BLOCK 1170 LOT 18 C23-18 QUALIFICATION CODE ______ ADDRESS (SITE) 425 JACKMARTIN BLVD PERMIT NO. 99-0858

2/4/99

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: BRICK HOSPITAL 425 Jack Martin Blvd.
2. Name of Owner in Fee: MERIDIAN HEALTH Tel. (840) 2200
   Address 425 JACKMARTIN BLVD. BRICK N.J. 08724 (street, municipality, zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: MERIDIAN HEALTH SYS Tel. ( ) 295-6572
   Address 425 JACKMARTIN
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. ______ FAX: ( )
5. Architect or Engineer KALLEN + LEMELSON Tel. (212) 382-1800
   Address 1430 BROADWAY NEW YORK, N.Y. 10018
6. Responsible Person in Charge of Work BILL TRANSUE
   Tel. ( ) 295-6572 FAX ( ) 840-3398

V. FEE SUMMARY (for office use only)

			#A Update	#B Update
1.	Building	$ 335.-		
2.	Electrical	140.-	35.-	
3.	Plumbing			100.-
4.	Fire Protection	120.-		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	42.-	2.-	18.-
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	30		
13.	TOTAL	$ 667.	37.	118

#C 120 2

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories
2. Height of Structure ______ ft.
3. Area — Largest Floor ______ sq. ft.
4. New Building Area ______ sq. ft.
5. Volume of New Structure ______ cu. ft.
6. Construction Classification
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

COMMERCIAL

AUDIT REQUIRED — MANDATORY COMMERCIAL

alterations

2nd floor only

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		WP	2/4/99		3-12-99	FM	Office only 5/21/99		
3. ☐ Addition									
4. ☑ Alteration	$12,000	Received 2/22/99							
5. ☑ Fire Protection	$2500				3-15-99	KW	6/25/99		ok
6. ☑ Plumbing	$7000				5-17-99		5/21/99		ok
7. ☑ Electrical	$4000				3-24-99	JW	5/21/99		ok
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8							Elec A OK 6/24		
10. ☐ Lead Hazard Abatement							Bldg #B		6/22/99
11. ☑ Demolition	$1000	GW	2/26/99		2/26/99				
TOTAL COSTS	$26,500								

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

LDS BR 10202598

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 BILL FRANSUE

Address 425 JACKMARTIN BLVD

BRICK, N.J. 08724

Telephone (732) 295-6572

Signature Bill Fransue

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. 0858	5-21-99	6-21-99		
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☑ Certificate of Occupancy	No. 0858	7/15/99			
☐ Certificate of Approval	No.				

CERTIFICATE

Date Issued 6/25/99
Control #
Permit # 99-0858

IDENTIFICATION

Block 1170 Lot 18
Work Site Location 425 Jack Martin Blvd
Brick, N.J.
Owner In Fee Meridian Health Systems
Address 425 Jack Martin Blvd
Brick, N.J. 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:

ECHO, EEG, Second Floor Alterations
LAB-HISTOLOGY

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 July 16, , 1999 or the owner will be subject to a fine or order to vacate:

Final inspection PLUMBING

J. Cuniazza CO 7/15/99

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CERTIFICATE

Date Issued 7/15/99
Control #
Permit # 99-0858

IDENTIFICATION

Block 1170 Lot 18
Work Site Location 425 Jack Martin Blvd
Brick, N.J.
Owner in Fee Meridian Health Systems
Address 425 Jack Martin Blvd
Brick, N.J. 08724
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:

ECHO, EEG, SECOND FLOOR ALTERATIONS
LAB-HISTOLOGY

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:

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 03/31/99
Control #
Permit # 99-0858

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
INTERIOR ALTERATIONS
Owner in Fee MERIDIAN HEALTH SYS
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724-
Telephone (732)840-2200

Contractor MERIDIAN HEALTH SYSTEMS
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724-
Telephone (732)295-6572
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR ALTERATION- CONVERTING MATERIALS MGMT & HOUSEKEEPING AREAS
FOR OFFICE SPACES AND LABORATORY.
RELOCATING EXISTING FIRE SPRINKLER SYSTEM

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 $ 52,400

Construction Official

03/31/99
Date

PAYMENTS (Office Use Only)

Building	335
Electrical	140
Plumbing	0
Fire Protection	120
Elevator Devices	0
Other	
DCA Training Fee	42
Cert. of Occupancy	0
~~Other~~ ZRP	50
Total	687
Check No.	212564
Cash	
Collected By	AJP

U.C.C. P170 (rev. 3/96)

0010
0858**# 0.00
BLOCK 1170 # 0.00
LOT 18 # 35.00
ELETRIC* 2.00
D.C.A. 37.00
TOTAL 37.00
CASH 0.00
CHANGE 14:59
0048A005
NO. 5
05/24/99

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 05/24/99
Control #
Permit # 99-0858+A
Permit Issued 03/31/99

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
ALARM SYSTEM
Owner in Fee MERIDIAN HEALTH SYS
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724-
Telephone (732)840-2200

Contractor SODON'S ELECTRIC INC
Address 25 W HIGHLAND AVE
ATLANTIC HIGHLANDS, NJ 07716-
Telephone (732)291-1713
Lic. No. or Bldrs. Reg. No. 1500A
Federal Emp. No. 22-2401656

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALARM SYSTEM ON 2ND FLOOR TEMP LAB

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	37
Check No.	
Cash	X
Collected By	LRT

Estimated Cost of Work $ 2,000

J. Curiazza / LRT
Construction Official

05/24/99
Date

U.C.C. F190 (rev. 3/96)

0010
0858*# 0.00
BLOCK 1170 # 9.00
LOT 18 # 110.00
BUILDING 20.00
PLUMBING 5.00
D.C.A. 135.00
TOTAL 135.00
CASH 0.00
CHANGE
06/16/99 NO. 5 0005A005 08:33

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 06/16/99
Control #
Permit # 99-0858+D
Permit Issued 03/31/99

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
INTERIOR ALTERATIONS
Owner in Fee MERIDIAN HEALTH SYS
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724-
Telephone (732)840-2200

Contractor MCOC
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724-
Telephone (732)840-3296
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-1302395

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL WALL AND DOOR IN AN EXISTING ROOM
INSTALL 2 SINKS IN OTHER EXISTING ROOMS

PAYMENTS (Office Use Only)

Building	110
Electrical	0
Plumbing	20
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	5
Cert. of Occupancy	0
Other	
Total	135
Check No.	
Cash	X
Collected By	LRT

Estimated Cost of Work $ 7,000

J. Curiazza/ggt
Construction Official

06/16/99
Date

U.C.C. F190 (rev. 3/96)

5/7/99 - called Sodons

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 5-24-99
Date Issued
Control #
Permit # 99-0858+A

99-0858 UPDate 5/4/99

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 Brick Hospital (Temporary Lab 2nd Floor)
Jack Martin Dr., Brick Twp., NJ
Owner in Fee/Occupant Meridian Hospital Corp. Mr. Bill Transue
Address Jack Martin Drive
Brick Twp., NJ
Tele. ( )
Contractor Sodon's Electric, Inc.
Address P.O. Box 408
Atlantic Highlands, NJ 07716
Tele. (732) 291-1713 Fax (732) 291-8702
Lic. No. 1500A
Federal Emp. No. 222401656

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5599
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	Progress 52899		61799	[initials]
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			62499	[initials]

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date 62499
Approved by: [signature]

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]
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
11		Alarm Devices/FA c. Panel	
		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	

COMMERCIAL

Administrative Surcharge	$ 35
Minimum Fee	$
DCA Training Fee	$ 2
TOTAL FEE	$ 37

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

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

M&M GRAPHICS/MICROGRAPHIX, INC. 1-800-537-1314

Bill's pager 785-5358

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/27/99
Date Issued ~~01/01/54~~
Control # 6-16-99
Permit # 99-0858+D

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 ALTERATIONS
Owner in Fee MERIDIAN HEALTH SYS
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724-
Tele.(842)189-9 Fax ( )
Contractor J A CHRISTMAN
Address UNKNOWN
RED BANK, NJ
Tele.(842)189-9
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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 $ 3,000

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [illegible]
Approved By: [signature] 7-15-99
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	6/7/99		6/25/99	DW
Water				
Sewer				
Fixtures	6-25-99		7-15-99	DW
Gas Equip.				
Gas Piping				
Solar				
TCO			6/25/99	DW

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

2nd floor offices + lab

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
0	Floor Drain	0
~~2~~	Sink	~~20~~
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	0
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	~~20~~ 22
DCA Training Fee	$	2

Paid [ ] Check # 6/16/99 Charged
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/27/99
Date Issued ~~01/01/54~~
Control # 6-16-99
Permit # 99-0858+D

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 ALTERATIONS
Owner in Fee MERIDIAN HEALTH SYS
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724-
Tele.(732)840-2200
Contractor MCOC
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724-
Tele.(732)840-3296 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-1302395

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

INSTALL WALL AND DOOR IN AN EXISTING ROOM
INSTALL 2 SINKS IN OTHER EXISTING ROOMS

2nd floor offices + lab

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-25-99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6-24-99
Approved By:

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

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 $ 4,000
3. Total (1+2) $ 4,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	110
[ ] 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

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 110
DCA Training Fee	$ 3

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 02/22/99
Date Issued 03/13/99
Control # C23-18
Permit # 99-0858

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 ALTERATIONS 2nd FLOOR ALTERATION ONLY
Owner in Fee MERIDIAN HEALTH SYS
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724- HOUSEKEEPING TO LAB/OFFICE SPACE
Tele. (732)295-6572 Fax ( )
Contractor MERIDIAN HEALTH SYSTEMS
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724-
Tele. (732)295-6572
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ___ Proposed I-2
Constr Class Present ___ Proposed ___
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 3-15-99
Approved By: KCB
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6-25-99
Approved By: KCB

INSPECTIONS Type	Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test	5/20/99	6/2/99	6-25-99	KCB
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

Dates (Month/Day)

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity ___ 0 Fuel ___		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	31	120
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Relocate existing heads only

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 120
	DCA Training Fee	$ 2

U.C.C. F140 (rev. 3/96)

RECEIVED
MAY 17 1999

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

Up Date 5-17-99.
99-0858

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 BRICK HOSPITAL
425 Jack Martin BLVD, Brick, NJ.
Owner in Fee Meridian Health System
Address BRICK HOSPITAL
425 Jack Martin BLVD, Brick, NJ.
Tele. ( )
Contractor ALLIED FIRE & Safety Co.
Address 517 Green Grove Rd, PO BOX 607
Neptune NJ. 07754
Tele. (732) 922-3399 Fax (732) 918-8668
Lic. No.
Federal Emp. No. 201-909-087

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 2,600.00

Fire Alarm System
New [ ] Existing [X]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [X]
Location of Main Control Valve:
Stairway @ Front entrance

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

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: Add & Relocate (31) Sprinkler heads into new ceiling and room layout
Water Supply Source existing fire Pump
Method of Alarm/Suppression System Supervision existing tampers

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [ ] 110v Interconnected [ ] System	**NUMBER**	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	existing	
Supervisory Devices (i.e., tampers, low/high air)	existing	
Signaling Devices (i.e., horn/strobes, bells)	existing	
Other Devices	—	
TOTAL	—	
Suppression Systems		
Fire Pump 1000 GPM Type 100 PSI	existing	
Dry Pipe/Alarm Valves	—	
Pre-action Valves	—	
Sprinkler Heads (Dry and Wet)	31	
Standpipes	—	
Pre-engineered Systems		
Wet Chemical	—	
Dry Chemical	—	
CO2 Suppression	—	
Foam Suppression	—	
Halon Suppression	—	
Other	—	
Kitchen Hood Exhaust System	—	
Smoke Control System	—	
Gas [ ] or Oil [ ] Fired Appliances	—	
Other	—	
Administrative Surcharge	$ 120	
Minimum Fee	$ 2	
DCA Training Fee	$ —	
TOTAL FEE	$ 122	

U.C.C. F140
(rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/17/99
Date Issued ~~01/01/54~~
Control # 05-17-99
Permit # 99-0858+B

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
PLUMBING
Owner in fee MERIDIAN HEALTH SYS
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724-
Tele.(732)842-1333 Fax ( )
Contractor J A CHRISTMAN ICN
Address PLO BOX 2037
RED BANK, NJ
Tele.(732)642-1899
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 $ 23,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 5-17-99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 5-24-99

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			5-18-99	
Water				
Sewer				
Fixtures			5-24-99	
Gas Equip.				
Gas Piping				
Solar				
TCO				

B. 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
0	Floor Drain	0
6	Sink Just 2 Sinks	60
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	Grease Trap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 60
DCA Training Fee $ 18

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

99-0858
03-31-99.

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 Brick Hospital (Temporary Lab 2nd Floor)
Jack Martin Dr., Brick Twp., NJ
Owner in Fee/Occupant Meridian Hospital Corp. Mr. Bill Transue
Address Jack Martin Drive
Brick Twp., NJ
Tele. ( )
Contractor Sodon's Electric, Inc.
Address P.O. Box 408
Atlantic Highlands, NJ 07716
Tele. (732) 291-1713 Fax (732) 291-8702
Lic. No. 1500A
Federal Emp. No. 222401656

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as ____ Utility Co. ____
Est. Cost of Elec. Work $ 20,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4 30 99
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			5 12 99	[initials]
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5 21 99	[initials]

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5 21 99
Approved by: [signature]

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]
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
35	35	Lighting Fixtures	
86	86	Receptacles	
17	17	Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
10		Emergency & Exit Lights	
		Communications Points	
2		Alarm Devices/F.A.C. Panel	
		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	
2	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Changed Contractor
Cannot Charge
Only $ ...

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

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

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy
M&M GRAPHICS/MICROGRAPHIX, INC. 1-800-537-1314

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control # C23-18
Permit # 99-0858
3-31-99

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 2ND FLOOR OLD RECEIVING / STORAGE AREA. 426 Jack Martin Blvd.
Owner in Fee/Occupant MERIDIAN HEALTH - BRICK HOSPITAL
Address JACK MARTIN BLVD. BRICK, N.J.
Tele. (732) 840-2200
Contractor ELECTRIC CONSTRUCTION CORP
Address P.O. BOX 3126 - 69 BRIGHTON AVE. 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 $ 36,900.-

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: 3 24 99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9 10 99
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			9 8 99	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9 10 99	

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	FEE (Office Use Only)
35		Lighting Fixtures	
86		Receptacles	
17		Switches	
—		Detectors	
—		Light Poles	
1		Motors—Fract. HP	
10		Emergency & Exit Lights	
—		Communications Points	
—		Alarm Devices/F.A.C. Panel	
		.....	
149		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	
2	100A.	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

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

ZONING PERMIT

Date of Issue: February 24, 1999 1999- 0186

Block 1170 Lot 18 Zone H-S

Property Address: 425 Jack Martin Blvd.

Owner: Meridian Health Systems (Phone): 840-2200

Applicant: Bill Transue (Phone): 295-6572

Existing Use: Brick Hospital

Proposed Use: Brick Hospital

Proposed Construction (if any): Interior renovations to change management and housekeeping areas into office spaces and laboratory

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 JACKMARTIN BLVD

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

NAME OF APPLICANT BILL TRANSUE

APPLICANT'S COMPLETE ADDRESS 425 JACKMARTIN BLVD. BRICK N.J. 08724

APPLICANT'S PHONE NUMBER (732)295-6572 APPLICANT'S BUSINESS NAME _____

PRESENT USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☐ Commercial (please describe) _____

☑ Other (please describe) HOSPITAL

PROPOSED USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☐ Commercial (please describe) _____

☑ Other (please describe) HOSPITAL

COMM

PROPOSED CONSTRUCTION INTERIOR RENOVATIONS

All Dimensions _____ W _____ L _____ Ht

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

Changing material management & housekeeping area into office spaces and laborato

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 Bill Transue Date 2/1/99

Reviewed by Zoning Officer Date 2/24/99 ☑ Approved ☐ Rejected

Commercial

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
FAX (732) 262-8954 or (732) 920-1456
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

March 2, 1999

Meridian Health System
Brick Hospital Division
425 Jack Martin Blvd.
Brick, NJ 08724

RE: Mandatory Development Fee
Block 1170, Lot 18, Brick Hospital ~ Alterations

To Whom It May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount ofone percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on February 4, 1999, for the above block and lot at $22,500.00, resulting in an estimated fee of $225.00.

Therefore, you are required to submit one half of the estimated fee ($112.50) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. Upon your request for a final Certificate of Occupancy/Approval, your permit application will again be processed. If the assessed value is adjusted at that time, the balance due on your account will be adjusted accordingly. All remaining fees will be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. so as to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe

Carol A. Wolfe
Affordable Housing Administrator

CAW/da

MandDevCommLtr2/99

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) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: 02-16-99

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

RE: Block: 1170 Lot: 18

I, Bill Ransue (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,

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: 2/26/99 By:

Rejected Date: By:

Remarks: Interior Only!

Electric Construction Corporation

P.O. Box 3126 • West End, N.J. 07740 • Permit & License No. 5130 • (908) 222-4728
FAX: (908) 222-0385
732

To: BRICK TOWNSHIP INSPECTION DEPT.
401 - CHAMBERS BRIDGE RD.
BRICK, N.J. 08723
ATTN: MR. MANCE/ NELSON
ELECTRICAL INSPECTOR

Date 3/12/99
RE: BRICK HOSPITAL
Our Job No. 644

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 SUBCODE APPLICATION. FOR TEMPORAY LAB AREAS.

NOTE:!!
① PLEASE RETURN APPROVE COPY TO OUR OFFICE.
② PLEASE CALL WITH FEE SO WE CAN REMITT.

Very truly yours,

ELECTRIC CONSTRUCTION CORP.

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 3-2-99

JURISDICTION Building
(City, County, Township, etc.)

BUILDING LOCATION 425 Jack Martin
(Street address)

BUILDING DESCRIPTION Renovation

REVIEWED BY FWM

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	Doesn't Area Noted As Temparary Storage Have a "Blue Stone Floor"	
(2)	Will There Be Concrete Slab Installed In This Area? IF So Provide Details	
(3)	No Isle width's Corridor widths	
(4)	Is This Complete Set OF Drawings? No Door Information, Hardware Info	
(5)	No Info on Bathrooms OK	
(6)	Show How Means OF egress Thru Mechanical Equipment Rooms Have Discernable Path OK	
	LEFT Message on Machine	

06/93

Work Area IS COL Line E1.9 TO E14
New Drawings are For H5 14-3 TO J23

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 3-17-99

JURISDICTION Bricktown 425 Jack Martin Blvd.
(City, County, Township, etc.)

BUILDING LOCATION Brick Hospital
(Street address)

BUILDING DESCRIPTION Hospital

REVIEWED BY [signature]

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	Elect plan incomplete	
	Call'd [illegible] [illegible]	
	[illegible]	
	[illegible]	
	[illegible]	
	[illegible]	
	[illegible]	
	[illegible]	
	[illegible]	
	[illegible]	
	[illegible]	
	[illegible]	
	[illegible]	
	[illegible]	
	[illegible]	
	[illegible]	
	[illegible]	

Electric Construction Corporation

P.O. Box 3126 • West End, N.J. 07740 • Permit & License No. 5130 • ~~(908)~~ 222-4728
FAX: ~~(908)~~ 222-0385
732

FAX TRANSMITTAL

Date: 4/30/99

NUMBER OF PAGES 1 INCLUDING THIS COVER SHEET.

To: BRICK TOWNSHIP

262-8954

Attn: INSPECTION DEPT.

Re: BRICK HOSPITAL - PERMIT # 99-0858

Remarks:
BE ADVISED THAT BRICK HOSPITAL CANCELED OUR CONTRACT ON 4/21/99.

PLEASE VOID OUR ELECTRICAL PERMIT FOR THIS WORK.

SINCERELY,
ROBERT W. [illegible]
PRESIDENT.

Rec'd 4/30/99
CRS

B-1170 - L-18

LETTER OF TRANSMITTAL

5

SODON'S ELECTRIC, INC.
25 W. Highland Avenue
P.O. Box 408
ATLANTIC HIGHLANDS, NJ 07716

(908) 291-1713
FAX (908) 291-8702

COMMERCIAL

TO Brick Bldg. Dept.
401 Chambers Bridge Road
Brick, New Jersey 08723

JOB NUMBER/PHONE

DATE 4/30/99

ATTENTION Marcel

RE: Brick Hospital (Temporary Lab-2nd Floor)

WE ARE SENDING YOU X Attached Under separate cover via the following items.

Shop drawings | Prints | Plans | Specifications | Samples

Copy of letter | Change order | Other: Electrical Permit

COPIES	DATE	NUMBER	DESCRIPTION
1	4/30/99		Electrical Permit for Brick Hospital (Temporary Lab-2nd Floo

THESE ARE TRANSMITTED as checked below:

For your approval	Approved as submitted	Resubmit	copies for approval
For your use	Approved as noted	Submit	copies for distribution
As requested	Returned for corrections	Return	corrected prints
For review and comment	Other		
FOR BIDS DUE/DATE:	4/30/99	PRINTS RETURNED AFTER LOAN TO US	

REMARKS

This is under Permit #99-0858.

COPY TO

SIGNED Walter P. Sodon

If enclosures are not as noted, please notify us at once.

ALLIED FIRE & SAFETY EQUIPMENT CO., INC.
517 Green Grove Road
P.O. Box 607
NEPTUNE, NEW JERSEY 07754-0607

(732) 922-3399
FAX (732) 918-8668

LETTER OF TRANSMITTAL

TO BRICKTOWN
500 Herbertsville Rd
Brocktown, NJ 08723

DATE 5/17/99	JOB NO. 3536
ATTENTION Fire official	
RE: BRICK HOSPITAL 425 Jack martin blvd.	

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
4	5/12/99	SP-1	(PE Sealed) 2ND Floor Temp. Lab area Fire sprinkler plans
1			Permit application

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19 _____ ☐ PRINTS RETURNED AFTER LOAN TO US

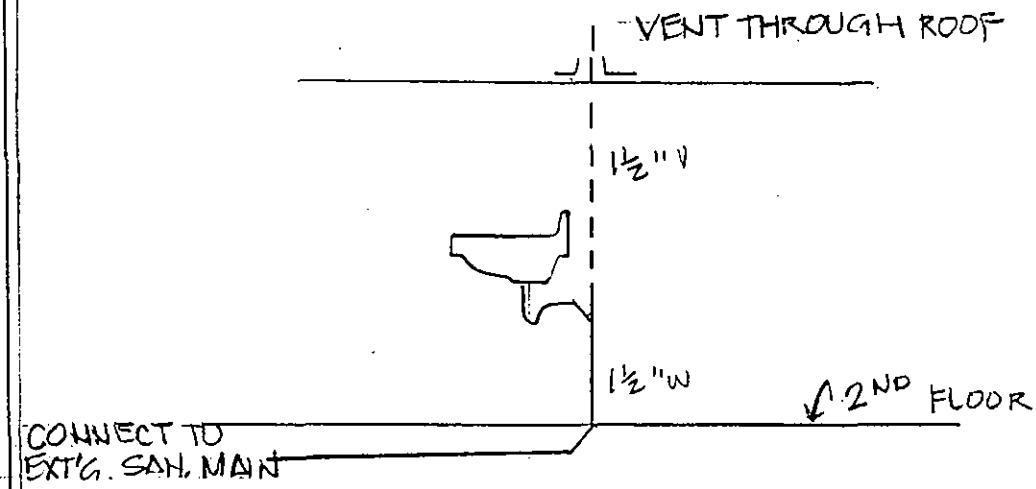
REMARKS _____

Please call this office upon your review with the appropriate permit fee and or any questions or comments.

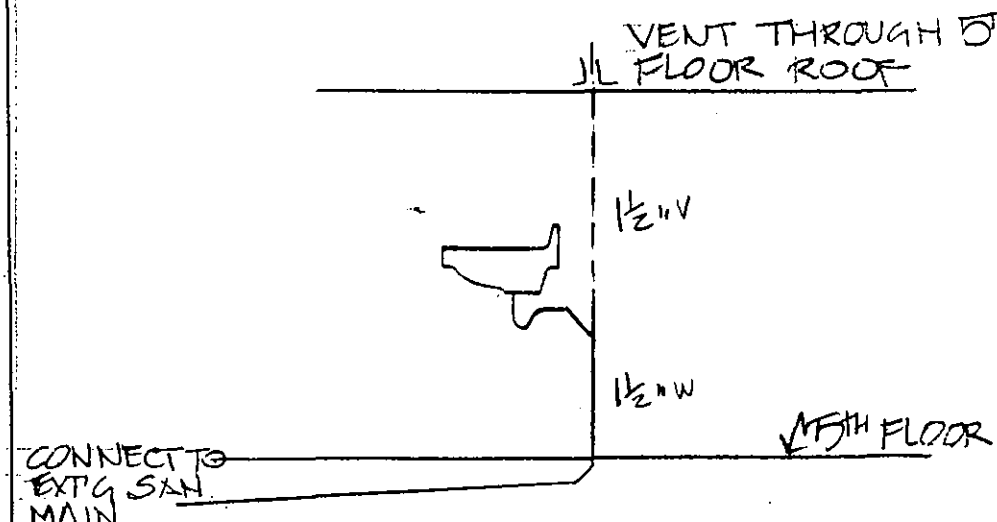
COPY TO _____

SIGNED: _____

If enclosures are not as noted, kindly notify us at once. DAVE COLEY



SANITARY RISER DIAGRAM FOR SECOND FLOOR ECHO SINK (NTS.)



SANITARY RISER DIAGRAM FOR FIFTH FLOOR EEG ROOM (NTS)

NOTE: ALL PLUMBING WORK SHALL COMPLY WITH LOCAL CODES AND ORDINANCES.

NADARKAY KEPELIAN ARCHITECTS
RAYLOND NADARKAY C4518
ALLEN K. KEPELIAN C5644
RUSSELL H. LAGE CA17049

Meridian Health System
Meridian Hospital Corporation
Brick Hospital
Brick Township, New Jersey

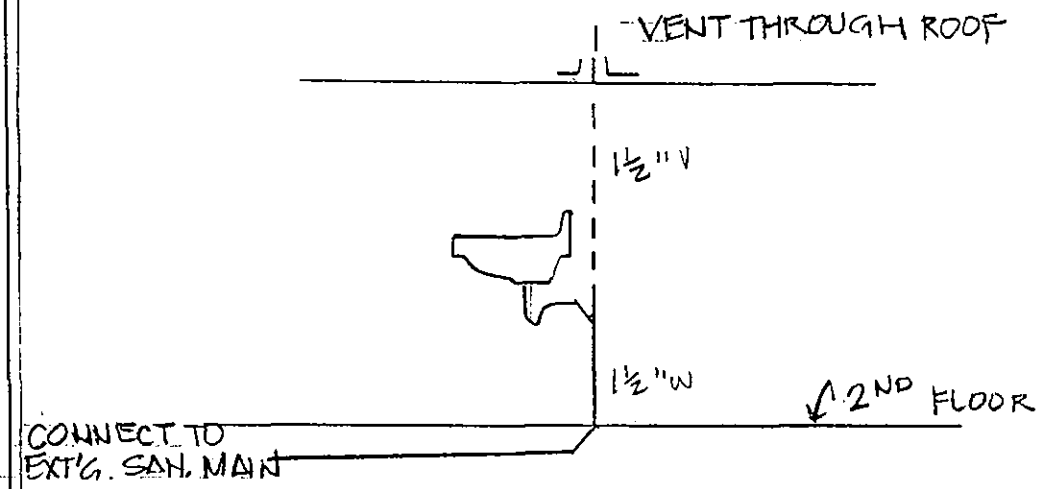
NO REVISION DATE

DRAWING TITLE
RISER DIAGRAM

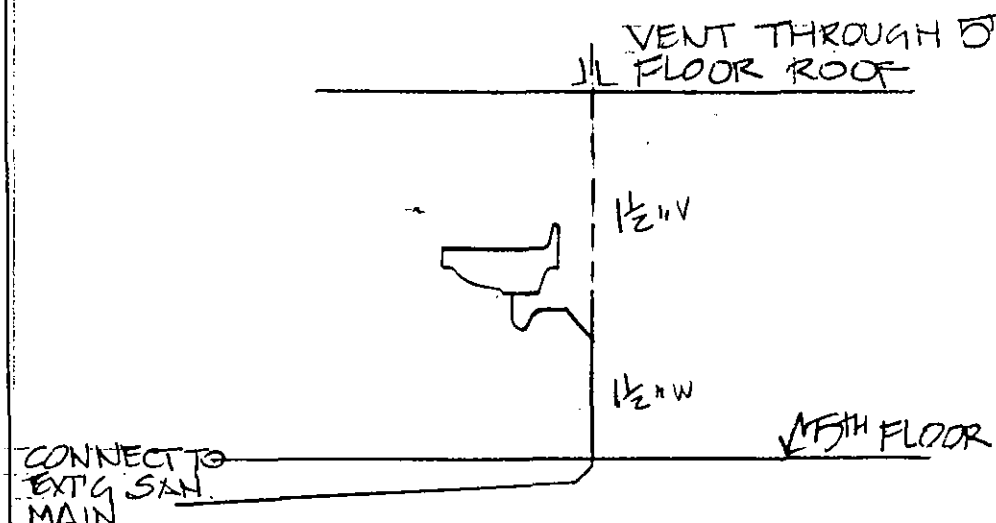
DATE 6/12/98
SCALE
DRAWN
CHECKED

DRAWING NUMBER
SRD

PROJ. NO: 1311.. SHEET . OF .



SANITARY RISER DIAGRAM FOR SECOND FLOOR ECHO SINK (NTS.)



SANITARY RISER DIAGRAM FOR FIFTH FLOOR EEG ROOM (NTS)

NOTE: ALL PLUMBING WORK SHALL COMPLY WITH LOCAL CODES AND ORDINANCES.

NADABKAY KOPELSON ARCHITECTS
RAYMOND NADABKAY CA318
ALLEN R. KOPELSON CS644
RUSSELL M. SACK CE17049
KEN P. USG AI0747

Meridian Health System
Meridian Hospital Corporation
Brick Hospital
Brick Township, New Jersey

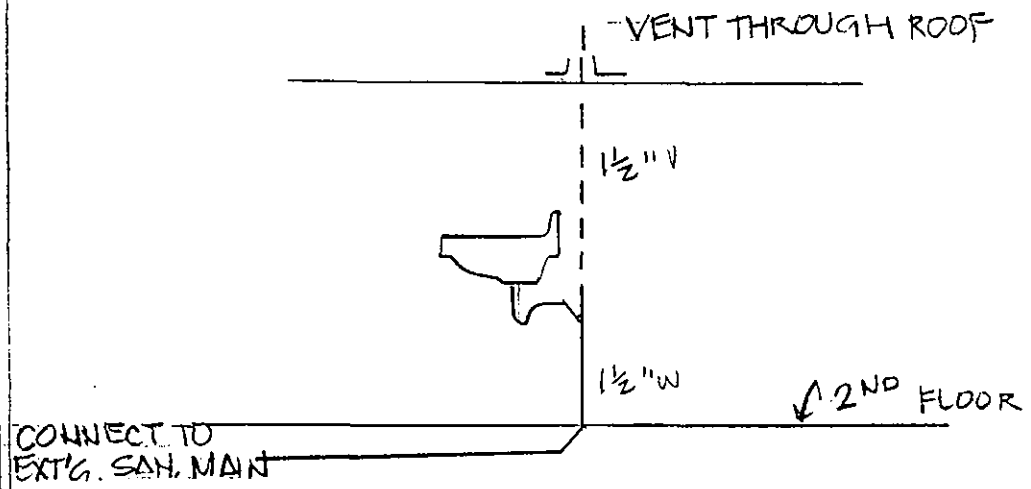
NO REVISION DATE

DRAWING TITLE
RISER DIAGRAM

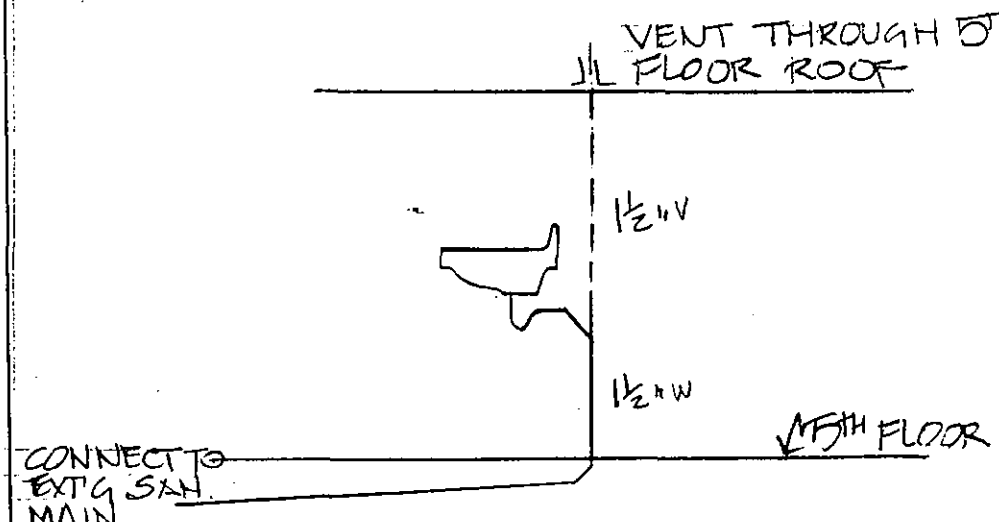
DATE 6/12/98
SCALE
DRAWN
CHECKED

DRAWING NUMBER
SRD

PROJ. NO. 1311.. SHEET . OF .



SANITARY RISER DIAGRAM FOR SECOND FLOOR ECHO SINK (NTS.)



SANITARY RISER DIAGRAM FOR FIFTH FLOOR EEG ROOM (NTS)

NOTE: ALL PLUMBING WORK SHALL COMPLY WITH LOCAL CODES AND ORDINANCES.

NADASKAY KOPELSON ARCHITECTS

Meridian Health System
Meridian Hospital Corporation
Brick Hospital
Brick Township, New Jersey

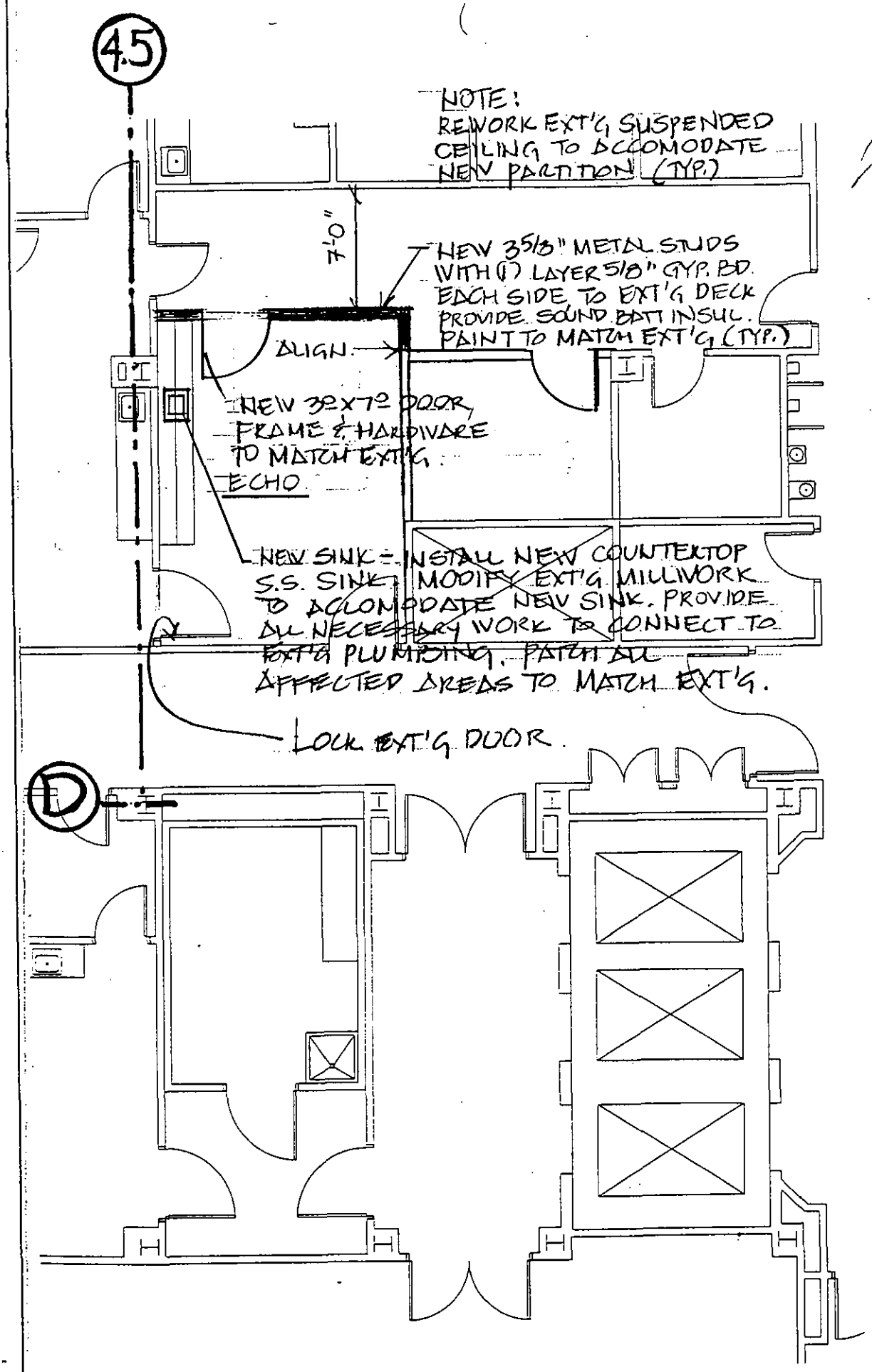
NO REVISION DATE

DRAWING TITLE
RISER DIAGRAM

DATE 5/12/98
SCALE
DRAWN
CHECKED

DRAWING NUMBER
SRD

PROJ. NO. 1311. SHEET OF



NADASKAY KOPELSON ARCHITECTS

RAYMOND NADASKAY CA318
ALLEN B. KOPELSON CA444
ROBERT H. SACK CA17048

Meridian Health System
Meridian Hospital Corporation
Brick Hospital
Brick Township, New Jersey

NEW SINK & PARTITIONS

NO REVISION DATE

DRAWING TITLE
PARTIAL 2ND FLOOR PLAN

DATE / /98
SCALE
DRAWN
CHECKED

DRAWING NUMBER
A-3

PROJ. NO. 1311 SHEET OF

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1170 LOT 19 SITE ADDRESS 425 Jack Martin Blvd
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Alteration
B.11
APPLICANT Mer. Ocean Hospital Sys. PHONE NUMBER 295-6542
APPLICANT ADDRESS 425 Jack Martin Blvd CITY & STATE Brick NJ
PERMIT # C23-19 NAME OF BUSINESS Brick Hospital

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 $ 22500.00 Date 3-2-99

Estimated Required Fee $ 225.00

Required Deposit on Estimate $ 112.50 Date 3-5-99

Check # Money Order 591436642787 TW33 007230 Receipt # 3014

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ Part of Hospital Project

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

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

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1170 LOT 19 SITE ADDRESS 425 Tennent Blvd
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Attorneys

APPLICANT Merck Hospital Corp. PHONE NUMBER 13.11 215-652-2
APPLICANT ADDRESS 425 Tennent Blvd CITY & STATE Merck NJ
PERMIT # C23-18 NAME OF BUSINESS Merck Hospital

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 %

X Commercial is .01 %

Estimated Assessment $ 22500.00 Date 3.2.99

Estimated Required Fee $ 225.00

Required Deposit on Estimate $ 112.50 Date 3-3-99

Check # [illegible] Receipt # 5014

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 3-1-99

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 Alterations

APPLICANT Meridian Health Sys 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:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

1/2/03
Date

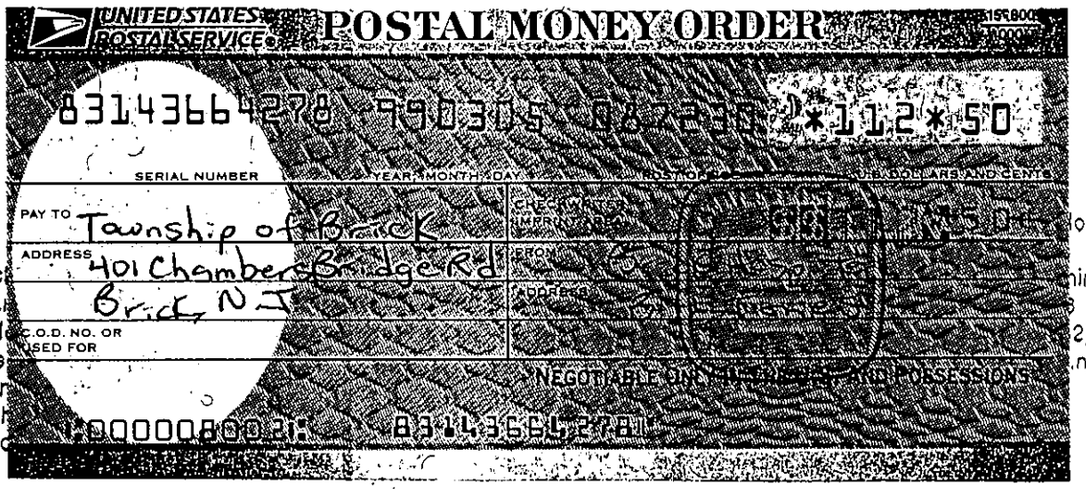
☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

