BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO [redacted] 99-1071

TOWNSHIP OF BRICK
95 W. Veterans Highway
Jackson, New Jersey 08527
(908) [redacted]

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

DIV. OF CODE ENFORCEMENT

1. Proposed Work Site at: 425 Jack martin Blvd, Brick, NJ
2. Name of Owner in Fee: ~~Ltr DRISCOLL COMPANY~~ Tel. (732) 220-1999
   Address 425 Jack martin Blvd (street) (municipality) (zip code)
   → Meridian Health System — owner of property
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: ADT Security Tel. (609) 860-2150
   Address 2540 Route 130 Suite 100 CRANBURY, NJ 08512
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 581814102 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ([redacted]) _____ FAX (_____) _____

7.22.99 By Wed. RECEIVED APR 16 1999

(Security System)

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 735		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review	$		
8. Subtotal PENALTY	$ 500		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

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	

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									
2. ☐ New Building		CMS	4-16-99				10/30/00		OK
3. ☐ Addition									
4. ☒ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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:
2. Use Group: Trailers on Hospital Grounds
3. Change in Use Group, Indicate Former:

LDS BR 10202591

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.				
☐ Lead Abatement Clearance Certificate	No.				

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 John Kemp

Address 2540 Route 130 Suite 100

Cranbury, NJ 08512

Telephone (609) 860-2150

Signature John Kemp

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/01/5
Control #
Permit # 99-1071

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 1170 Lot 18 Qual

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

Contractor ADT SECURITIES
Address 2540 RT 130
CRANBURY, NJ
Telephone (609)260-2146
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 58-1814102

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SECURITY SYSTEM FOR 3 TRAILORS IN HOSPITAL PARKING LOT

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 $ 413

Construction Official

01/01/54
Date

PAYMENTS (Office Use Only)

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

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

BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO [redacted] 99-1071

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 425 Jack martin Blvd, Brick, NJ
2. Name of Owner in Fee: ~~Lo Driscoll company~~ Tel. (732) 220-1999
   Address 425 Jack martin Blvd → Meridian Health System – owner of property
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: ADT Security Tel. (609) 860-2150
   Address 2540 Route 130 Suite 100 Cranbury, NJ 08512
   License No. OR, If new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 581814102 FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ([redacted]) _____ FAX (____) _____

(Security System)

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 735		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

PLANNING $ 735 Paid

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	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		CAS	4-16-99						
3. ☐ Addition									
4. ☒ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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:
2. Use Group: Trailers on Hospital Grounds
3. Change in Use Group, Indicate Former:

U.C.C. 5100-1 (rev. 3/96)

BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO [redacted] 99-1071

CONSTRUCTION PERMIT APPLICATION

[redacted]
[redacted]
New Jersey 08527
[redacted]

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 435 Jack martin Blvd, Brick, NJ
2. Name of Owner in Fee: Lif DRISCOLL company Tel. (732) 220-1999
   Address 435 Jack martin Blvd Brick NJ 08723 (street, municipality, zip code) Meridian Health System — owner of property
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: ADT Security Tel. (609) 860-2150
   Address 2540 Route 130 Suite 100 CRANBURY NJ 08512
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 581814102 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ([redacted]) _____ FAX (_____) _____

(Security System)

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 135		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	PENALTY $ 540.00		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

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	

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									
2. ☐ New Building		CMS	4-16-99						
3. ☐ Addition									
4. ☒ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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:
2. Use Group: Trailers on Hospital Grounds
3. Change in Use Group, Indicate Former:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

0004 03/10/00 NO. 5 11:46
1071# 0.00
BLOCK 1170 # 0.00
LOT 18 # 35.00
ELETRIC* 35.00
TOTAL 35.00
CHECK 0.00
CHANGE 00164005

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 03/10/2000
Control #
Permit # 99-1071

IDENTIFICATION Block 1170 Lot 18 Qual

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

Contractor ADT SECURITIES
Address 2540 RT 130
CRANBURY, NJ
Telephone (609)260-2146
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 58-1814102

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:
SECURITY SYSTEM FOR 3 TRAILORS IN HOSPITAL PARKING LOT

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 $ 413

Construction Official

03/10/2000
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	3661
Cash	
Collected By	TL

D.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/19/99
Date Issued ~~01/01/54~~ 03/10/00
Control #
Permit # 99-1071

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
SECURITY SYSTEM FOR TRAIL
Owner in Fee MERIDIAN HEALTH SYS
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724-
Tele.(609)260-2146 Fax ( )
Contractor ADT SECURITIES
Address 2540 RT 130
CRANBURY, NJ
Tele.(609)260-2146
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 58-1814102

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 413

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10 30 00
Approved By:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough	3	3100		
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			10 30 00	

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
1		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check # Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 0

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

10

ADT Security Services, Inc.
14200 East Exposition Avenue
Aurora, CO 80012-2512

VENDOR NAME	CHECK NUMBER
TOWNSHIP OF BRICK - NJ	0311967
VENDOR NUMBER	DATE
90483	16-AUG-99

INVOICE DATE	INVOICE NUMBER	VOUCHER NUMBER	GROSS AMOUNT	ADJUSTMENTS/ DISCOUNTS	NET AMOUNT	DESCRIPTION
03-AUG-99	080399CKRQ	1130368	500.00	0.00	500.00	PERMIT VIOLATION-425 JACK MARTIN

TOTAL DISCOUNTS 0.00 TOTAL NET AMOUNT 500.00

FOLD

FOLD

FOLD

FOLD

DETACH STUB

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/13/99
Control #
Permit #

UCC NEW JERSEY

NOTICE OF VIOLATION AND ORDER TO TERMINATE
NOTICE AND ORDER OF PENALTY

IDENTIFICATION

Work Site Location 425 JACK MARTIN BLVD Block 1170 Lot 18

Owner in Fee MERIDIAN HEALTH SYS
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724-

Agent/Contractor A D T HOME SECURITY SYSTEM
Address 2540 ROUTE 130 SUITE #100
CRANBURY, NJ 08512

ACTION

Date of Notice 04/13/99 Compliance Due Date 04/20/99 Date of Inspection 04/13/99

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
N.J.A.C. 5:23-2.14 INSTALLATION OF ALARM SYSTEM WITH NO PERMIT

You are hereby ordered to terminate the said violations on or before 04/20/99. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[X] Failure to comply with this Order will subject you to a penalty of $ 500 per week.

[X] You are hereby ordered to pay a penalty in the amount of $ 500 for each violation for a total penalty of $ 500. Each week that any of the said violations remain outstanding after 04/20/99 shall result in an additional penalty of $ 500 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the BOARD OF APPEAL/OCEAN CTY within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTT PLACE, TOMS RIVER, NJ 08753.

If you have any questions concerning this matter, please call: JOE CURIAZZA, CONSTRUCTION OFFICIAL 262-1030.

NOTICE OF VIOLATION AND ORDER TO TERMINATE: Marcel Pierson aco DATE: 4-13-99

NOTICE AND ORDER OF PENALTY: J Curiazza co DATE: 4/13/99

U.C.C. P210 (rev. 3/96)

TOWNSHIP OF BRICK

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

Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(732) 262-1042
Fax: (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

FAX CORRESPONDENCE

(732) 262-8954

DATE: July 28, 1999

To Fax Number: 609-860-2180 Pages to Follow: 4

Attention: Tracy Billens

From: Brick Building Department : Nicole

Message:

Papers for Meridian Health System's Alarm - $500 Penalty also - pick-up by next Wed. Please

COUNTER FORM
PLEASE PRINT

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

Site Location: 425 Jack martin Date Rec'd: 4-17-99
Block: 1170 Lot: 18 Date Issued:
Owner in Fee: E.F. Driscoll Company Control #:
Address: Meridian Health Park Permit #:
425 Jack Martin Blvd
State: NJ Zip: 08512 Phone: (732) 220-1999
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

ONTRACTOR:
DDRESS:
HONE:
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
____	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

stimated Cost of Plumbing Work: $
gnature:

wner ☐ Contractor ☐
BCODE APPROVAL:
ANS: Required ☐ Approved ☐
proved by:
te:
ONTRACTOR 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: ADT Security
ADDRESS: 2540 Route 130 Suite 100
Cranbury, NJ 08512
PHONE: (609) 860-2150
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #): ✓ 581814102

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	1	6motions/3 contact Door

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: $ 413.34.
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: Fu
Combustable Liquid Storage Tanks	Capacity: Fue
L.G.P. Storage Tanks	Capacity: Fu

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: