BLOCK 1170 LOT 18-18.2 QUALIFICATION CODE ____ ADDRESS (SITE) 425 Jack Martin Blvd PERMIT NO. 99-3485

C21-818 Update C21-818-1 Revd's

RECEIVED MAR 24 1999

CONSTRUCTION PERMIT APPLICATION Interior

DIV. C

Application Completions: Sections I, II, III (optional), IV, VI, and VII 1st 2nd & 5th Floor

I. IDENTIFICATION

1. Propsed Work Site at: Brick Hosp
2. Name of Owner in Fee: Meridian Health Tel. (732) 840 3323
   Address 425 Jack Martin Blvd (street) Brick Twp (municipality) 08724 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: L.F. Driscoll Tel. (610) 668 0950
   Address 9 Presidential Blvd Bala Cynwyd PA 19004
   License No. OR, if new home, Builder Reg. No. 23-2765998 Exp. Date ____
   Federal Employee No. 23-2765998 FAX: (610) 668 9425
5. Architect or Engineer Nadaskay Kopelson Tel. (973) 539 5353
   Address 95 Washington St Morristown NJ 07960
6. Responsible Person in Charge of Work Walt Smith
   Tel. (610) ~~668 0950~~ 633 5767 FAX (____) ____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	1510 ✓	
2.	Electrical		2600 ✓	35.
3.	Plumbing		1190 ✓	
4.	Fire Protection		75	Addl.
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		1008	60. 616
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	6283	~~820~~ 882 101. 983

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	

20-1999

Renovation

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					5-20-99	FP	12/1/99		OK
2.	☐ New Building									
3.	☐ Addition									
4.	☑ Alteration	60,000				8/15/99	CWD	DC & Plans 11/23/99		
5.	☑ Fire Protection					7-21-99	~~CWD~~			
6.	☐ Plumbing	200,000				7-21-99	MM	11-19-99		OK
7.	☐ Electrical	1,000,000				7-21-99	MM			
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 0

B. NON-RESIDENTIAL
1. State Specific Use: I-2
2. Use Group: Hospital
3. Change in Use Group, Indicate Former:

IMPORTANT MANDATORY FEE COMPLIANCE A.H.B.T.

LDS BR 10401770

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 L F Driscoll

Address 9 Presidential Blvd
Bala Cynwyd PA 19004

Telephone (610) 1610 667 9750

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	*DATE EXPIRED*
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

New Jersey

CERTIFICATE

Date Issued
Control #
Permit # 99-3485

IDENTIFICATION

Block 1170 Lot 18,18.02
Work Site Location Meridian Health "Dr's Lounge"
425 Jack Martin Blvd, Brick, N.J.
Owner in Fee Meridian Health
Address Same

Tele. ( )
Contractor L.F. Driscoll
Address 9 Presidential Blvd
Bala Cynwyd Pa 0950
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Doctor's Lounge Only

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY**

XX☑ **CERTIFICATE OF APPROVAL** "Temporary"

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:

Final required for Plumbing and Fire

J Curiazza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

New Jersey

CERTIFICATE

Date Issued 12-02-99
Control #
Permit # 99-3485

IDENTIFICATION

Block 1170 Lot 18 + 18.02
Work Site Location 425 Jack Martin Blvd
Brick, NJ 08724
Owner in Fee Meridian Health Corp.
Address 425 Jack Martin Blvd
Brick, NJ 08724
Tele. (732) 840-2200
Contractor J.F Driscoll
Address 9 Presidential Blvd
Bala Cynwood, PA 19004
Tele. (610) 668-0950
Lic. No. or Bldrs. Reg. No. 23-2765998
Federal Emp. No.
or Social Security No.

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

Temporary CA for first floor
HBOT Unit only

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☒ **CERTIFICATE OF APPROVAL** Temporary

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:

J. Cuciazza
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 4/24/00
Control #
Permit # 99-3485

IDENTIFICATION

Block 1170 Lot 18
Work Site Location 425 Jack Martin Blvd
Brick, N.J. 08724
Owner in Fee Meridian Health Systems
Address 425 Jack Martin Blvd
Brick, N.J. 08724
Tele. ( )
Contractor LF Driscoll
Address 9 Presidential Blvd.
Bala Cynwyd Pa 19004
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

60 Day Temporary for MRI Unit
330 Day Temporary for ICU Unit

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.

XX ☑ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than May 19,2000, 19 or the owner will be subject to a fine or order to vacate: ICU Unit and MRI Unit (60 Day)

J Cuzzo

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 7/31/00
Control #
Permit # 99-3485

IDENTIFICATION

Block 1170 Lot 18
Work Site Location 425 Jack Martin Blvd
Brick , N.J. 08724
Owner in Fee Meridian Health Systems
Address 425 Jack Martin Blvd
Brick, N.J. 08724
Tele. ( )
Contractor LF Driscoll
Address 9 Presidential Blvd
Bala Cynwyd Pa 19004
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

"TEMPORARY"

MRI UNIT , ICU UNIT, RADIOLOGY, EMERGENCY AND

MEDICAL RECORDS

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.

XX☒ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than AUGUST 31, , 2000 or the owner will be subject to a fine or order to vacate: 30 DAY TEMPORARY

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 9/25/00
Control #
Permit # 99-3485

IDENTIFICATION

Block 1170 Lot 18
Work Site Location 425 Jack Martin Blvd.
Brick, NJ 08724
Owner In Fee Meridian Health Systems
Address 425 Jack Martin Blvd.
Brick, NJ 08724
Tele. (732) 840-3323
Contractor LF Driscoll
Address 9 Presidential Blvd.
Bala Cynwyd PA 19004
Tele. (610) 668-0950
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2765998
or Social Security No.

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

"TEMPORARY"

MRI UNIT, ICU UNIT, RADIOLOGY, EMERGENCY AND MEDICAL RECORDS, LAB, OR, ADMINISTRATION

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.

XXX **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than October 25, 2000 or the owner will be subject to a fine or order to vacate: 30 Day Temporary

J. Curcazza
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

0010 09/14/99 NO. 5 00054005 08:39
3485*# 0.00
BLOCK 1170 # 0.00
LOT 18 #
BUILDING 1510.00
ELETRIC* 2500.00
PLUMBING 1190.00
FIRE 75.00
D.C.A. 1008.00
TOTAL 6283.00
CHECK 6283.00
CHANGE 0.00

Date Issued 09/14/99
Control 0
Permit 0 99-3485

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
INTERIOR RENOVATION
Owner in Fee MERIDIAN HEALTH
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3323

Contractor L.F. DRISCOLL
Address 9 PRESIDENTIAL BLVD
BALA CYNWOOD, PA 19004-
Telephone (610)668-0950
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2765998

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR RENOVATIONS FOR A CATH LAB AND FIRST, SECOND, AND FIFTH FLOORS.

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 $ 1,260,500

J. Curcazza/LRT
Construction Official

09/14/99
Date

PAYMENTS (Office Use Only)

Building	1,510
Electrical	2,500
Plumbing	1,190
Fire Protection	75
Elevator Devices	0
Other	
DCA Training Fee	1,008
Cert. of Occupancy	0
Other	
Total	6,283
Check No.	240842
Cash	
Collected By	LRT

U.C.C. P170 (rev. 3/95)

0010 3485*
BLOCK 1170 0
LOT 18 0
ELETRIC* 1
D.C.A. 1
TOTAL 1
CHECK
CHANGE
09/29/99 NO. 5 0025609

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 09/29/99
Control #
Permit # 99-3485+B
Permit Issued 09/14/99

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
DATA VOICE SYSTEM

Owner in Fee MERIDIAN HEALTH
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3323

Contractor UNI TEL TECHNOLOGIES
Address 134 LOWER MAIN ST
MATAWAN, NJ 07747-
Telephone (732)290-2909
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3053612

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL VOICE DATA SYSTEM

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	66
Cert. of Occupancy	0
Other	
Total	101
Check No.	5358
Cash	
Collected By	LRT

Estimated Cost of Work $ 82,025

Construction Official

09/29/99
Date

U.C.C. P190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 09/15/99
Control 0
Permit # 99-3485-A
Permit Issued 09/14/99

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
INTERIOR RENOVATION
Owner in Fee MERIDIAN HEALTH
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3323

Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754-
Telephone (732)922-3399
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1904087

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FIRE SPRINKLER SYSTEM

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	822
Elevator Devices	0
Other	
DCA Training Fee	60
Cert. of Occupancy	0
Other	
Total	882
Check No.	1506
Cash	
Collected By	NM

Estimated Cost of Work $ 75,000

Construction Official

09/15/99
Date

09/14/99 NO.

0010
993485-#
BLOCK 1170 # 0.00
LOT 18 # 0.00
FIRE 822.00
D.C.A. 60.00
TOTAL 882.00
CHECK 882.00
CHANGE 0.00
0005A005 15:09

U.C.C. P190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/24/99
Date Issued 9/14/99
Control # C21-818
Permit # 99-3485

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 RENOVATION
Owner in Fee MERIDIAN HEALTH
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3323
Contractor L.F. DRISCOLL
Address 9 PRESIDENTIAL BLVD
BALA CYNWOOD, PA 19004-
Tele.(610)668-0950 Fax (610)668-9425
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2765998

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

INTERIOR RENOVATIONS FOR A CATH LAB AND FIRST, SECOND, AND FIFTH FLOORS.

STATE Sealed Drugs

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-20-99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
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 I-2 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 $ 60,000
3. Total (1+2)$ 60,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	1,510
[ ] 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
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 1,510
	DCA Training Fee	$ 48

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9-14-99
Date Issued
Control #
Permit # 99-3485

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

Block 1170 Lot 18 + 18.2
Work Site Location Meridian Health Systems Renov. 1st, 2nd, 5th Flrs.
425 Jack Martin Blvd., Brick, NJ 08724
Owner in Fee Meridian Hospital Corp.
Address 425 Jack Martin Blvd.
Brick, NJ 08724
Tele. (732) 840-2200
Contractor Little Silver Electric Inc.
Address 68 Birch Avenue
Little Silver, New Jersey 07739
Tele. (732) (908) 741-1222 Fax: 732-530-5925
Lic. No. 7760
Federal Emp. No. 22-1778092 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Hospital Utility Co. GPU
Est. Cost of Elec. Work $ 1,000,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 7/21/99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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.

Signature — Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
~~938~~		Fixtures (1)	
1021		Receptacles (2)	
~~284~~		Switches (3)	
~~2243~~		Total 1 + 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
~~90~~ 94		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat: oil, gas or elec.	
~~6~~	~~1~~ Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
	*	Other See Attached Sheet	

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

U.C.C. Form F-120B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/29/99
Date Issued 09/29/99
Control #
Permit # 99-3485+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
DATA VOICE SYSTEM
Owner in Fee MERIDIAN HEALTH
Address SAME
BRICK, NJ 08724-
Tele.(732)290-2909 Fax ( )
Contractor UNI TEL TECHNOLOGIES
Address 134 LOWER MAIN ST
HATAWAN, NJ 07747-
Tele.(732)290-2909
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3053612

B. ELECTRICAL CHARACTERISTICS

Use Group - Present I-2 Proposed I-2
[ ] Pole/Pad # [ ] Temporary [X] Other 1,2,&5 FLOOR
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 82,025

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 9/29/99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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 an 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

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	
1		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UV 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

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 66

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/29/99
Date Issued 09/29/99
Control #
Permit # 99-3485+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
DATA VOICE SYSTEM
Owner in Fee MERIDIAN HEALTH
Address SAME
BRICK, NJ 08724-
Tele.(732)290-2909 Fax ( )
Contractor UNI TEL TECHNOLOGIES
Address 134 LOWER MAIN ST
MATAWAN, NJ 07747-
Tele.(732)290-2909
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3053612

B. ELECTRICAL CHARACTERISTICS

Use Group - Present I-2 Proposed I-2
[ ] Pole/Pad # [ ] Temporary [X] Other 1,2,&5 FLOOR
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 82,025

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 92999
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

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	
1		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UV 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

11-17-99 KL

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 66

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9-14-99
Date Issued
Control #
Permit # 99-3485

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

Block 1170 Lot 18 + 18.2

Work Site Location Meridian Health Systems Renov. 1st, 2nd, 5th Flrs.
425 Jack Martin Blvd., Brick, NJ 08724

Owner in Fee Meridian Hospital Corp.

Address 425 Jack Martin Blvd.
Brick, NJ 08724

Tele. (732) 840-2200

Contractor Little Silver Electric Inc.

Address 68 Birch Avenue
Little Silver, New Jersey 07739

Tele. (732) ~~(908)~~ 741-1222 Fax: 732-530-5925

Lic. No. 7760

Federal Emp. No. 22-1778092 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Hospital Utility Co. GPU

Est. Cost of Elec. Work $ 1,000,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 7/21/99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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.

Signature — Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
~~938~~		Fixtures (1)	
1021		Receptacles (2)	
~~284~~ 284		Switches (3)	
2243		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
~~90~~		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat:	
		oil, gas or elec.	
~~5~~	~~1~~ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
	*	Other See Attached Sheet	

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

U.C.C. Form F-120B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/10/99
Date Issued / /
Control # C21-818-1
Permit # 1-34-99-47

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
INT ALT- 1,2,5TH FLOOR (ALTERATION)
Owner in Fee MERIDIAN HEALTH GROUP
Address SAME
BRICK, NJ 08724-
Tele.(732)922-3399 Fax ( )
Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754-
Tele.(732)922-3399
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1904087

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed 1-2
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 15,000

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
[X] Fire Plans Approved
Date: 3/1/99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

DCA PLANS

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

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
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)	424	822
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

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	822
DCA Training Fee	$	60

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/10/99
Date Issued / /
Control # C21-818-1
Permit # 99-3485

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
INT ALT- 1,2,5TH FLOOR (ALTERATION)
Owner in Fee MERIDIAN HEALTH GROUP
Address SAME
BRICK, NJ 08724-
Tele.(732)922-3399 Fax ( )
Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754-
Tele.(732)922-3399
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1904087

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 $ 75,000

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: 9/1/99
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

DCA PLANS

INSPECTIONS Type (Fire)	Dates (Month/Day) Failure	Failure Approval	Initial
Alarm Sys			
Suppr Test			
Standpipe			
Fire Pump			
PreEng Sys			
Mechanical			
Smoke Ctl			
TCO			
Final			
Other			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application.

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
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)	424	822
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

1 C 1

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 822
DCA Training Fee	$ 60

Paid [ ] Check #
Collected by:

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 9-14-99
Date Issued
Control #
Permit # 99-3485 FINAL

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

Block 1170 Lot 18 + 18.2
Work Site Location Meridian Health System Renov. 1,2&5th Fls.
425 Jack Martin Blvd., Brick, NJ 08724
Owner in Fee Meridian Hospital Corp.
Address 425 Jack Martin Blvd. 8-26-99 Change of Contractor
Brick, NJ 08724
Tele. (732) 840-2200
Contractor Little Silver Electric Inc.
Address 68 Birch Avenue
Little Silver, New Jersey 07739
Tele. 732 ~~(908)~~ 741-1222 Fax. 732-530-5925
Lic. No. 7760
Federal Emp. No. 22-1778092 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 20,000.00 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: _____
Approved by: _____
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved By: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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

Water Supply Source		
Method of Valve Supervision		
Local Alarm Supervision		
Central Supervision	X	
Proprietary Supervision		
Flammable Liquid Storage Tanks	( ) Capacity	Fuel
Combustible Liquid Storage Tanks	( ) Capacity	Fuel
L.P.G. Storage Tanks	( ) Capacity	Fuel
L.N.G. Storage Tanks	( ) Capacity	Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	~~90~~	
Heat Detectors	~~10~~	
TOTAL	~~100~~	
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 _____		

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

U.C.C. Form F-140A 1 Original = Applicant Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Inspector's Copy RBBD 23A

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/06/2000
Date Issued 06/06/2000
Control #
Permit # 99-3485+C

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
ADD TEN HEADS/DOCUMENT
Owner in Fee MERIDIAN HEALTH
Address SAME
BRICK, NJ 08724-
Tele.(732)922-3399 Fax ( )
Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754-
Tele.(732)922-3399
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1904087

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present I-2 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 $ 10

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:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
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:
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)	10	0
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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/06/2000
Date Issued 06/06/2000
Control #
Permit # 99-3485+C

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
ADD TEN HEADS/DOCUMENT
Owner in Fee MERIDIAN HEALTH
Address SAME
BRICK, NJ 08724-
Tele.(732)922-3399 Fax (__)
Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754-
Tele.(732)922-3399
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1904087

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present I-2 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 $ 10

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:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an 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)	10	0
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

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

Paid [ ] Check # Collected by:

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

1st, 2nd, 5th Floor Renovations

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9-14-99
Date Issued
Control #
Permit # 99-3485

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

Block 1170 Lot 18 - 18.02
Work Site Location Brick Hospital
425 Jack Martin Blvd., Brick, NJ
Owner in Fee Meridian Health System
Address 425 Jack Martin Blvd.
Brick, NJ 08724
Tele. (732) 840-3284
Contractor Thomas H. Barham Co., Inc.
Address 4239 Hwy 33
Tinton Falls, NJ 07753
Tele. (732) 922-0660
Lic. No. B6107
Federal Emp. No. 21-0700190 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Building Sewer Size Existing
Water Service Size Existing
Estimated Cost of Plumbing Work $ 200,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 7-21-99
Approved by:
State approved Drugs

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

3109

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
30	Water Closet	
	Urinal/Bidet	
	Bath Tub	
43	Lavatory	
	Shower	
2	Floor Drain	
37	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
2	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
2	Other Mop Receptors	

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

U.C.C. Form F-130A 1 White = Office Copy 2 Canary = Office Copy 3 Pink = Applicant Copy 4 Hard = Inspector Copy

LITTLE SILVER ELECTRIC, INC.

Electrical Contractors

LICENSE NO. 7760

MAILING ADDRESS
PO BOX 308
LITTLE SILVER, NJ 07739

68 BIRCH AVENUE
LITTLE SILVER, NJ 07739
TELEPHONE 732-741-1222
FAX 732-530-5925

BRICK HOSPITAL RENOVATIONS - 1ST, 2ND, 5TH FLOORS

PANELBOARDS - 1ST FLOOR

1 - 800A - DP1B
7 - 100A - RMS. 312, 326, 330, 335, 336, 340, 342

2ND FLOOR

1 - 200A - EC-612-1A
1 - 100A - A-W2-2A

MOTORS

7 - FRACTIONAL HP EF2, EF7, EF16, EF19, LFMR1, EF24, EF25

1 - HP - AHU25
4 - 2HP AC5, ACCU-5, ACC-3, AC-3

2 - 3HP ACCU-4, ACCU-3

5 - FRACTIONAL HP - REHEAT COILS

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:
Frederick J. Underwood, Sr. - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin

OFFICE OF AFFORDABLE HOUSING
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
Fax: (732) 262-8954 or (732) 920-1456
http://www.twp.brick.nj.us

November 2, 2000

Meridian Health Care
Brick Hospital
425 Jack Martin Blvd.
Brick, NJ 08724
Attn: Jean McMahon, Executive Director

RE: Mandatory Development Fee
Block 1170, Lot 18 ~ Brick Hospital ~ 425 Jack Martin Blvd., Brick
1st & 2nd Floor Renovation

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 October 26, 2000, for the above block and lot at $ 1,619,200.00, resulting in an estimated fee of $ 16,192.00.

Therefore, you are required to submit one half of the estimated fee ($ 8,096.00) 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,

C.A. Wolfe

Carol A. Wolfe
Affordable Housing Administrator

I-BOCA®

NATIONAL BUILDING CODE PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 7-25-55

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

BUILDING LOCATION BLUE Hospital
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

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
-	Correct #'d SPK Heads	
-	Show Alarm	
-	Called B TRANSUE 7-26-55 he said call WALT	
	Called WALT SMITH 7-26-55	
	He will come in NO Show	
	7-27-55 Called WALT left message to come in	
	7-25-55 Called WALT NO Return Call	
	Rejected — unable to find	
	legend for S.D.S and	
	STRAIGHTER out tech for	
	Sprinklers & S.D's (Alarms)	
	As well as HVAC.	

State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS

CHRISTINE TODD WHITMAN
Governor

JANE M. KENNY
Commissioner

August 5, 1999

Dave Foley
Allied Fire & Safety Equipment Co., Inc.
517 Green Grove Road
P. O. Box 607
Neptune, NJ 07754-0607

Re: Brick Hospital
Revision to Approved
Fire Suppression System
Ref. #A784-199
REVISIONS TO APPROVED

Dear Mr. Foley:

The documents which display the Department of Community Affairs approval of August 5, 1999 are approved as revisions to the above referenced project.

These revisions shall be a matter of record and shall be affixed to those documents previously approved on July 7, 1999.

Sincerely,

David B. Uhaze, R.A.
Supervisor
Construction Plans Approval
Health Care Plan Review

DU/FK/dv
c: Administrator

PUMP ACCEPTANCE TEST DATA

Refer to P&P F(A)-512.12 & DS 3-7N

PROPERTY OF: Brick hospital		ACCT. NO.	INDEX NO.-A/C
CITY & STATE: Brick New Jersey		INSURANCE COMPANY	FMEA D.O.
CONFERRED WITH	TITLE	TESTED BY: M. Donahue	DATE: 5-25-99

PUMP

SHAFT: ☒ HORIZONTAL ☐ VERTICAL | MANUFACTURER: Aurora Chalmers | APPROVED: ☒ YES ☐ NO | SHOP OR SERIAL NO.: P31-05719-01-04 | MODEL OR TYPE: 6SFF

RATED GPM: 1000 | RATED HEAD-FT. (psi): 100 PSI 231 ft | RATED RPM: 1760 | SUCTION FROM: City | TANK SIZE: N/A | TANK HEIGHT: N/A

IF VERTICAL TYPE

VERTICAL DIST. DISCH. GAUGE TO WATER LEVEL — STATIC: FT. / PUMPING: FT. | RIGHT ANGLE GEAR DRIVE — MANUFACTURER | SHOP OR SERIAL NO. | APPROVED: ☐ YES ☐ NO | MODEL OR TYPE | PERFORMANCE: ☐ SMOOTH ☐ ROUGH

DRIVER

MANUFACTURER: Lincoln | APPROVED: ☒ YES ☐ NO | SHOP OR SERIAL NO.: 274405 | MODEL OR TYPE: TEFC | RATED H.P.: 75 | RATED R.P.M.: 1775

☒ ELECTRIC MOTOR | RATED VOLT.: 230/460 | OPERATING VOLT.: 460 | RATED F.L. AMPS: 92 | AMPS AT 150%: | PHASE: 3 | CYCLES: 60 | SERVICE FACTOR: 1-15

☐ DIESEL ENGINE ☐ GASOLINE ENGINE ☐ GAS ENGINE ☐ STEAM TURBINE | ☐ PRESS. GOVERNOR BUILT IN ☐ INDEPENDENT | ☐ TURBINE STEAM PRESS

CONTROLLER

MANUFACTURER: Firetrol | APPROVED: ☒ YES ☐ NO | SHOP OR SERIAL NO. | MODEL OR TYPE

START 100 psi → STOP ____ psi

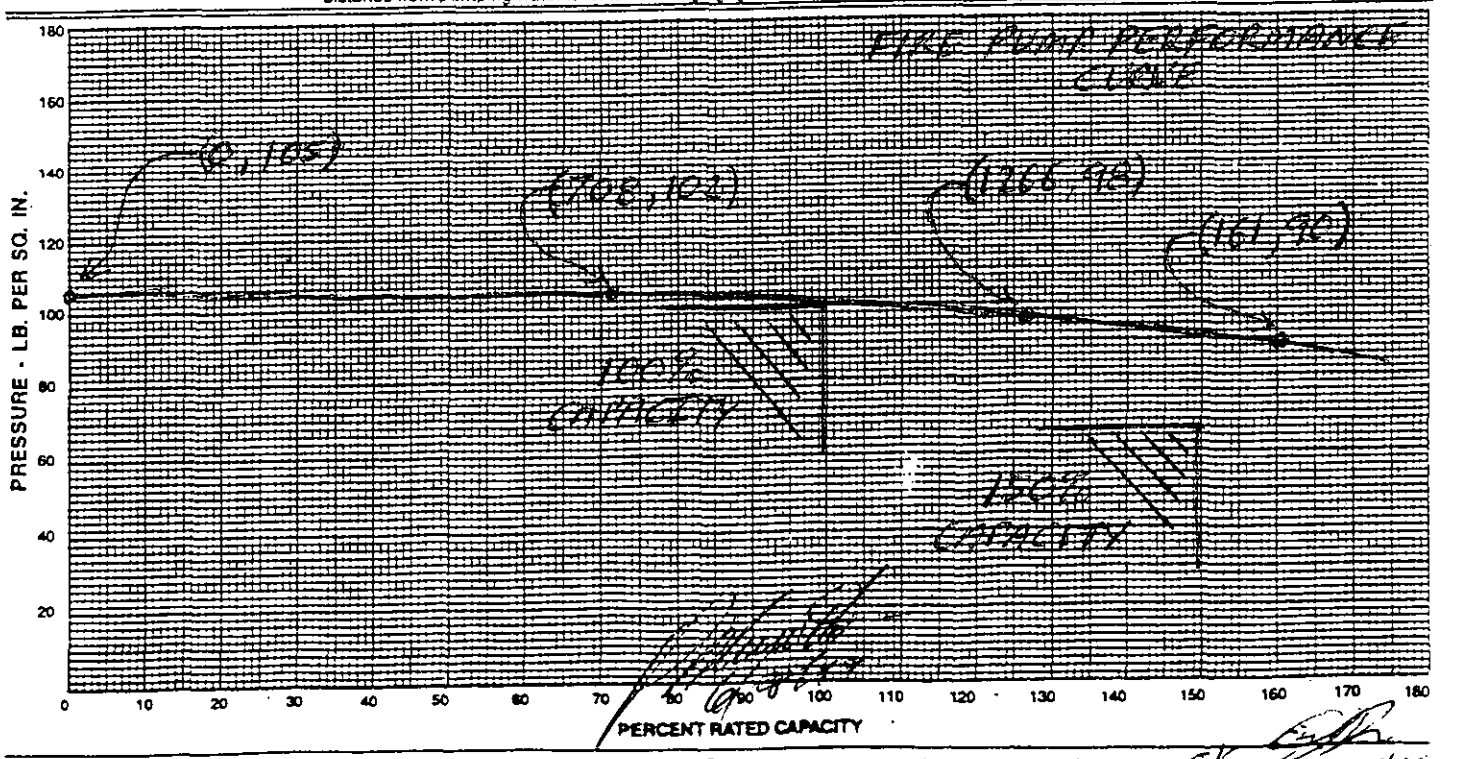
☐ MANUAL ☐ PRESS DROP | ☒ AUTO ☐ WATER FLW

☒ MANUAL ☐ AUTO

JOCKEY PUMP: ☒ YES ON 143 psi ☐ NO OFF 160 psi

SPEED R. P. M.	DISCHARGE PRESSURE P.S.I.	SUCTION PRESSURE P.S.I.	NET HEAD P.S.I.	STREAMS NO.	STREAMS SIZE	STREAMS PITOT PRESSURE	GALLONS PER MINUTE	PERCENT OF RATED CAPACITY	VOLTS	AMPS	STEAM PRESSU THROTTLE	STEAM PRESSU CHE
1780	185	80	105	Churn test					486	95		
1779	162	60	102	1	1 3/4	61	708	70%	489	94.2		
1777	153	55	98	2	1 3/4	47 48	1266	126%	476	103		
1776	142	52	90	3	1 3/4	36 34	1614	161%	478	107		
1776	143	52	91	4	1 3/4	31 30 28	1966	196%	470	109		

Readings marked + in suction column are heads above atmosphere, those marked — are lifts. For vertical shaft pumps, convert distance from pumping water level to discharge gage to psi and treat as negative (—) suction pressure.



Plot discn. press. and net head curves. For electric-driven pump, plot ampere curve also.

5/25/99

S U M M A R Y
O F
H Y D R A U L I C
C A L C U L A T I O N S
F O R
BRICK HOSPITAL

REMOTE AREA #1 (6TH FLR)

Submitted By

ALLIED FIRE & SAFETY CO. 517 GREEN GROVE RD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.100	185.00 psi @	0.00 gpm	55.31 psi
Design Area:	1500.00	142.00 psi @	1614.00 gpm	@
				188.0 gpm
				+ 100.0 gpm Hose

Total Demand: 288.0 gpm @ 55.31 psi
System safety factor: 127.91 psi

Notes: _____

List of Fitting Abbreviations
Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

Code:Description	Code:Description	Code:Description	Code:Description
A : Alarm Va	H :	O :	V :
B : Butt'flyVa	I :	P :	W :
C : Check Va	J : 45 Elbow	Q :	X :
D : DryPipeVa	K :	R : Det.Check	Y :
E : Std. Elbow	L : LongTurnEl	S :	Z :
F : 45 Ell	M :	T : Std. Tee	
G : Gate Va	N :	U :	

Calcs By: D. FOLEY Checked 6/28/99 ~~06/22/99~~ Page: 1
Ser:*310303* Hypercalc Program by Crowley Design Group, (215)-337-7060

Flow and Pressure Summary

Job No:3521 BRICK HOSPITAL

Elev. ft.	REF. POINT		Flow gpm		Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS CALCULATIONS Length	Fitting	Length	Total	Pf/ft	Diam	C	Flow	Velocity fps
-9.00	090	>>	188.0	>>	55.31	-0.17	-3.91	51.23	100	0.00	27.00	T3EGC	107.00	134.00	0.001	6.357	120	188.0	1.9
0.00	100	>>	188.0	>>	51.23	-0.18	0.87	51.92	101	-2.00	76.00	4EB	66.00	142.00	0.001	6.357	120	188.0	1.9
-2.00	101	>>	188.0	>>	51.92	-0.14	-4.77	47.00	102	9.00	28.00	6E	84.00	112.00	0.001	6.357	120	188.0	1.9
9.00	102	>>	188.0	>>	47.00	-0.03	-5.21	41.76	250	21.00	12.00	E	14.00	26.00	0.001	6.357	120	188.0	1.9
21.00	250	>>	188.0	>>	41.76	-0.27	0.00	41.49	251	21.00	158.00	4E	56.00	214.00	0.001	6.357	120	188.0	1.9
21.00	251	>>	188.0	>>	41.49	-0.29	0.00	41.20	252	21.00	100.00	7ET	128.00	228.00	0.001	6.357	120	188.0	1.9
21.00	252	>>	188.0	>>	41.20	-0.05	0.00	41.15	253	21.00	6.00	2EG	31.00	37.00	0.001	6.357	120	188.0	1.9
21.00	253	>>	188.0	>>	41.15	-0.10	-21.27	19.79	600	70.00	48.00	T	30.00	78.00	0.001	6.357	120	188.0	1.9
70.00	600	>>	188.0	>>	19.79	-3.80	0.00	15.99	601	70.00	10.00	T2EB	31.00	41.00	0.093	2.635	120	188.0	11.0
70.00	601	>>	154.2	>>	15.99	-0.29	0.00	15.70	602	70.00	4.50			4.50	0.064	2.635	120	154.2	9.0
70.00	601	>>	33.8	>>	15.99	-0.98	0.00	15.01	607	70.00	11.00	TE	12.00	23.00	0.043	1.610	120	33.8	5.3
70.00	602	>>	63.1	>>	15.70	-2.03	0.00	13.67	609	70.00	7.00	T	8.00	15.00	0.135	1.610	120	63.1	9.9
70.00	602	>>	91.1	>>	15.70	-0.19	0.00	15.51	614	70.00	8.00			8.00	0.024	2.635	120	91.1	5.3
70.00	603	>>	20.8	>>	14.71	-0.02	0.00	14.69	604	70.00	1.00	T	12.00	13.00	0.002	2.635	120	20.8	1.2
70.00	603	>>	70.2	>>	14.71	-0.34	0.00	14.37	605	70.00	11.00	T	12.00	23.00	0.015	2.635	120	70.2	4.1
70.00	603	<<	91.1	<<	14.71	0.80	0.00	15.51	614	70.00	24.00			24.00	0.033	2.469	120	91.1	6.1
70.00	604	>>	20.8	>>	14.69	-0.84	0.00	13.85	A07	70.00	1.00	T	5.00	6.00	0.140	1.049	120	20.8	7.7
70.00	605	>>	49.8	>>	14.37	-0.08	0.00	14.29	606	70.00	4.00	E	6.00	10.00	0.008	2.635	120	49.8	2.9
70.00	605	>>	20.4	>>	14.37	-1.08	0.00	13.29	A08	70.00	1.00	TE	7.00	8.00	0.135	1.049	120	20.4	7.6
70.00	606	>>	49.8	>>	14.29	-1.31	0.00	12.97	612	70.00	7.00	T	8.00	15.00	0.087	1.610	120	49.8	7.8
70.00	607	>>	33.8	>>	15.01	-4.81	0.00	10.20	608	70.00	9.00	T	5.00	14.00	0.344	1.049	120	33.8	12.5
70.00	608	>>	17.2	>>	10.20	-0.79	0.00	9.41	A01	70.00	1.00	TE	7.00	8.00	0.098	1.049	120	17.2	6.4
70.00	608	>>	16.6	>>	10.20	-1.39	0.00	8.81	A02	70.00	11.00	2E	4.00	15.00	0.092	1.049	120	16.6	6.2
70.00	609	>>	33.0	>>	13.67	-3.94	0.00	9.73	610	70.00	5.00	TE	7.00	12.00	0.329	1.049	120	33.0	12.2
70.00	609	>>	30.1	>>	13.67	-5.55	0.00	8.12	611	70.00	13.00	TE	7.00	20.00	0.278	1.049	120	30.1	11.2
70.00	610	>>	16.8	>>	9.73	-0.75	0.00	8.97	A03	70.00	1.00	TE	7.00	8.00	0.094	1.049	120	16.8	6.2
70.00	610	>>	16.2	>>	9.73	-1.33	0.00	8.40	A04	70.00	11.00	2E	4.00	15.00	0.088	1.049	120	16.2	6.0
70.00	611	>>	15.3	>>	8.12	-0.64	0.00	7.48	A05	70.00	1.00	TE	7.00	8.00	0.079	1.049	120	15.3	5.7
70.00	611	>>	14.8	>>	8.12	-1.12	0.00	7.00	A06	70.00	11.00	2E	4.00	15.00	0.075	1.049	120	14.8	5.5
70.00	612	>>	30.1	>>	12.97	-4.70	0.00	8.27	613	70.00	12.00	T	5.00	17.00	0.277	1.049	120	30.1	11.1
70.00	612	>>	19.8	>>	12.97	-0.51	0.00	12.47	A09	70.00	2.00	E	2.00	4.00	0.127	1.049	120	19.8	7.3
70.00	613	>>	15.2	>>	8.27	-0.87	0.00	7.41	A10	70.00	2.00	T2E	9.00	11.00	0.079	1.049	120	15.2	5.6
70.00	613	>>	14.8	>>	8.27	-1.27	0.00	7.00	A11	70.00	8.00	T2E	9.00	17.00	0.075	1.049	120	14.8	5.5

