPOSIT RECEIVED

Mandatory Development Fee
- Commercial
- Residential

Inclusionary Development Fee

Check Number _____

Estimated Fee $ _____

Deposit Amount $ _____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
- (Commercial)
- Residential

Inclusionary Development Fee

Check Number 69161136794

Final Fee $ 150.00

Less Deposit $ 75.00

Final Payment $ 75.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature _____ Date 11-23-98

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER.

PERSONAL MONEY ORDER

U 0666886 5

79-368
912

MEMO

MONEY ORDERS

MERCHANTS EXPRESS MONEY ORDER COMPANY
MEMO MONEY ORDER COMPANY
P.O. BOX 8883 · CAMP HILL, PA 17001-8863
SUBSIDIARIES OF PENNSYLVANIA FOOD MERCHANTS ASSOCIATION
(717) 731-0860

NOT VALID OVER FIVE HUNDRED U.S. DOLLARS

PAY ONLY SEVEN 75 00 FIVE CTS CTS

SN-000000666886 AGENT-2932 STORE-1

********** OCT 12 1998 ■ SEVENTY FIVE DOLLARS AND 00 CENTS

PAY TO THE ORDER OF Township of Brick

BY SIGNING, PURCHASER AGREES TO BE BOUND BY THE TERMS AND CONDITIONS AND SERVICE CHARGE AS SET FORTH ON THE PURCHASER'S RECEIPT

PURCHASER'S SIGNATURE ADDRESS CITY/STATE/ZIP

PAYEE READ TERMS ON REVERSE • PAYABLE THROUGH: Goodhue County National Bank Lanesboro, MN 55949

[redacted]

Frederick J. Underwood, Sr.

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 10-13-98

Business/Development: Meridan Health

Owner/Applicant: Brick Hospital

Property Address: 425 Jack Martin Blvd.

Block: 1170 Lot: 15

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
~~Residential~~
Inclusionary Development Fee

Check Number U 0666886 5

Estimated Fee $ 150.00

Deposit Amount $ 150 00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Final Fee $ _____

Less Deposit $ _____

Final Payment $ _____

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

10-13-98
Date

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

425 JACKMARTIN BLVD — 1170 — 18
Work Site Address — Block — Lot

MERIDIAN HEALTH SYSTEM
Owner's Name, Address, Phone

BRICK HOSPITAL 425 JACKMARTIN 295-6572
Contractor's Name, Address, Phone

Construction INTERIOR RENOVATIONS IN HOSPITAL
Describe type (Single -family home, etc.)

Demolition REMOVAL OF EXISTING TOILET & 3 NON BEARING WALLS
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material SHEET ROCK - GALVANIZED STUDS FOR APPROX. 250ft² OF WALLS

Name, address and phone of party responsible for removal of debris:
MID STATE DISP. 505 MEMORIAL DR. NEPTUNE 07753

Size of dumpster: 30

Destination of discarded debris: OCEAN COUNTY LANDFILL

Hauler's DEP Permit No.: 8793

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

JIM SOLDO — Jim Soldo — 10/23/98
Printed/Typed Name — Signature — Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant