Called 1/19/96

BLOCK 1170 LOT 18 ADDRESS (SITE) 425 JACK MARTIN BLVD PERMIT NO. 059-96

RECEIVED JAN 17/96

DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: BRICK HOSPITAL
2. Name of Owner in Fee: MEDICAL CENTER OF OCEAN COUNTY Tel. (840) 2200
   Address JACK MARTIN BLVD (street) BRICK (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: MCOC Tel. (908) 840-3392
   Address 425 JACK MARTIN BLVD
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work BILL TRANSUE Tel. (908) 840-3392

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	490-		
2. Electrical				
3. Plumbing		49-		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	539-		
7. Less 20% for State Plan Review		54-		
8. Subtotal	$			
9. DCA Training Fee		20-		
10. Subtotal	$			
11. Cert. of Occupancy		20-		
12. Other ZPA		15.00		
13. TOTAL	$	648-00		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	6	
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	0 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

interior alter.

	Est. Cost
1. [X] Minor work (single trade)	
2. [ ] Small Job ($5,000 and no prior approvals)	
3. [ ] New Building	
4. [ ] Addition	
5. [X] Alteration	
6. [ ] Fire Protection	
7. [X] Plumbing	
8. [ ] Electrical	
9. [ ] Elevator Devices	
10. [ ] Asbestos Abatement	
11. [ ] Demolition	
TOTAL COSTS	25,000.-

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	WF	1/17/96		1-18-96	al	3/26/96		WS
				1/19/96	cg	3/11/96		DN
		1/17/96						

III. DO YOU WANT: (optional) 1 [ ] Partial Releases 2. [ ] Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. [X] Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. [X] High Pressure Boilers
3. [X] Pressure Vessels
4. [X] Refrigeration Systems
5. [X] Cross-Connections/Backflow Preventers
6. [X] Hazardous Uses/Places of Assembly
7. [X] Sprinklers
8. [X] Smoke Control Systems in Open Wells
9. [X] Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. [ ] Hotels (R-1)
2. [ ] Multi-Family (R-2)
3. [ ] Two-Family (R-3) BOCA
4. [ ] Two-Family (R-4) CABO
5. [ ] One-Family (R-3) BOCA
6. [ ] One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use: HEALTH CARE
2. Use Group: HOSPITAL
3. Change in Use Group, Indicate Former:

LDS BR 10514062

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. (X) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. (X) 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 Bill Hanna Date 1/17/96

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.H.B.I. EXEMPT

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.				

CONSTRUCTION PERMIT

Date Issued 1/23/96
Control #
Permit # 059-96

IDENTIFICATION Block 1170 Lot 18

Work Site Location 425 Jack Martin Blvd
Builder no

Owner in Fee Med. Ctr. of D.C.
Address

Tele. ( )

Contractor MCOC
Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date 0.00

Federal Emp. No.
or Social Security No. 0.00

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

interior alteration

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 $ 25,000.-

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

PAYMENTS (Office Use Only)	JB #	
Building	490.- BUILDING	90.00
Plumbing	49.- PLUMBING	49.00
Electrical	PLAN RVW	54.00
Fire Protection	D.C.A.	20.00
Other Plan	54 E / O	20.00
Other	ZONEPLOT	15.00
DCA Training Fee	2 TOTAL	48.00
Cert. of Occ.	20 CHECK	48.00
Other	15 CHANGE	0.00
Total 1/23/96	NAL 58 00270005	12:08
Check No.	39123	
Cash		
Collected By:		

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1-23-96
Control #
Permit # 059-96

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

Block 1170 Lot 18
Work Site Location BRICK HOSPITAL
Owner in Fee MEDICAL CENTER OCEAN COUNTY
Address JACK MARTIN BLVD. BRICK
Tele. (908) 840-3392
Contractor MCOC
Address JACK MARTIN BLVD
Tele. (908) 840-3392
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL WALL WITH POCKET DOOR & TOILET - RELOCATION OF EXISTING ROOM TO ANOTHER AREA OF HOSPITAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [X] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 3-20-96		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:			3-20-96	
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present HOSPITAL Proposed SAME
Constr. Class Present Proposed
No. of Stories 6
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ 25,000
3. Total (1+2) $ 25,000

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (6' or over)
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

(Office Use Only) FEE

$

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

U.C.C. Form F-110B

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1-23-96
Control #
Permit # 059-96

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

Block 1170 Lot 18
Work Site Location BRICK HOSPITAL

Owner in Fee MEDICAL CENTER OF OCEAN COUNTY
Address 425 JACK MARTIN BLVD.

Tele. (908) 840-2200
Contractor J.A. CHRISTMAN INC
Address P.O Box 2037 RED BANK N.J.
Tele. (908) 842-1899
Lic. No. 5896
Federal Emp. No. 222204970 or Social Security No. —

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 1/17/96
Approved by: JR

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By: JR
Date: 3-11-96

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	2-13-96		3-15-96	JR
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	7
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	7
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	25
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ 49
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-130B

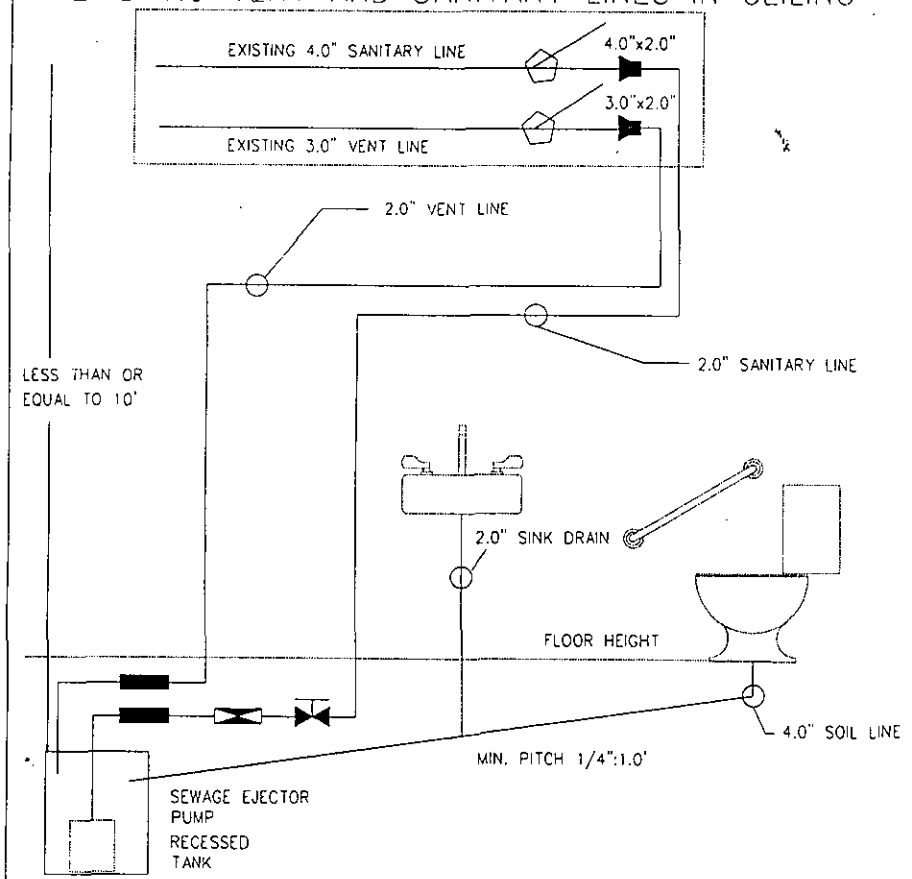
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

2-13-96 - Will not have 4" of clearance for wall hung LAV - As per Fig 7.4.5 NSPC

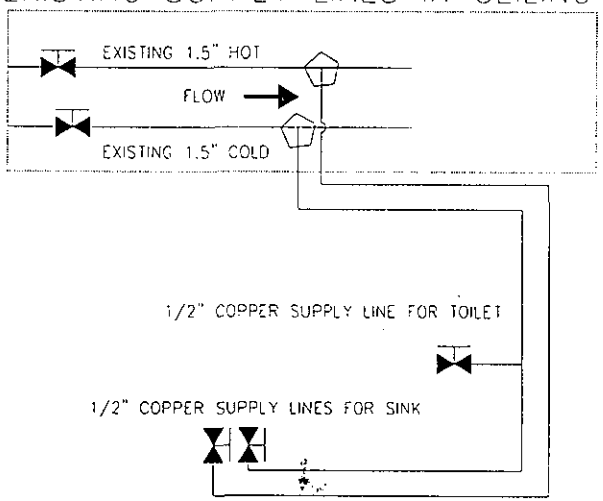
- Rest of rough OK

2-14-96 - Rough ok if using vanity as per hospital worker if vanity not used rough failed