S U M M A R Y
O F
H Y D R A U L I C
C A L C U L A T I O N S
F O R
BRICK HOSPITAL

REMOTE AREA #2 (6TH FLR)

Submitted By

ALLIED FIRE & SAFETY CO. 517 GREEN GROVE RD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.100	185.00 psi @	0.00 gpm	58.08 psi
Design Area:	1500.00	142.00 psi @	1614.00 gpm	@ 153.0 gpm
				+ 100.0 gpm Hose

Total Demand: 253.0 gpm @ 58.08 psi

System safety factor: 125.51 psi

Notes: _____

List of Fitting Abbreviations
Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

Code:Description	Code:Description	Code:Description	Code:Description
A : Alarm Va	H :	O :	V :
B : Butt'flyVa	I :	P :	W :
C : Check Va	J : 45 Elbow	Q :	X :
D : DryPipeVa	K :	R : Det.Check	Y :
E : Std. Elbow	L : LongTurnEl	S :	Z :
F : 45 Ell	M :	T : Std. Tee	
G : Gate Va	N :	U :	

4/28/99

Calcs By: D. FOLEY Checked: _____ ~~06/22/99~~ Page: 1

Ser:*310303* Hypercalc Program by Crowley Design Group, (215)-337-7060

Flow and Pressure Summary

Job No:3521 BRICK HOSPITAL

Elev. ft.	REF. POINT		Flow gpm		Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS CALCULATIONS Length	Fitting	Length	Total	Pf/ft	Diam	C	Flow	Velocity fps
-9.00	090	>>	153.0	>>	58.08	-0.12	-3.91	54.06	100	0.00	27.00	T3EGC	107.00	134.00	0.001	6.357	120	153.0	1.5
0.00	100	>>	153.0	>>	54.06	-0.12	0.87	54.81	101	-2.00	76.00	4EB	66.00	142.00	0.001	6.357	120	153.0	1.5
-2.00	101	>>	153.0	>>	54.81	-0.10	-4.77	49.94	102	9.00	28.00	6E	84.00	112.00	0.001	6.357	120	153.0	1.5
9.00	102	>>	153.0	>>	49.94	-0.02	-5.21	44.71	250	21.00	12.00	E	14.00	26.00	0.001	6.357	120	153.0	1.5
21.00	250	>>	153.0	>>	44.71	-0.19	0.00	44.52	251	21.00	158.00	4E	56.00	214.00	0.001	6.357	120	153.0	1.5
21.00	251	>>	153.0	>>	44.52	-0.20	0.00	44.32	252	21.00	100.00	7ET	128.00	228.00	0.001	6.357	120	153.0	1.5
21.00	252	>>	153.0	>>	44.32	-0.03	0.00	44.29	253	21.00	6.00	2EG	31.00	37.00	0.001	6.357	120	153.0	1.5
21.00	253	>>	153.0	>>	44.29	-0.07	-21.27	22.96	600	70.00	48.00	T	30.00	78.00	0.001	6.357	120	153.0	1.5
70.00	600	>>	153.0	>>	22.96	-2.59	0.00	20.36	601	70.00	10.00	T2EB	31.00	41.00	0.063	2.635	120	153.0	9.0
70.00	601	>>	153.0	>>	20.36	-0.28	0.00	20.08	602	70.00	4.50			4.50	0.063	2.635	120	153.0	9.0
70.00	602	>>	153.0	>>	20.08	-0.51	0.00	19.57	614	70.00	8.00			8.00	0.063	2.635	120	153.0	9.0
70.00	603	>>	85.8	>>	18.86	-0.28	0.00	18.57	604	70.00	1.00	T	12.00	13.00	0.022	2.635	120	85.8	5.0
70.00	603	<<	85.8	<<	18.86	0.71	0.00	19.57	614	70.00	24.00			24.00	0.030	2.469	120	85.8	5.7
70.00	604	>>	85.8	>>	18.57	-1.69	0.00	16.88	617	70.00	66.00	T	12.00	78.00	0.022	2.635	120	85.8	5.0
70.00	614	>>	67.2	>>	19.57	-2.54	0.00	17.03	615	70.00	154.00	2TE	30.00	184.00	0.014	2.635	120	67.2	3.9
70.00	615	>>	45.0	>>	17.03	-0.08	0.00	16.95	616	70.00	12.00			12.00	0.007	2.635	120	45.0	2.6
70.00	615	>>	22.2	>>	17.03	-1.27	0.00	15.76	B01	70.00	1.00	TE	7.00	8.00	0.158	1.049	120	22.2	8.2
70.00	616	>>	22.8	>>	16.95	-0.07	0.00	16.88	617	70.00	36.00			36.00	0.002	2.635	120	22.8	1.3
70.00	616	>>	22.2	>>	16.95	-1.26	0.00	15.69	B02	70.00	1.00	TE	7.00	8.00	0.158	1.049	120	22.2	8.2
70.00	617	>>	108.6	>>	16.88	-0.64	0.00	16.24	618	70.00	7.00	T	12.00	19.00	0.034	2.635	120	108.6	6.4
70.00	618	>>	69.5	>>	16.24	-0.12	0.00	16.13	619	70.00	8.00			8.00	0.015	2.635	120	69.5	4.1
70.00	618	>>	39.1	>>	16.24	-0.87	0.00	15.38	621	70.00	7.50	T	8.00	15.50	0.056	1.610	120	39.1	6.1
70.00	619	>>	34.7	>>	16.13	-0.04	0.00	16.09	620	70.00	10.00			10.00	0.004	2.635	120	34.7	2.0
70.00	619	>>	34.8	>>	16.13	-0.79	0.00	15.34	625	70.00	9.50	T	8.00	17.50	0.045	1.610	120	34.8	5.5
70.00	620	>>	34.7	>>	16.09	-0.78	0.00	15.30	629	70.00	9.50	T	8.00	17.50	0.045	1.610	120	34.7	5.5
70.00	621	>>	39.1	>>	15.38	-0.92	0.00	14.46	622	70.00	16.50			16.50	0.056	1.610	120	39.1	6.1
70.00	622	>>	39.1	>>	14.46	-0.45	0.00	14.01	623	70.00	8.00			8.00	0.056	1.610	120	39.1	6.1
70.00	623	>>	19.0	>>	14.01	-1.59	0.00	12.42	624	70.00	9.50	2E	4.00	13.50	0.118	1.049	120	19.0	7.0
70.00	623	>>	20.2	>>	14.01	-1.06	0.00	12.95	B03	70.00	1.00	TE	7.00	8.00	0.132	1.049	120	20.2	7.5
70.00	624	>>	19.0	>>	12.42	-0.94	0.00	11.47	B04	70.00	1.00	TE	7.00	8.00	0.118	1.049	120	19.0	7.0
70.00	625	>>	34.8	>>	15.34	-0.58	0.00	14.75	626	70.00	13.00			13.00	0.045	1.610	120	34.8	5.5
70.00	626	>>	34.8	>>	14.75	-3.62	0.00	11.13	627	70.00	10.00			10.00	0.362	1.049	120	34.8	12.9
70.00	627	>>	16.8	>>	11.13	-1.33	0.00	9.80	628	70.00	14.00			14.00	0.095	1.049	120	16.8	6.2
70.00	627	>>	18.0	>>	11.13	-0.85	0.00	10.28	B05	70.00	1.00	TE	7.00	8.00	0.107	1.049	120	18.0	6.6
70.00	628	>>	16.8	>>	9.80	-0.76	0.00	9.05	B06	70.00	1.00	TE	7.00	8.00	0.095	1.049	120	16.8	6.2
70.00	629	>>	34.7	>>	15.30	-0.58	0.00	14.72	630	70.00	13.00			13.00	0.045	1.610	120	34.7	5.5
70.00	630	>>	34.7	>>	14.72	-3.61	0.00	11.12	631	70.00	10.00			10.00	0.361	1.049	120	34.7	12.8
70.00	631	>>	16.8	>>	11.12	-1.32	0.00	9.80	632	70.00	14.00			14.00	0.094	1.049	120	16.8	6.2
70.00	631	>>	17.9	>>	11.12	-0.90	0.00	10.22	B07	70.00	1.50	TE	7.00	8.50	0.106	1.049	120	17.9	6.6
70.00	632	>>	16.8	>>	9.80	-0.80	0.00	9.00	B08	70.00	1.50	TE	7.00	8.50	0.094	1.049	120	16.8	6.2

Calcs By: D. FOLEY Checked: 6/22/99 ~~06/22/99~~ Page: 3

Ser:*310303* Hypercalc Program by Crowley Design Group, (215)-337-7060

S U M M A R Y
O F
H Y D R A U L I C
C A L C U L A T I O N S
F O R
BRICK HOSPITAL

REMOTE AREA #3 (1ST FLR. EXISTING)

Submitted By

ALLIED FIRE & SAFETY CO. 517 GREEN GROVE RD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.100	185.00 psi @	0.00 gpm	101.16 psi
Design Area:	1500.00	142.00 psi @	1614.00 gpm	@ 473.0 gpm + 100.0 gpm Hose

Total Demand: 573.0 gpm @ 101.16 psi

System safety factor: 77.50 psi

Notes: _____

List of Fitting Abbreviations
Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