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


UNITED STATES POSTAL SERVICE
POSTAL MONEY ORDER
83143664278 990305 087230 *112*50
SERIAL NUMBER YEAR MONTH DAY POSTAGE US DOLLARS AND CENTS
PAY TO Township of Brick
ADDRESS 401 Chambers Bridge Rd
Brick, NJ
C.O.D. NO. OR USED FOR
FROM
ADDRESS
NEGOTIABLE ONLY IN THE U.S.A. AND POSSESSIONS
000000800 21 83143664278

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

Date: 3-5-99

Business/Development: Brick Hospital

Owner/Applicant: Bill Jones

Property Address: 425 Jack Martin Blvd

Block: 1170 Lot: 18

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee 83143664278-990305-

Check Number 087230 (Money Order)

Estimated Fee $ 225.00

Deposit Amount $ 112.50

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 _____ Date 3/5/99

COUNTER FORM
PLEASE PRINT

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

Site Location: BRICK HOSPITAL — Date Rec'd.:
Block: 1170 Lot: 18 — Date Issued:
Owner in Fee: MERIDIAN HEALTH — Control #:
Address: 425 JACKMARTIN — Permit #:

State: NJ Zip: 08724 Phone: (732) 295-6572
SS #: 141302395 Provide only if Applicant is owner

99-0858+B

PLUMBING SUBCODE

CONTRACTOR: S.A. Christmas Inc.
ADDRESS: P.O Box 2037
Red Bank N.J.
PHONE: 732-842-1899
LIC #: 5896
LIC. EXPIRATION DATE: 6-30-99
FEDERAL EMP. # (or S.S. #): 222204970

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
6	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: $ 23,000.00
Signature:
Owner ☐ Contractor ☒
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: MERIDIAN HEALTH
ADDRESS: 425 JACKMARTIN BLVD
PHONE: 295-6572
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 141302395

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

INTERIOR RENOVATION OF MATERIALS MGT. & HOUSEKEEPING AREAS FOR OFFICE SPACES AND LABORATORY. MINOR DEMO OF INTERIOR NON BEARING WALLS. MODIFICATION OF VENTILATION SYSTEM TO PROVIDE VENTILATION TO RENOVATED AREAS RELOCATION OF EXISTING SPRINKLER SYSTEM,

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: I-2 Proposed: I-2
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): $ —
Alteration (2): $ 13,000
TOTAL (1+2): $ 13,000
SUBCODE APPROVAL:
PLANS: Required ☑ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

C-23-18

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: Brick Hosp. / Cardiac Health
ADDRESS: 425 Jack Martin Blvd. Brick Towsp NJ 08724
PHONE: 295-6572
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Relocate existing Heads and ADD new to Existing main.

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

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

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

DESCRIPTION	NUMBER
Wet Sprinkler Heads	14 relocated, 17 new
Dry Sprinkler Heads	
Total	31 Heads
Smoke Detectors	yes Existing
Heat Detectors	
Total	
Stand Pipes	Existing
Kitchen Hood Exhaust Systems	not required
Pre-Engineered Systems	
Co2 Suppression	not required
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance:	
Other	
Other:	

Estimated Cost of Fire Protection Work: $ 2500
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

UPGRADE TO EXISTING PERMIT # 99-0858 + B

Bill; fill-out Highlighted walls

COMMERCIAL

COUNTER FORM
PLEASE PRINT

WNSHIP OF BRICK
Chambers Bridge Road
k, New Jersey 08723
732) 262-1027

Site Location: 425 JACKMARTIN BLVD Date Rec'd:
Block: 1170 Lot: 18 Date Issued:
Owner in Fee: MERIDIAN HEALTH Control #:
Address: 425 JACKMARTIN BLVD Permit #:
BRICK
State: NJ Zip: 08724 Phone: (732) 840-3296
SS #: 141-30-2395 Provide only if Applicant is owner

PLUMBING SUBCODE

ONTRACTOR: J.A. CHRISTMAN
DDRESS: 18 Catherine St
RED BANK, N.J
IONE: 842-1899
C #:
C EXPIRATION DATE:
DERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
___	Water Closet
___	Urinal / Bidet
___	Bath Tub
___	Lavatory
___	Shower
___	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
___	Other

timated Cost of Plumbing Work: $ 3000.-
gnature: John M Christman
ner ☐ Contractor ☒
BCODE APPROVAL:
ANS: Required ☐ Approved ☐
proved by:
e:
ONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: MCOC
ADDRESS: 425 JACKMARTIN BLVD
BRICK NEW JERSEY 08724
PHONE: 732-840-3296
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 141 30 2395

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

INSTALL (1) WALL & DOOR IN AN EXISTING ROOM

INSTALL (2) SINKS IN OTHER EXISTING ROOMS

RECEIVED
MAY 04 1999
DIV. OF INSPECTION

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: I-2
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: Bill Fransue

Estimated Cost of Building Work:
New Building (1): $ 0
Aleration (2): $ 4,000
TOTAL (1+2): $ 4,000
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:

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/E.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 SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL DATA (DESCRIPTION OF WOR

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: Fue
Combustable Liquid Storage Tanks	Capacity: Fue
L.G.P. Storage Tanks	Capacity: Fue

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Strand 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:

Meridian Hospitals Corporation
1945 State Rt. 33, Neptune, New Jersey 07753

313

04/20/00

278498 27849

Payable through **SUMMIT BANK**, Hazleton, Pennsylvania.
At **SUMMIT BANK**, Cherry Hill, New Jersey. 0312

AMOUNT
$ 15,717.49

*FIFTEEN THOUSAND SEVEN HUNDRED SEVENTEEN ********** ********** **********

VOID AFTER 180 DAYS

PAY TO THE ORDER OF:

BRICK TWP
401 CHAMBERSBRIDGE ROAD
BRICK, NJ 08723

AUTHORIZATION SIGNATURE

⑈278498⑈ ⑆031302340⑆ 900 205 679⑈

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

Date: 4-24-00

Business/Development: Brick Hospital

Owner/Applicant: Meridian Hospitals Corp

Property Address: 425 Jack Martin Blvd - Basement covers 6th Floor Addit.

Block: 1170 Lot: 18 - 18.2

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 278498

Final Fee $ 3318300

Less Deposit $ 17465.51

Final Payment $ 15717.49

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

4-24-00
Date