EXISTING VENT AND SANITARY LINES IN CEILING



EXISTING SUPPLY LINES IN CEILING



GENERAL:

SEWAGE EJECTOR DRUM AND PUMP; MODEL # STA-RITE 500S, CAN BE PURCHASED FROM L&H PLUMBING SUPPLY CO., TELEPHONE NUMBER (908) 905-1000

SEWAGE EJECTOR PUMP REQUIRES SEPERATE 15 AMP GFI CIRCUIT.

ALL VENTING AND SOILED LINES CAN BE SCH 40 PVC.

KEY

TIE NEW TO EXISTING

REDUCER COUPLING

IN LINE SHUT OFF VALVE

FURNCO FITTING

CHECK VALVE

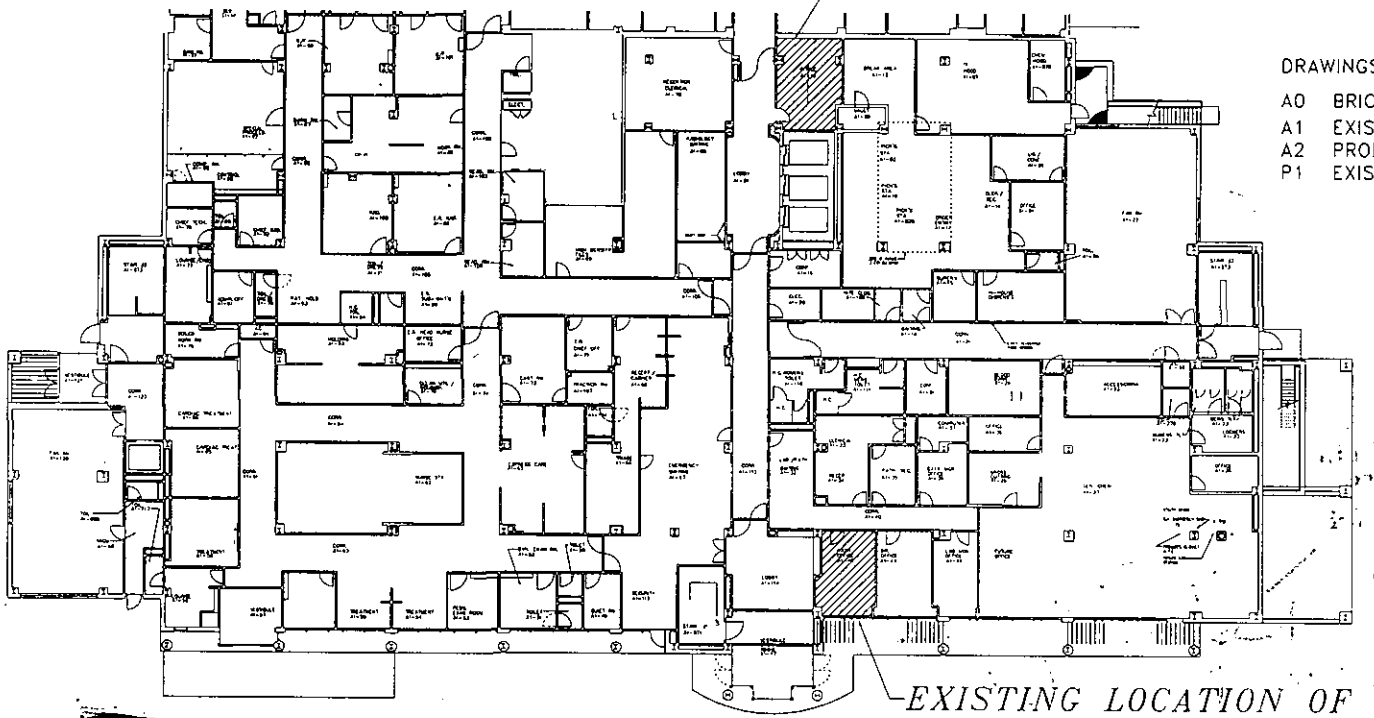
MEDICAL CENTER OF OCEAN COUNTY

BRICK HOSPITAL: FIRST FLOOR WEST WING

REVISIONS	DATE: 10-20-95	TITLE: PLUMBING RENOVATIONS EXISTING/PROPOSED	P 1
	DRAWN BY: S. BRUETT		