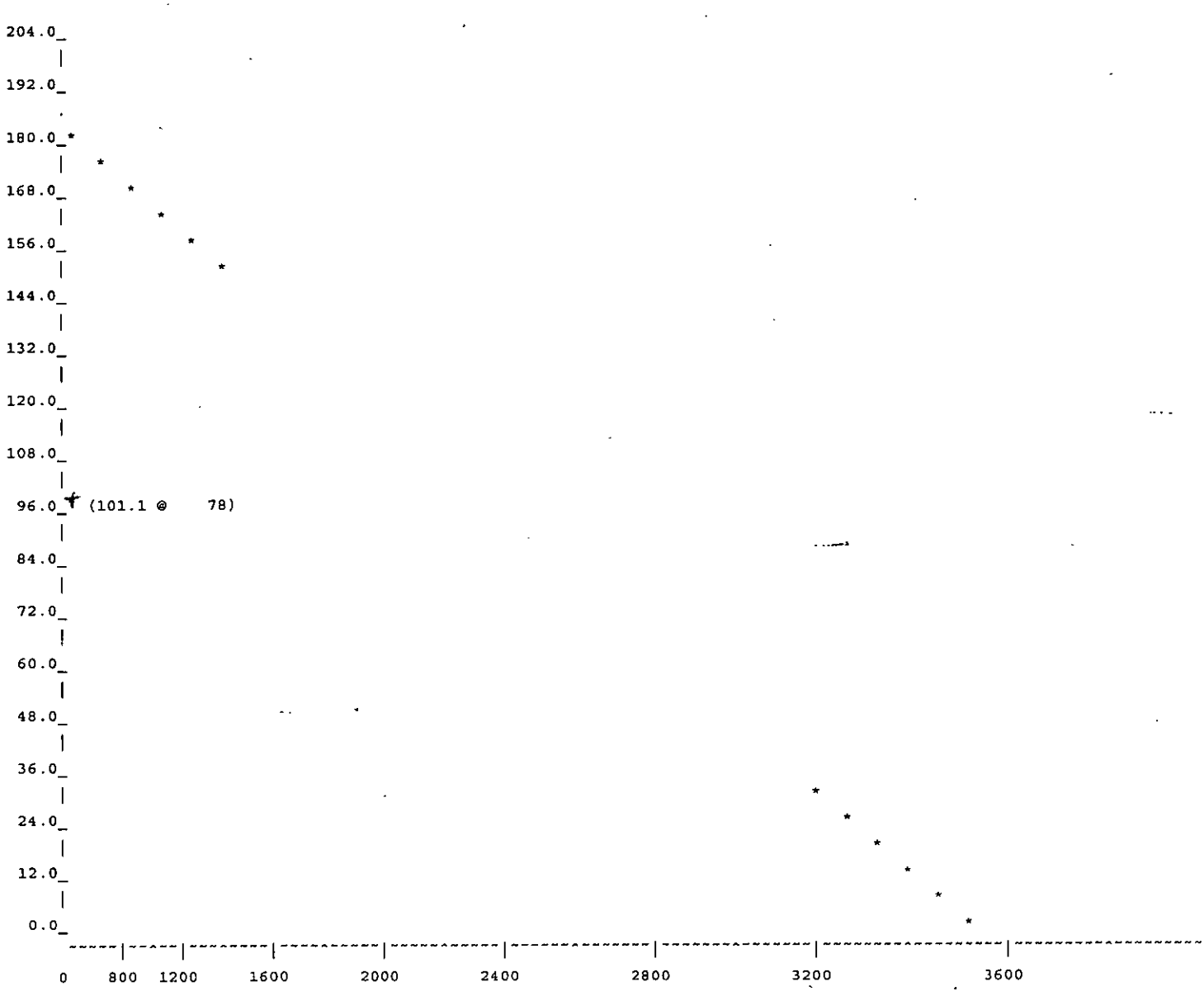
Code:Description	Code:Description	Code:Description	Code:Description
A : Alarm Va	H :	O :	V :
B : Butt'flyVa	I :	P :	W :
C : Check Va	J : 45 Elbow	Q :	X :
D : DryPipeVa	K :	R : Det.Check	Y :
E : Std. Elbow	L : LongTurnEl	S :	Z :
F : 45 Ell	M :	T : Std. Tee	
G : Gate Va	N :	U :	

Calcs By: D. FOLEY Checked: _____ 06/22/99 Page: 1

Flow and Pressure Summary

Job No:3521 BRICK HOSPITAL

Elev. ft.	REF. POINT		Flow gpm		Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS CALCULATIONS Length	Fitting	Length	Total	Pf/ft	Diam	C	Flow	Velocity fps
-9.00	090	>>	473.0	>>	101.16	-0.94	-3.91	96.31	100	0.00	27.00	T3EGC	107.00	134.00	0.007	6.357	120	473.0	4.8
0.00	100	>>	473.0	>>	96.31	-0.25	-2.17	93.90	149	5.00	5.00	T	30.00	35.00	0.007	6.357	120	473.0	4.8
5.00	149	>>	473.0	>>	93.90	-23.54	-1.74	68.63	301	9.00	86.00	5EGT	44.00	130.00	0.181	3.260	120	473.0	18.1
9.00	301	>>	473.0	>>	68.63	-31.87	0.00	36.76	302	9.00	126.00	T5E	50.00	176.00	0.181	3.260	120	473.0	18.1
9.00	302	>>	473.0	>>	36.76	-3.80	0.00	32.96	303	9.00	6.00	T	15.00	21.00	0.181	3.260	120	473.0	18.1
9.00	303	>>	393.7	>>	32.96	-1.55	0.00	31.41	304	9.00	12.00			12.00	0.129	3.260	120	393.7	15.1
9.00	303	>>	79.3	>>	32.96	-2.07	0.00	30.89	314	9.00	2.00	T	8.00	10.00	0.207	1.610	120	79.3	12.5
9.00	304	>>	342.2	>>	31.41	-2.14	0.00	29.27	305	9.00	21.50			21.50	0.099	3.260	120	342.2	13.1
9.00	304	>>	51.5	>>	31.41	-0.93	0.00	30.48	317	9.00	2.00	T	8.00	10.00	0.093	1.610	120	51.5	8.1
9.00	305	>>	342.2	>>	29.27	-2.98	0.00	26.29	306	9.00	23.00	E	7.00	30.00	0.099	3.260	120	342.2	13.1
9.00	306	>>	342.2	>>	26.29	-2.39	0.00	23.90	307	9.00	9.00	T	15.00	24.00	0.099	3.260	120	342.2	13.1
9.00	307	>>	315.8	>>	23.90	-0.26	0.00	23.64	308	9.00	3.00			3.00	0.086	3.260	120	315.8	12.1
9.00	307	>>	26.4	>>	23.90	-1.74	0.00	22.17	C06	9.00	3.00	T	5.00	8.00	0.217	1.049	120	26.4	9.8
9.00	308	>>	271.8	>>	23.64	-0.19	0.00	23.45	309	9.00	3.00			3.00	0.065	3.260	120	271.8	10.4
9.00	308	>>	44.0	>>	23.64	-6.72	0.00	16.92	319	9.00	7.00	T	5.00	12.00	0.560	1.049	120	44.0	16.3
9.00	309	>>	245.7	>>	23.45	-0.27	0.00	23.18	310	9.00	5.00			5.00	0.054	3.260	120	245.7	9.4
9.00	309	>>	26.1	>>	23.45	-1.70	0.00	21.74	C09	9.00	3.00	T	5.00	8.00	0.213	1.049	120	26.1	9.7
9.00	310	>>	139.2	>>	23.18	-0.05	0.00	23.13	311	9.00	2.50			2.50	0.019	3.260	120	139.2	5.3
9.00	310	>>	106.5	>>	23.18	-5.17	0.00	18.01	320	9.00	6.50	T	8.00	14.50	0.356	1.610	120	106.5	16.7
9.00	311	>>	113.3	>>	23.13	-0.10	0.00	23.03	312	9.00	8.00			8.00	0.013	3.260	120	113.3	4.3
9.00	311	>>	25.9	>>	23.13	-1.68	0.00	21.45	C15	9.00	3.00	T	5.00	8.00	0.210	1.049	120	25.9	9.6
9.00	312	>>	25.9	>>	23.03	-0.00	0.00	23.03	313	9.00	0.50			0.50	0.001	3.260	120	25.9	1.0
9.00	312	>>	87.4	>>	23.03	-3.21	0.00	19.82	324	9.00	5.00	T	8.00	13.00	0.247	1.610	120	87.4	13.7
9.00	313	>>	25.9	>>	23.03	-0.34	0.00	22.69	327	9.00	5.00	T	8.00	13.00	0.026	1.610	120	25.9	4.1
9.00	314	>>	79.3	>>	30.89	-3.10	0.00	27.79	315	9.00	11.00	E	4.00	15.00	0.207	1.610	120	79.3	12.5
9.00	315	>>	50.5	>>	27.79	-5.78	0.00	22.01	316	9.00	8.00			8.00	0.723	1.049	120	50.5	18.7
9.00	315	>>	28.8	>>	27.79	-1.40	0.00	26.39	C01	9.00	0.50	T	5.00	5.50	0.255	1.049	120	28.8	10.7
9.00	316	>>	25.6	>>	22.01	-1.13	0.00	20.88	C02	9.00	0.50	T	5.00	5.50	0.205	1.049	120	25.6	9.5
9.00	316	>>	25.0	>>	22.01	-2.16	0.00	19.85	C03	9.00	9.00	E	2.00	11.00	0.196	1.049	120	25.0	9.2
9.00	317	>>	51.5	>>	30.48	-6.74	0.00	23.74	318	9.00	9.00			9.00	0.749	1.049	120	51.5	19.1
9.00	318	>>	26.2	>>	23.74	-1.92	0.00	21.82	C04	9.00	2.00	TE	7.00	9.00	0.214	1.049	120	26.2	9.7
9.00	318	>>	25.4	>>	23.74	-3.23	0.00	20.51	C05	9.00	9.00	TE	7.00	16.00	0.202	1.049	120	25.4	9.4
9.00	319	>>	22.0	>>	16.92	-1.55	0.00	15.38	C07	9.00	5.00	T	5.00	10.00	0.155	1.049	120	22.0	8.1
9.00	319	>>	22.1	>>	16.92	-1.40	0.00	15.52	C08	9.00	7.00	E	2.00	9.00	0.156	1.049	120	22.1	8.2
9.00	320	>>	83.7	>>	18.01	-0.11	0.00	17.90	321	9.00	0.50			0.50	0.228	1.610	120	83.7	13.2
9.00	320	>>	22.8	>>	18.01	-1.49	0.00	16.53	C10	9.00	4.00	T	5.00	9.00	0.165	1.049	120	22.8	8.4
9.00	321	>>	60.6	>>	17.90	-1.01	0.00	16.89	322	9.00	8.00			8.00	0.126	1.610	120	60.6	9.5
9.00	321	>>	23.1	>>	17.90	-0.93	0.00	16.97	C11	9.00	0.50	T	5.00	5.50	0.169	1.049	120	23.1	8.5
9.00	322	>>	38.2	>>	16.89	-4.32	0.00	12.58	323	9.00	10.00			10.00	0.432	1.049	120	38.2	14.2
9.00	322	>>	22.4	>>	16.89	-0.88	0.00	16.01	C12	9.00	0.50	T	5.00	5.50	0.161	1.049	120	22.4	8.3
9.00	323	>>	19.3	>>	12.58	-0.67	0.00	11.91	C13	9.00	0.50	T	5.00	5.50	0.122	1.049	120	19.3	7.2
9.00	323	>>	18.9	>>	12.58	-1.17	0.00	11.40	C14	9.00	8.00	E	2.00	10.00	0.117	1.049	120	18.9	7.0
9.00	324	>>	63.2	>>	19.82	-1.36	0.00	18.46	325	9.00	10.00			10.00	0.136	1.610	120	63.2	9.9
9.00	324	>>	24.2	>>	19.82	-1.11	0.00	18.70	C16	9.00	1.00	T	5.00	6.00	0.185	1.049	120	24.2	9.0
9.00	325	>>	39.8	>>	18.46	-4.65	0.00	13.81	326	9.00	10.00			10.00	0.465	1.049	120	39.8	14.7
9.00	325	>>	23.4	>>	18.46	-1.04	0.00	17.42	C17	9.00	1.00	T	5.00	6.00	0.174	1.049	120	23.4	8.7
9.00	326	>>	20.2	>>	13.81	-0.80	0.00	13.02	C18	9.00	1.00	T	5.00	6.00	0.133	1.049	120	20.2	7.5
9.00	326	>>	19.6	>>	13.81	-1.57	0.00	12.25	C19	9.00	10.50	E	2.00	12.50	0.125	1.049	120	19.6	7.3



Pressure vs. Flow

185.00	0.00
142.00	1614.00
0	3551.77

BRICK HOSPITAL
REMOTE AREA #3 (1ST FLR.
EXISTING

Job Number:3521
06/22/99

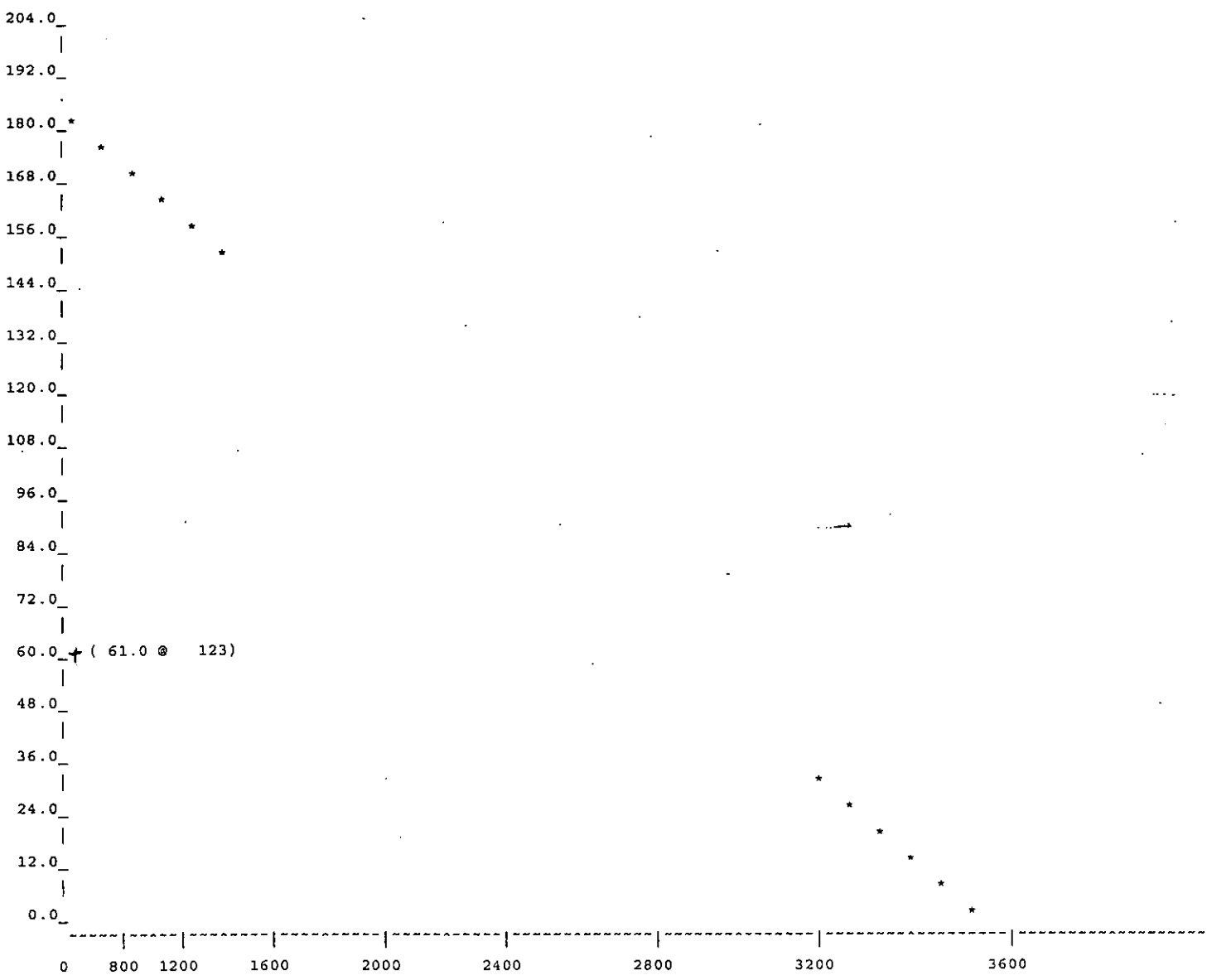
Summary of Sprinkler and Hose Flows

Job No:3521 BRICK HOSPITAL

Design density: .10
Supplied flow and pressure is based on 60.99 psi available at supply
(183.34 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
D01	13.92		13.92	5.60	20.9	14.8	41.2%	D01
D02	11.81		11.81	5.60	19.3	14.8	30.4%	D02
D03	10.89		10.89	5.60	18.5	14.8	25.0%	D03
D04	8.15		8.15	5.60	16.0	14.8	8.1%	D04
D05	7.44		7.44	5.60	15.3	14.8	3.4%	D05
D06	13.42		13.42	5.60	20.5	14.8	38.5%	D06
D07	11.38		11.38	5.60	18.9	14.8	27.7%	D07
D08	10.49		10.49	5.60	18.1	14.8	22.3%	D08
D09	7.85		7.85	5.60	15.7	14.8	6.1%	D09
D10	7.16		7.16	5.60	15.0	15.0	0.0%	D10

Calcs By: D. FOLEY Checked: 06/22/99 Page: 2
Ser:*310303* Hypercalc Program by Crowley Design Group, (215)-337-7060



Pressure vs. Flow

185.00	0.00
142.00	1614.00
0	3551.77

BRICK HOSPITAL
REMOTE AREA #4 (1ST FLR.
EXISTING

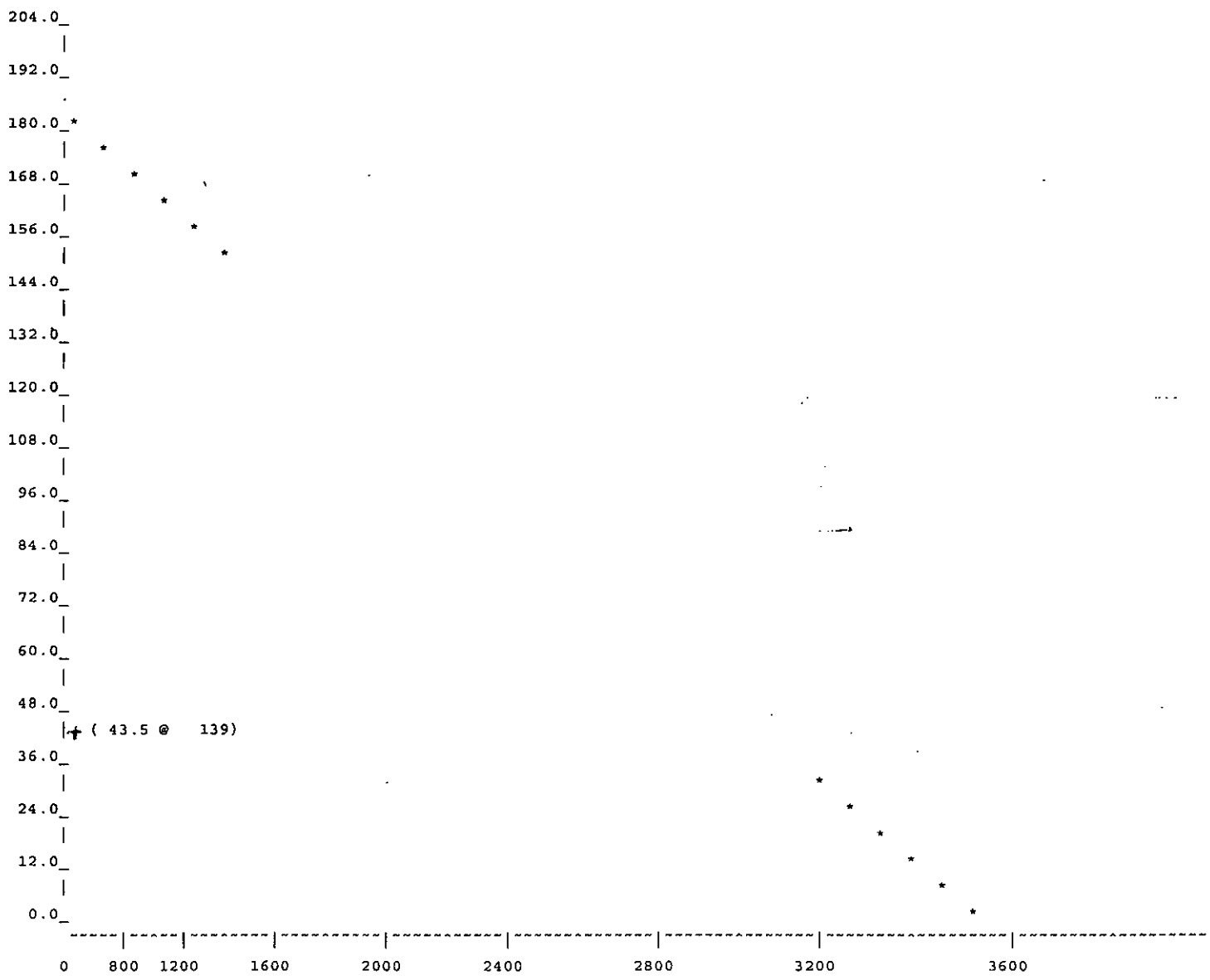
Job Number:3521
06/22/99

Summary of Sprinkler and Hose Flows

Job No:3521 BRICK HOSPITAL

Design density: .10
Supplied flow and pressure is based on 43.55 psi available at supply
(182.61 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
E01	11.61		11.61	5.60	19.1	14.8	29.1%	E01
E02	8.10		8.10	5.60	15.9	14.8	7.4%	E02
E03	7.19		7.19	5.60	15.0	14.8	1.4%	E03
E04	11.54		11.54	5.60	19.0	14.8	28.4%	E04
E05	8.06		8.06	5.60	15.9	14.8	7.4%	E05
E06	7.14		7.14	5.60	15.0	14.8	1.4%	E06
E07	11.32		11.32	5.60	18.8	14.8	27.0%	E07
E08	7.90		7.90	5.60	15.7	14.8	6.1%	E08
E09	7.00		7.00	5.60	14.8	14.8	0.0%	E09
E10	11.31		11.31	5.60	18.8	14.8	27.0%	E10
E11	7.89		7.89	5.60	15.7	14.8	6.1%	E11
E12	7.00		7.00	5.60	14.8	14.8	0.0%	E12
E13	12.91		12.91	5.60	20.1	14.8	35.8%	E13
E14	11.89		11.89	5.60	19.3	14.8	30.4%	E14



Pressure vs. Flow

185.00	0.00
142.00	1614.00
0	3551.77

BRICK HOSPITAL
REMOTE AREA #5 (2ND FLR)

Job Number:3521
06/22/99

6/28/99

Pre-existing Code Violations: How Are They Addressed, When, and Why?