PROPOSED LOCATION OF PHLEBOTOMY

(EXISTING CLERICAL OFFICE)



EXISTING LOCATION OF PHLEBOTOMY

DRAWINGS AND TITLES:

A0	BRICK HOSPITAL PHLEBOTOMY, COVER
A1	EXISTING CONDITIONS, PHLEBOTOMY
A2	PROPOSED PHLEBOTOMY ROOM
P1	EXISTING/PROPOSED PLUMBING RENOVATIONS

MEDICAL CENTER OF OCEAN COUNTY

BRICK HOSPITAL: FIRST FLOOR WEST WING

REVISIONS	DATE:	TITLE:	
	10-20-95	PHLEBOTOMY RELOCATION	A0
	DRAWN BY: S. BRUETT	SCALE: NONE	

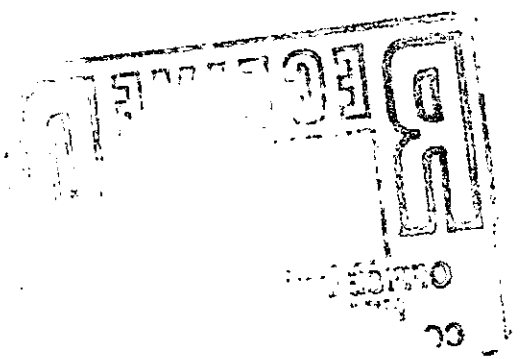
STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
HEALTH FACILITIES
CONSRUCTION SERVICES
PROGRAM
RELEASED BY:

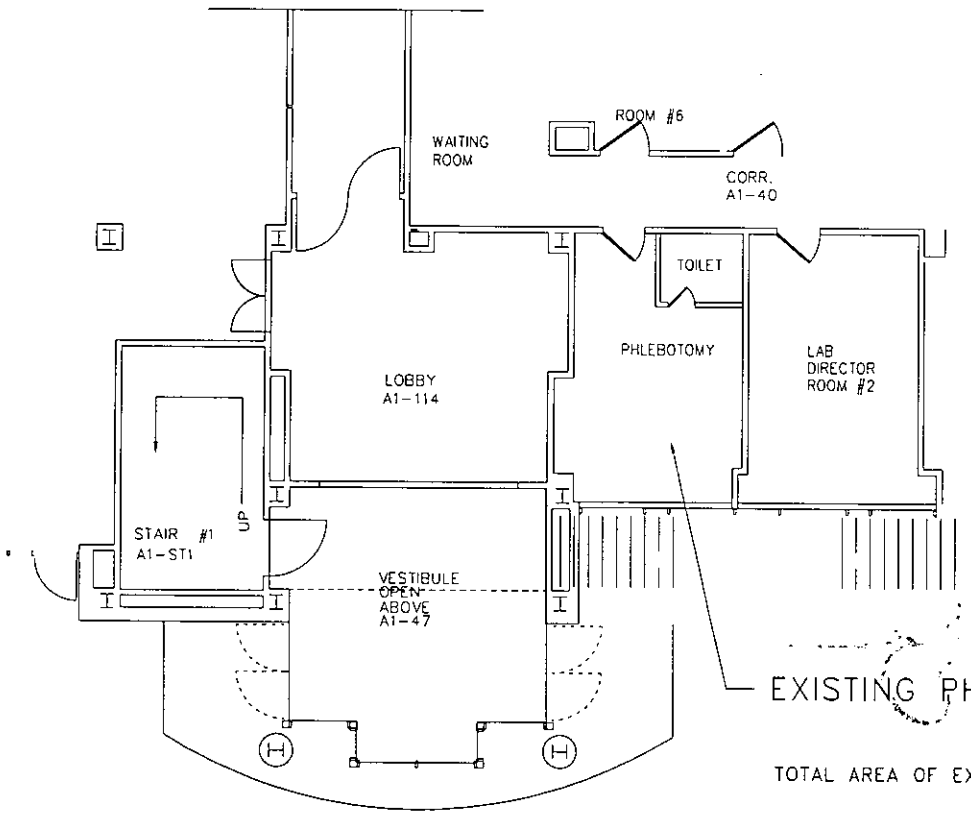
DEC – 7 1995

APPROVED:.....

A COPY OF THIS STAMPED APPROVED PLAN MUST BE KEPT ON BUILDING PREMISES FOR WHICH IT IS APPROVED UNTIL WORK IS COMPLETED.
This approval is based on the Regulation for the New Jersey Uniform Construction Code for health care facilities.

CERTIFICATE OF NEED NO.....
N.J. PUBLIC LAW
1975., C. 217





GENERAL:

1. EXISTING CONDITIONS:
   A. ONE TOILET AND SINK
   B. TWO PHLEBOTOMY STATIONS

TOTAL AREA OF EXISTING PHLEBOTOMY ROOM = 235 SQ. FT.

MEDICAL CENTER OF OCEAN COUNTY

BRICK HOSPITAL: FIRST FLOOR WEST WING

REVISIONS	DATE:	TITLE:	
	10-20-95	PHLEBOTOMY ROOM: EXISTING CONDITIONS	A 1
	DRAWN BY: S. BRUETT	SCALE: NONE	

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
HEALTH FACILITIES
CONSRUCTION SERVICES
PROGRAM
RELEASED BY:

DEC - 7 1995

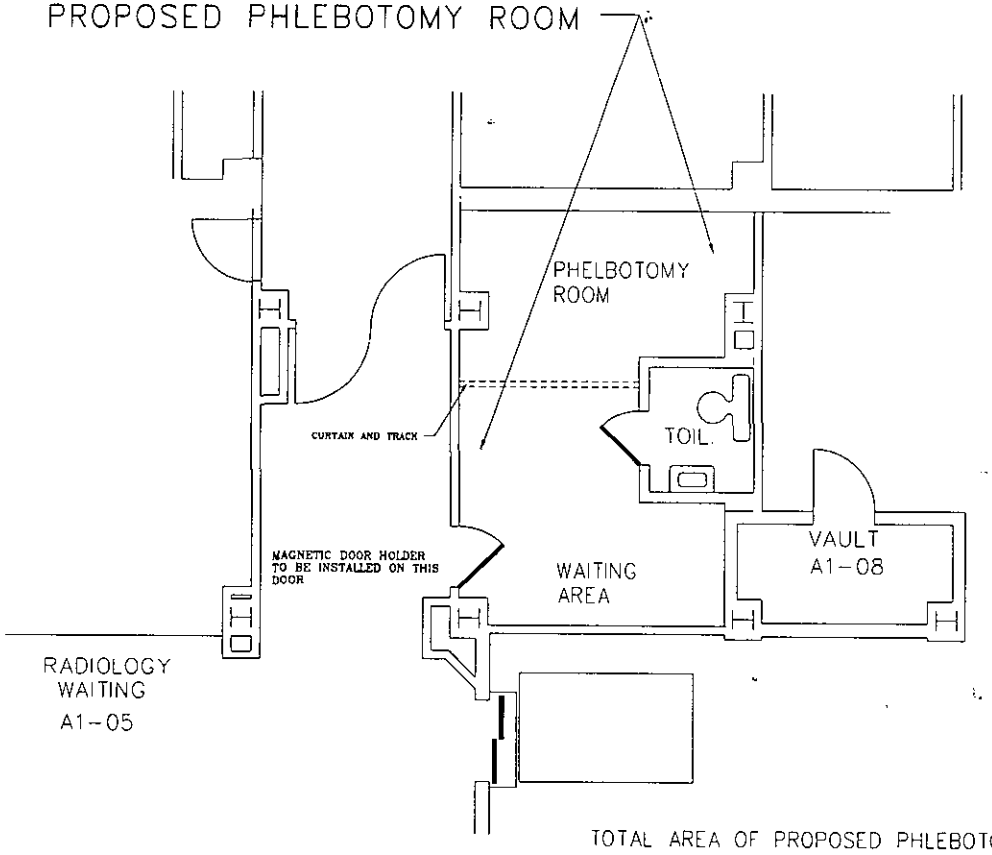
APPROVED:.....

A COPY OF THIS STAMPED APPROVED
PLAN MUST BE KEPT ON BUILDING
PREMISES FOR WHICH IT IS APPROVED
UNTIL WORK IS COMPLETED.
This approval is based on the Regulation
for the New Jersey Uniform Construction
Code for health care facilities.

CERTIFICATE OF NEED NO. E 323-1195

N.J. PUBLIC LAW
1975., C. 217

PROPOSED PHLEBOTOMY ROOM



GENERAL

1. PROPOSED CONDITIONS
   - A. ONE TOILET AND SINK
   - B. TWO PHLEBOTOMY STATIONS
   - C. WAITING AREA FOR FOUR PERSONS
   - D. ADDITIONAL TOILETS AND WAITING ACCROSS CORRIDOR

CONSTRUCTION REQUIREMENTS

1. REUSE EXISTING HVAC AND ELECTRICAL.
2. FABRICATE TOILET ROOM AS SHOWN.
3. INSTALL PLUMBING AS OUTLINED ON DWG. P1.
4. INSTALL VCT FLOORING IN TOILET ROOM.
5. INSTALL SHEET VINYL IN BLOOD DRAWING AREA.
6. INSTALL ANTI MICROBIAL CARPET IN WAITING AREA.

TOTAL AREA OF PROPOSED PHLEBOTOMY ROOM = 281 SQ. FT.
ESTIMATED COST OF RENOVATION: $25,000

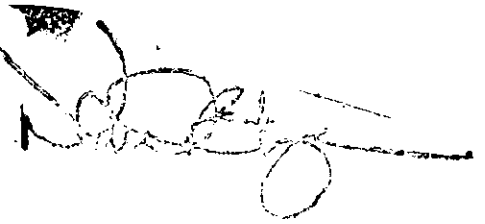
MEDICAL CENTER OF OCEAN COUNTY

BRICK HOSPITAL: FIRST FLOOR WEST WING

REVISIONS	DATE: 10-20-95	TITLE: PHLEBOTOMY ROOM: PROPOSED	A2
	DRAWN BY: S. BRUETT	SCALE: NONE	

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
HEALTH FACILITIES
CONSRUCTION SERVICES
PROGRAM

RELEASED BY:



DEC - 7 1995

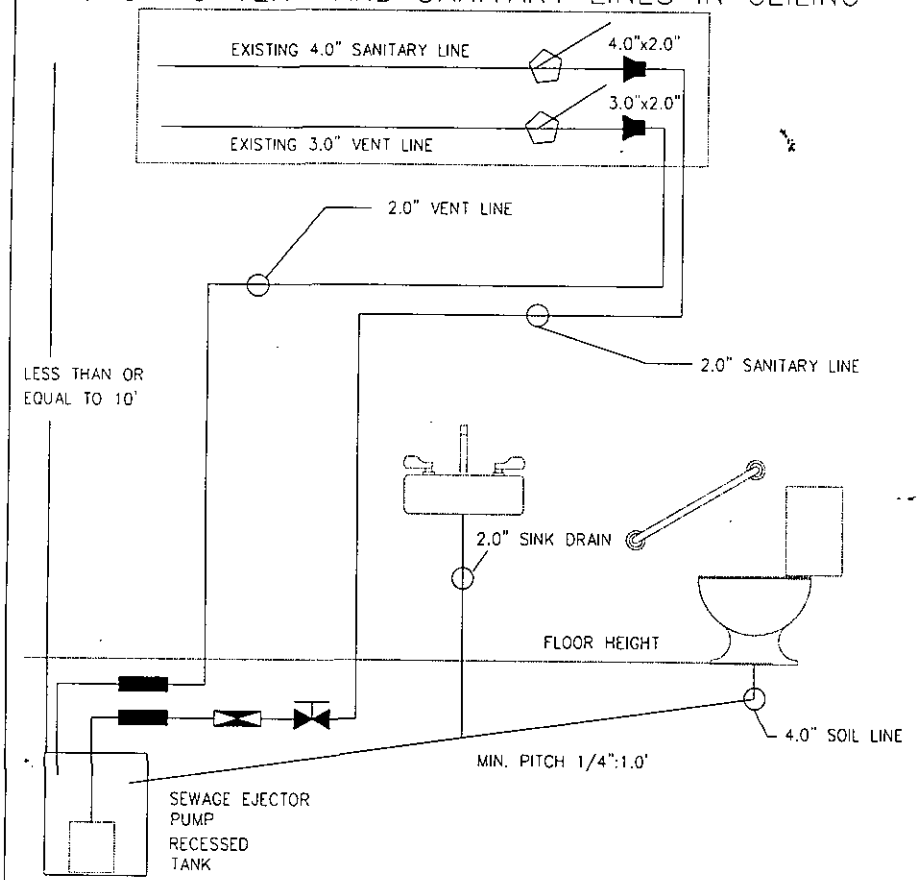
APPROVED:.....

A COPY OF THIS STAMPED APPROVED
PLAN MUST BE KEPT ON BUILDING
PREMISES FOR WHICH IT IS APPROVED
UNTIL WORK IS COMPLETED.
This approval is based on the Regulation
for the New Jersey Uniform Construction
Code for health care facilities.

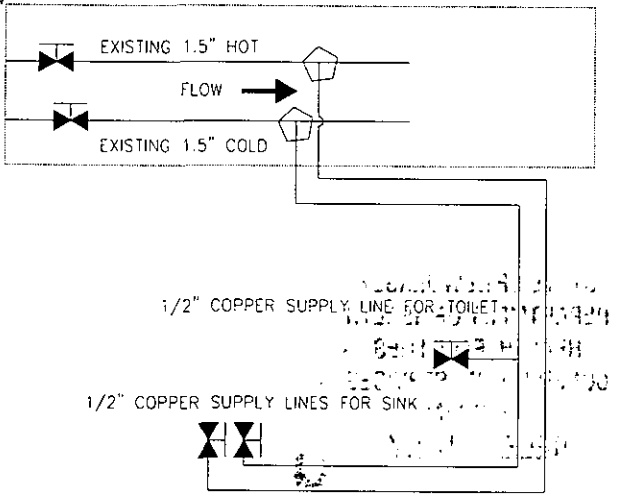
CERTIFICATE OF NEED NO. F323-1195

N.J. PUBLIC LAW
1975., C. 217

EXISTING VENT AND SANITARY LINES IN CEILING



EXISTING SUPPLY LINES IN CEILING



GENERAL:

SEWAGE EJECTOR DRUM AND PUMP; MODEL # STA-RITE (5005) CAN BE PURCHASED FROM L&H PLUMBING SUPPLY CO., TELEPHONE NUMBER (908) 905-1000.

SEWAGE EJECTOR PUMP REQUIRES SEPERATE 15 AMP GFI CIRCUIT.

ALL VENTING AND SOILED LINES CAN BE SCH 40 PVC.

KEY

TIE NEW TO EXISTING

REDUCER COUPLING

IN LINE SHUT OFF VALVE

FURNCO FITTING

CHECK VALVE

MEDICAL CENTER OF OCEAN COUNTY

BRICK HOSPITAL: FIRST FLOOR WEST WING

REVISIONS	DATE: 10-20-95	TITLE: PLUMBING RENOVATIONS EXISTING/PROPOSED	P 1
	DRAWN BY: S. BRUETT		

BRICK TOWNSHIP

Plan Review Class Date By

Zoning

Plumbing 1/18/96

Building

Fire

Energy

Electrical

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
HEALTH FACILITIES
CONSRUCTION SERVICES
PROGRAM
RELEASED BY:

DEC – 7 1995

APPROVED:

A COPY OF THIS STAMPED APPROVED PLAN MUST BE KEPT ON BUILDING PREMISES FOR WHICH IT IS APPROVED UNTIL WORK IS COMPLETED.
This approval is based on the Regulation for the New Jersey Uniform Construction Code for health care facilities.

CERTIFICATE OF NEED NO. E3>3-11 95

N.J. PUBLIC LAW
1975., C. 217

059-96