These questions continue to be a thorn in every working code official's side. First, we will concentrate on the code official's responsibility when, while performing an inspection, pre-existing construction work that was done by the previous homeowner without a permit is discovered. What do you do?

Do you slam the (innocent) new homeowner with violations and penalties? Or do you provide an explanation, such as: "The previous owner obviously performed work without the proper permits. This work is in need of at least a visual inspection to ensure that no dangerous conditions exist."

Some examples of dangerous conditions are: several severely over-spanned floor joists, an unsupported girder that is showing obvious signs of distress, and electrical wiring using extension cords. If conditions like these are uncovered, the current homeowners should be compelled to obtain a permit for their own safety.

Minor issues, such as back pitched pipes, kitchens that are not on dedicated circuit breakers, joist hangers which may not be completely nailed, and minor over-spanned floor joists which conform to the Rehabilitation Subcode need not be addressed.

How do you handle a complaint from a homeowner regarding a new home that recently received a Certificate of Occupancy? First, obtain a complaint in writing because this becomes your invitation to reenter the premises. Next, investigate the allegations consistent with N.J.A.C. 5:23-2.29(d), entitled "Entry." Pursuant to this section, if there are reasonable grounds to believe that code violations exist (the written complaint constitutes "reasonable grounds"), you have the authority to reinspect and, *if warranted*, to compel the builder to correct a violation.

Now then, what does "if warranted" mean? What should be addressed? It may be easier to explain what should not be addressed. For example, what if the stairs are an eighth of an inch out of tolerance, the grading is not quite pitched in accordance with the code, or there is a damp wall? These issues are more appropriately handled by the homeowner's warranty. You should inform the homeowner of the option of filing a claim. All workmanship issues, which may or may not be code violations, should be referred to the homeowner's warranty company. Code violations (such as truss bracing, over-spanned floor joists, missing concrete-filled pipe columns, or unsupported bearing partitions) should be addressed through a Notice of Violation to the builder, with a copy provided to the homeowner. If a builder fails to correct a cited violation, a complaint should be filed with the Bureau of Homeowner Protection (Post Office Box 805, Department of Community Affairs). Failure to correct a documented code violation may subject the builder to penalties under the New Home Warranty Act.

There is an inexhaustible number of examples, each with different sets of circumstances; however, one theme is clearly apparent. Each code official must exercise "prosecutorial discretion" when faced with existing code violations. This is part of the job of code enforcement and we are all aware that code officials exercise judgment with regard to new construction every day. That same judgment (whether and when to "prosecute") must be applied when encountering existing code violations. The hazard must be evaluated and a decision made as to whether the hazard is sufficiently serious to require remediation.

An analogy may help here. Like code enforcement officials, police officers exercise prosecutorial discretion daily. For example, when a law enforcement officer pulls someone over for speeding, a decision is made about whether to issue an additional ticket for an infraction that might not have been apparent when the decision to ticket the first offense was made. At the same time, on a daily basis, law enforcement officers also decide whether to pull over people who are speeding when it does not appear that the speeding is hazardous.

Source: Lou Mraw
Supervisor
Bureau of Regulatory Affairs

458-9652

☞ ALERT: Truss Bracing

The Bureau of Regulatory Affairs has come across a significant number of deficiently braced roof trusses. It is apparent from our investigations that inspectors are relying on the framing contractors and are not independently verifying proper installation. The only way to ensure that trusses are braced properly is by inspecting and utilizing truss certifications in conjunction with the approved plans. Truss certifications usually contain the location of all lateral bracing, while the approved plans should provide location and size of diagonal bracing. Please be aware that there is a variety of methods to brace trusses; therefore, it is extremely important to inspect for conformance to the truss certification, which may be different from what you are accustomed to seeing.

We recently came across trusses which the designer, in an attempt to design an economically manufactured truss, relied considerably on truss bracing for structural stability and, therefore, required extensive bracing of approximately nine two-by-fours per truss.

My point is: Do not trust your experience when it comes to truss bracing. Make sure you adhere to the design criteria set forth by the truss manufacturer. Additionally, make sure that either the designer of the truss or the designer of the structure has designed bracing that ties in the adjacent dissimilar trusses.

Finally, we have also noticed that some officials have not been making sure that gable end trusses are tied into the main framing. In fact, on occasion, we have been able to physically move the entire gable end wall after occupancy due to a lack of bracing. We know it is time-consuming and difficult, but without proper bracing, trusses may not withstand design wind loads.

Source: Louis J. Mraw
Supervisor
Bureau of Regulatory Affairs

Celebrating the Rehab Subcode

On June 9, 2000, following the regularly scheduled Code sory Board meeting, the Department of Community Affairs) held a celebratory luncheon for all who had volunteered time to create the Rehabilitation Subcode.

William M. Connolly, Director of the Division of Codes and lards, spoke briefly on the impact of the award-winning Re- ode, as it is known throughout the country. He applauded the s of the people who had contributed their time and expertise ke the Rehab Code an innovative and effective regulation. Re- g to an article in the *Providence Journal*, Mr. Connolly stat- it a Rhode Island code official had commented that a code for ng buildings had not been tackled by anyone before because ou do it, you have to think of *everything*." Mr. Connolly ed all the volunteers for "thinking of everything" and making hat the code warranted the awards it has won.

Anthony Cancro, Deputy Commissioner of DCA, brought nissioner Jane Kenny's thanks to the volunteers for creating ehabilitation Subcode. He also spoke about his admiration e task that had been accomplished, citing his familiarity with eed for a code that could address the problems of afford- ousing and the refurbishing of the existing building stock.

Certificates of Appreciation were given by Deputy Com- oner Cancro and Director Connolly to all the volunteers who d on the Rehabilitation Subcode Advisory Committee and se who serve on the Code Advisory Board.

It was a celebration full of pleasure and pride for a job well

e: *Emily Templeton*
Code Development

n M. Connolly, William J. Lynn, Anthony Cancro (Deputy issioner).

Check for Builder Registration

The staff of the New Home Warranty Program has noticed an increase in the number of warranty applications being submitted by builders who were not registered at the time the building permit was issued. Pursuant to the regulations which govern new homebuilders, such incidents should not occur because a builder must possess a valid registration from the Department of Community Affairs (DCA) in order to be granted a permit for the construction of a new home.

Assuming the house is being built for sale, or a general contractor acting as the agent for an owner is building the house, a permit should never be issued unless the builder can show proof of being registered. Moreover, since actions by the DCA to revoke or suspend a builder registration do not result in the destruction of the builder's registration card, the validity of a registration can only be determined after referencing the Revoked and Suspended Builders list. This list is updated quarterly and mailed to each construction code enforcement agency in New Jersey.

Because many people who build new homes for sale do not intend to continue in the business of new home building, the threat of loss of their builder registration does not compel performance. Therefore, the New Home Warranty Program often exercises its option to inspect new homes before enrollment in the warranty plan. These inspections are intended to eliminate warranted defects prior to the sale of the home and are conducted on a case-by-case basis. However, warranty enrollment inspections are of little value if the home is already occupied. This is because the agency has very little leverage over a builder who has sold his or her only or last house. For this reason, it is essential that certificates of occupancy, or even temporary certificates of occupancy, not be issued in the absence of a valid warranty enrollment.

In the event you encounter any problems or have any questions regarding the warranty, you are encouraged to contact the Bureau of Homeowner Protection at (609) 633-6455.

Source: Maryann Merkh
Bureau of Homeowner Protection

Internet E-Mail as an Alternative

Because of the challenges presented to our old UCCARS/CrossTalk/UCCOMM trio by the new multitasking environments, we have developed a method for utilizing the Internet e-mail function as a means of transmitting UCCARS data! If you have an Internet connection with e-mail capability, you can take advantage of this more reliable form of transmitting your UCCARS data.

The files required for switching to this monthly submission method are available on diskette. They may be obtained by telephoning us at (609) 292-7899 and asking for the e-mail diskette for UCCARS. As an alternative, you may download the necessary files and instructions from the Internet at http://surf.to/uccars.

Source: Team UCCARS
Division of Codes and Standards

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 9-14-99
Date Issued
Control #
Permit # 99-3485

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

Block 1170 Lot 18 + 18.2
Work Site Location Meridian Health System Renov. 1,2&5th Fls.
425 Jack Martin Blvd., Brick, NJ 08724
Owner in Fee Meridian Hospital Corp.
Address 425 Jack Martin Blvd. 8-26-99 Change of Contractor
Brick, NJ 08724
Tele. (732) 840-2200
Contractor Little Silver Electric Inc.
Address 68 Birch Avenue
Little Silver, New Jersey 07739
Tele. 732 (908)741-1222 Fax. 732-530-5925
Lic. No. 7760
Federal Emp. No. 22-1778092 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 20,000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

SILVER ELECTRIC

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		1
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	90	
Heat Detectors	10	
TOTAL	100	
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		

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

U.C.C. Form F-140A 1 Original = Applicant Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Inspector's Copy RBBD 23A

FAX 202-1888

LF Driscoll
9 Presidential Blvd.
Bala Cynwyd, Pa 19004

Re: Meridian Health Systems
6th Floor Addition #99-3486
MRI and ICU Units #99-3485

Gentlemen:

Please be advised that the above referenced permits are waiting for payment of Affordable Housing fees.

Permit # 99-3486, 6th floor addition will receive a Certificate of Occupancy once the fee has been received. Permit #99-3485 will receive a Temporary Certificate of Occupancy for 30 days for the MRI Unit and the ICU Unit.

If you have any further questions please contact me at 732-262-1030.

Very truly yours,

Joseph P. Curiazza
Construction Official

99-3485

never had
tax ass Review

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location Meridian Health Block.....Lot.....

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

Radiology C/O 7/28
medical C/O 7/28
Emergency C/O 7/28

	FINALS	FINALS TCO 4/19 MRI	FINALS
BUILDING	APPROVED	TCO 4/19/00 ICU	
PLUMBING	APPROVED	TCO 4/19/00 MRI	
FIRE Radiology 7/31 C/O Emerg. 7/31 C/O	APPROVED	TCO TCO ICU 4/20/00 MRI	
ELECTRIC	APPROVED	~~TCO~~ 4/18/00 MRI OK C/O 4/18 ICU OK C/O	
ENGINEERING	APPROVED		
O.C.SOIL	APPROVED		
COMMERCIAL OCCUPANCY CARD			

C.C. FROM B.T.M.U.A.....
CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

need O/K 10/4/00

AFFORDABLE HOUSING..... OK
ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

30 DAY BLDG TCO MRI + ICU
30 DAY P/Mg TCO MRI + ICU and OK 10/4/00
Elec C/A MRI + ICU
FIRE TCO MRI + ICU OK 9/29/00

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

FAX CORRESPONDENCE

FAX #(732) 262-8954

DATE: 4/20/00

TO FAX NUMBER: 202-1888

ATTENTION: JULES

FROM: JP CURIAZZA

PAGES INCLUDING COVER SHEET: _____

MESSAGE: _____

9-3485

	BLD	PLB	FRE	Elec
Dr's. lounge	1/18/2000	TCO 1-18-2000	T/C ?	DK 1-20-00
Fam. Health Radiology				
Adm.				
Med. Records				
Emergency				

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: UNI-TEL Technologies
ADDRESS: 134 Lower Main Street
Matawan NJ
PHONE: 732-290-2909
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #): 22-3053612

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points	258	Voice/Data
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: $ 82025
Signature (print name): Richard Broome
Estimated Cost of Electrical Work: $
Signature (print name):
Richard Broome Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

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

TECHNICAL DATA (DESCRIPTION OF WORK)

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

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

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

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

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

COUNTER FORM
PLEASE PRINT

Update
99-3485+B

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: 8 Date Issued:
Owner in Fee: Control #:
Address: 425 Jack Martin Blvd. Permit #: 99-3485
Brick
State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL SITE DATA (LIST ALL FIXTURES)

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

Estimated Cost of Plumbing Work: $
Signature:

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

BUILDING SUBCODE

CONTRACTOR:
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): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

Township of Brick
Counter Form
(PLEASE PRINT)

update
99-3485
C

Site Location: 425 JACK MARTIN BLVD
Block: 1170 Lot: 18
Owner's Name: MERIDIAN HEALTH
Owner's Mailing Address: 425 JACK MARTIN BLVD
BRICK NJ 08724
Phone: (732) 840-3323

X

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit --Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	

Other:

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor: ALLIED FIRE & SAFETY
Address: 517 Green Grove rd
Neptune NJ 07754
Phone #: 732-922-3399
Lis #:_____
Federal Emp # or SSN 221904087

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads 10
Dry Sprinkler Heads_____
Total 10

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

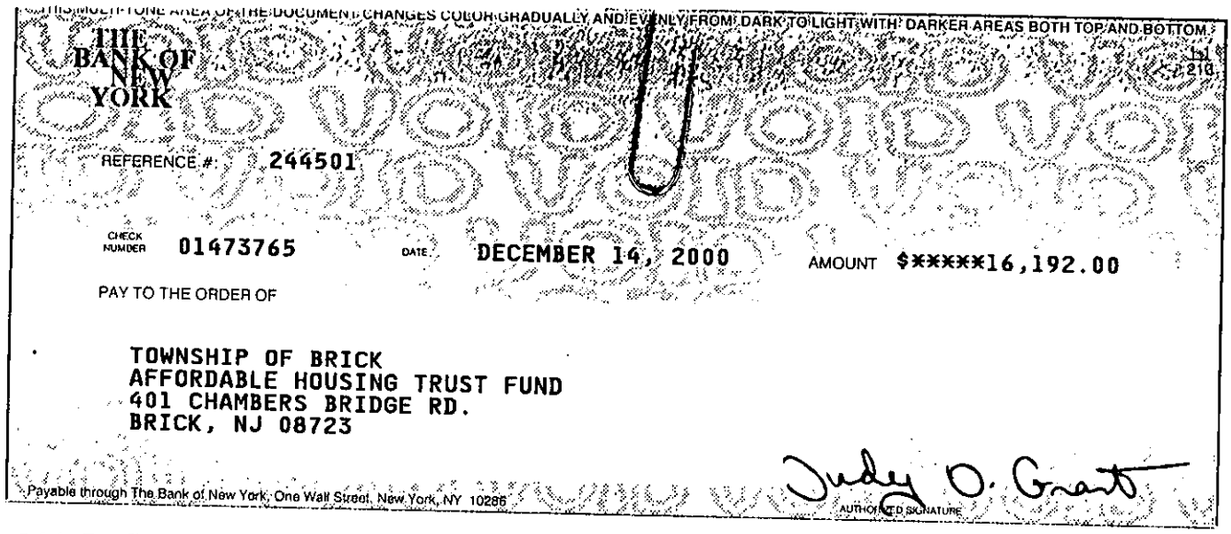
Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other: APPROX 50 to 100 heads deleted From Contract ADD 10

Estimated Cost of Fire Work $4000.00

Signature: Ronald S Newell Jr

Print Name: RONALD S NEWELL JR



THE BANK OF NEW YORK

REFERENCE # 244501

CHECK NUMBER 01473765 DATE DECEMBER 14, 2000 AMOUNT $*****16,192.00

PAY TO THE ORDER OF

TOWNSHIP OF BRICK
AFFORDABLE HOUSING TRUST FUND
401 CHAMBERS BRIDGE RD.
BRICK, NJ 08723

Payable through The Bank of New York, One Wall Street, New York, NY 10286

AUTHORIZED SIGNATURE

⑈01473765⑈ ⑆021000018⑆ ⑈000099568 1⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

seph
vnship
Fre
St
Kit
St
Gr
Kathy M. Russell
Tony R. Shupin

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

Date: 12-15-00

Business/Development: Brick Hospital (1st + 2nd FLR reno.)

Owner/Applicant: Meridian Health

Property Address: 425 JACK MARTIN Blvd.

Block: 1170 Lot: 18

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Estimated Fee $ _____

Deposit Amount $_____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number 244501

Final Fee $ 16,192.00

Less Deposit $ - 0 -

Final Payment $ 16,192.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

Received in Treasurer's Office by:

Signature

12-15-00
Date

C21-818-1
Renovation
1st, 2nd + 5th

BW

COUNTER FORM
PLEASE PRINT

PLUMBING

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

TECHNICAL SITE DATA (LIST ALL FIXTURES)

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

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

FIRE

CONTRACTOR: ALLIED FIRE & Safety
ADDRESS: 517 Green Grove Rd
Neptune NJ 07754
PHONE: 732-922-3399
LIC #: N/A EXP. DATE:
FEDERAL EMPL # (or S.S. #): 221-904-087

TECHNICAL DATA (DESCRIPTION OF WORK)

See plans SP-3
SP-4
SP-5

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

Water Supply Source: existing
Method of Valve Supervision: existing
Local Alarm Supervision: existing
Central Supervision: existing
Proprietary Supervision: existing

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

DESCRIPTION	NUMBER
Wet Sprinkler Heads	424
Dry Sprinkler Heads	—
Total	424
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: $ 75000
Signature: X
Owner ○ Contractor ○
SUBCODE APPROVAL:
PLANS: Required ○ Approved ○
Approved by:

Site Location: Date Rec'd:
Block: Lot: Date Issued:
Owner id Fee: Control #:
Address: Permit #:

State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

BUILDING

ONTRACTOR:
DDRESS:

HONE:
C #:
C. EXPIRATION DATE:
DERAL EMP. #. (or S.S. #):

TECHNICAL SITE DATA

ESCRIPTION OF WORK:

TYPE OF WORK

- o New Building
- o Addition
- o Alteration
- o Roofing
- o Siding
- o Other:
- o Other:
- o Fence: Height (6' or More)
- o Sign: Sq. Ft.
- o Pool (In Ground)
- o Pool (Above Ground)
- o Asbestos Abatement
- o 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): $
Teration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required o Approved o

Approved by:

Date:

ELECTRICAL

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 - Exact 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		K
KW Oven / Surface Unit		K
KW Elec. Water Heater		K
KW Elec. Dryer / Receptacle		K
KW Dishwasher		K
HP Garbage Disposal		H
KW Central A/C Unit		K
HP/KW Space Heater/Air Handler		HP/K
KW Baseboard Heat		K
HP Motors 1/+ HP		H
KW Transformer/Generator		K
AMP Service		AM
AMP Subpanels		AM
AMP Motor Control Center		AM
AMP Elec. Sign/Outline Light		K
Other		
Other		
Other		
Other		

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

CONTRACTOR AFFIX SEAL:

COUNTER FORM
PLEASE PRINT

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

Site Location: Brick Hosp — Date Rec'd.:
Block: 1170 Lot: 18-18.2 — Date Issued:
Owner in Fee: Meridian Health — Control #:
Address: 425 Jack Martin Blvd — Permit #:

State: NJ Zip: 08723 Phone: (732) 840 3323
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL SITE DATA (LIST ALL FIXTURES)

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

Estimated Cost of Plumbing Work: $
Signature:

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

BUILDING SUBCODE

CONTRACTOR: LF Driscoll
ADDRESS: 9 Presidential Blvd
Bala Cynwyd PA 19004
PHONE: 610 668 0950
LIC #: 23-27765 998
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 23-27765 998

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Interior Renovations on the first, second & Fifth floors

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: 60,000# ±
Volume of Structure: Total Land Disturbed:
Signature: George Rodel

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

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL DATA (LIST ALL FIXTURES)

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

TOTAL NUMBERS

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

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

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR: L F DRISCOLL
ADDRESS: 9 PRESIDENTIAL BLVD BALA CYNWYD PA 19004
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

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

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

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

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	90
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:

COUNTER FORM
PLEASE PRINT

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

Site Location: Brick Hosp — Date Rec'd.:
Block: 1170 Lot: 18.1-18.2 — Date Issued:
Owner in Fee: Meridian Health Sys — Control #:
Address: 425 Jack Martin Blvd — Permit #:

State: NJ Zip: 08724 Phone: (732) 840 3323
SS #: — Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL SITE DATA (LIST ALL FIXTURES)

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

Estimated Cost of Plumbing Work: $
Signature:

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

BUILDING SUBCODE

CONTRACTOR: LF Driscoll
ADDRESS: 9 Residential Blvd
Bala Cynwyd PA 19004
PHONE: 610 668 0950
LIC #: 23-2765998
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 23-2765998

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Renovation for a Cath Lab

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☒ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: Cath Lab ☐ 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: George R Church

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

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		
Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle	KW	
KW Oven / Surface Unit	KW	
KW Elec. Water Heater	KW	
KW Elec. Dryer / Receptacle	KW	
KW Dishwasher	KW	
HP Garbage Disposal	HP	
KW Central A/C Unit	KW	
HP/KW Space Heater/Air Handler	HP/KW	
KW Baseboard Heat	KW	
HP Motors 1/+ HP	HP	
KW Transformer/Generator	KW	
AMP Service	AMP	
AMP Subpanels	AMP	
AMP Motor Control Center	AMP	
AMP Elec. Sign/Outline Light	KW	
Other		
Other		
Other		
Other		

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

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR: L F DRISCOLL
ADDRESS: 9 PRESIDENTIAL BLVD
BALA CYNWYD PA.
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #): 222765998

TECHNICAL DATA (DESCRIPTION OF WORK)

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

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

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

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	4
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: Gary Test
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by: