C5-123

BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin Blvd PERMIT NO. 99-3881

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 425 Jack Martin Blvd
2. Name of Owner in Fee: Marylou Healy Tel. ( ) _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Security Elev. Tel. (610) 992-880
   Address 201 So. Bulph Rd King of Prussia PA Exp. Date 9/96
   License No. OR, if new home, Builder Reg. No. _____
   Federal Employee No. 23-1067130 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) _____ FAX ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices		476	
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		162	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	638	

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices	203000								
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	203000								

OPTIONAL (for office use only)

Reviewed 10/4/99 by Ray Ely

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

Schindler Elevator Corporation

20 Whippany Road
P.O. Box 1935
Morristown, NJ 07962-1935

Telephone: (973) 397-6500

Internet: http://www.us.schindler.com

November 20, 2002

Robert Wilke
WM Blanchard Co.
435 Jack Martin Boulevard
Brick, NJ 08724

Re:
Shore Memorial East Wing Addition
425 Jack Martin Boulevard
Brick, NJ 08724
GO#4717-8

Dear Mr. Wilke:

Submitted are sealed plans and letter per N.J. 45:4B-10b certifying that the elevator the above project complies with the Uniform Construction Code of New Jersey Subchapter 7 Barrier Free Subcode & Subchapter 12 Elevator Safety Subcode. In addition it complies with ASME A17.1-1993 with A17.1a-1994 and A17.1b-1995. Addendums, BOCA National Building Code-1996, Handicapped Requirements per CABO/ANSI A117.1-1992 and NFPA 70-1999.

Enclosed find 4 sets of prints of plans for the above project GO#4717-8 sh 1 to 7 sub 0.

As an authorized representative of this company and as a registered Professional Engineer in the State of New Jersey, I have signed and sealed these documents.

Very truly yours,

Miles P. Lamb
N.J. License GE35743

Cc: Gettysburg
K. Noel
E. Vann

Moorestown
J. Shelly

Schindler

ISO 9001 CERTIFIED

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

CERTIFICATE

Date Issued 4/18-00
Control #
Permit # 99-3881

IDENTIFICATION

Block 1170 Lot 18
Work Site Location 425 Jack Martin Blvd. Brick, N.J.
Owner in Fee Meridian Hospital Corp
Address 425 Jack M artin Blvd. Brick N .J. 08724
Tele. (____)
Contractor Security Elevator Co
Address 201 South G ulph Rd King of Prussia, Pa 19406
Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Type of Warranty Plan: [ ] State [ ] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Elevator #2

☐ **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☒ XX **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. to 10/30/00

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

J Cuciazza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260B

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

ELEVATOR
SUBCODE
TECHNICAL SECTION

Date Issued
Control #
Permit #

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

Block 1170 Lot 18
Work Site Location BRICK HOSPITAL - 425 JACK MARTIN BLVD.
BRICK, N.J. 08724
Owner in Fee MERIDIAN HOSPITAL CORPORATION
Address BRICK HOSPITAL @ 425 J.M.B.
Tele. ( )
Contractor/Installer SECURITY ELEVATOR COMPANY
Address 201 SOUTH GULPH ROAD
KING OF PRUSSIA, PA. 19406 Tele. (610) 992-8180
Federal Emp. No. 23-1067130 or Social Security No.
Maintenance/Service Contractor
Address
Tele. ( )

B. ELEVATOR CHARACTERISTICS: ELEVATOR #2

Building Use Group OFFICE
Manufacture DOVER
Machine Rm. Location 10 FEET REMOTE
No. of Stops (2) No. of Openings (2)
Travel (ft.) 12'-8 1/4" Speed (f.p.m.) 125
Type of Control DMC-1 Type of Operation COLL. SELL.
Passenger YES Freight
Capacity (lbs.) 45000
Year of Installation/Major Alteration 1999
Estimated Cost of Elevator Work $ 203,000

JOB SUMMARY (Office Use Only)

[ ] No Plan Review
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elec.
[X] Elevator Plans Approved
Date: 10-4-99
Approved by: Raymond McElroy

INSPECTIONS: Dates (Month/Day)

Type: 30 day temp	Failure	Failure	Approval	Initial
Temp. Const. ID	3-17-00	3-17-00		RMc
Final			4-10-00	RMc

SUBCODE APPROVAL: CC [X] TCC [ ]
TO 10-30-00
Date: 4-10-00
Approved By: Raymond McElroy

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.

David Bonzico DATE 9-17-99
Signature

D. TECHNICAL SITE DATA (For Routine or Periodic Inspections List State Registration Number for All Devices.)
INSTALL ONE HYDRAULIC

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
	1 to 10 Floors	
	Over 10 Floors	
1	Hydraulic	$162.00
	Roped Hydraulic	
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined & Vertical Wheelchair Lifts & Man Lifts	
	Oil Buffers	
	Counterweight Governor & Safeties	
	* Aux. Power Generator	
	Alterations	
1	Other Plan Review	$260.00
	Other EMERG. POWER	54.00

Administrative Surcharge $
Certificate of Compliance $
Paid [ ] Check # DCA Training Fee $ 162.00
Collected by TOTAL FEE $ 638.00

U.C.C. Form F-150
1 White - Inspector Copy
2 Canary - Office Copy
3 Pink - Office Copy
4 Gold - Applicant Copy

C5-123

ELEVATOR SUBCODE TECHNICAL SECTION

Date Issued
Control #
Permit #

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

Block 1170 Lot 18
Work Site Location BRICK HOSPITAL - 425 JACK MARTIN BLVD. BRICK, N.J. 08724
Owner in Fee MERIDIAN HOSPITAL CORPORATION
Address BRICK HOSPITAL @ 425 J.M.B.
Tele. ( )
Contractor/Installer SECURITY ELEVATOR COMPANY
Address 201 SOUTH GULPH ROAD KING OF PRUSSIA, PA. 19406 Tele. (610) 992-8180
Federal Emp. No. 23-1067130 or Social Security No.
Maintenance/Service Contractor
Address
Tele. ( )

B. ELEVATOR CHARACTERISTICS: ELEVATOR #2

Building Use Group OFFICE
Manufacture DOVER
Machine Rm. Location 10 FEET REMOTE
No. of Stops (2) No. of Openings (2)
Travel (ft.) 12'-8 1/4" Speed (f.p.m.) 125
Type of Control DMC-1 Type of Operation COLL. SELL.
Passenger YES Freight
Capacity (lbs.) 45000
Year of Installation/Major Alteration 1999
Estimated Cost of Elevator Work $ 203,000

JOB SUMMARY (Office Use Only)

[ ] No Plan Review
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elec.
[X] Elevator Plans Approved
Date: 10-4-99
Approved by: [signature]

INSPECTIONS: Dates (Month/Day)

Type: 30 day Temp	Failure	Failure	Approval	Initial
Temp. Const. ID	~~2-17-00~~	2-17-00 ~~4-10-00~~	4-10-00	[initials]
Final				

SUBCODE APPROVAL: CC [X] ICC [ ]
Date: CC TO 10-30-00
Approved By: [signature]

C. CERTIFICATION IN LIEU OF OATH

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

[signature] Signature DATE 9-17-99

D. TECHNICAL SITE DATA (For Routine or Periodic Inspections List State Registration Number for All Devices.)
INSTALL ONE HYDRAULIC

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
	1 to 10 Floors	
	Over 10 Floors	$162.00
1	Hydraulic	
	Roped Hydraulic	
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined & Vertical Wheelchair Lifts & Man Lifts	
	Oil Buffers	
	Counterweight Governor & Safeties	
	Aux. Power Generator	
	Alterations	$260.00
1	Other Plan Review	
	Other EMERG. POWER	54.00

Administrative Surcharge $
Certificate of Compliance $
Paid [ ] Check # DCA Training Fee $ 162.00
Collected by TOTAL FEE $ 638.00

U.C.C. Form F-150

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
ELEVATOR
SUBCODE
TECHNICAL SECTION

Date Received 10/05/99
Date Issued / /
Control # C5-123
Permit # 99-3881

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
ELEVATOR #2
Owner in Fee MERIDIAN HEALTH
Address SAME
BRICK, NJ 08724-
Tele.(610)992-8180 Fax ( )
Contractor SECURITY ELEVATOR CO
Address 201 SO GULPH ROAD
KING OF PRUSSIA, PA 19406-
Tele.(610)992-8180
Federal Emp. No. 23-1067130

B. ELEVATOR CHARACTERISTICS

Building Use Group I-2 Building Registration No. #2
Manufacturer DOVER Device I.D. #2
Machine Room Location 10 FEET REMOTE
Number of Stops 2 Number of Openings 2
Travel (ft.) 12 Speed (f.p.m.) 125
Type of Control DMC-1 Type of Operation COLL-SELL
Passenger X Freight
Capacity (lbs.) 45000 lbs.
Year of Installation 1999 Year of Alteration
Estimated Cost of Elevator Work: $ 203,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Plumbing [ ] Fire
[ ] Elevator Plans Approved
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Temporary				
Final				

SUBCODE APPROVAL:
Date:
Approved By:

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 Date

D. TECHNICAL SITE DATA

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
0	1 to 10 Floors	0
0	Over 10 Floors	0
0	Hydraulic	0
0	Roped Hydraulic	0
0	Escalator / Moving Walk	0
0	Dumbwaiter	0
0	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	0
0	Oil Buffers	0
0	Counterweight Governor & Safeties	0
0	Auxiliary Power Generator	0
0	Alterations	0
	Other: 1HYD,PLAN REV	422
	Other: 1 EMERG POWER	54

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 476
	DCA Training Fee	$ 162

U.C.C. F150 (rev. 3/96)

~~7274~~ Brick Hospital
425 Brick Blvd

PLAN REVIEW REQUIRED DATA

SPECIFICATIONS & DATA SUPPLIED BY ELEVATOR CONTRACTOR

MANUFACTURER Dover Elev	INSTALLER Security Elevator
CAR(S) NO. # 3	PLATFORM THICKNESS 4 7/8"
TYPE (Pass) (Frt) Passenger	CAR BUFFER TYPE SPRING
CAPACITY 4500 lb MAX	CAR BUFFER STROKE 2½"
RATED SPEED 125 FPM ↑ 150 FPM ↓	CAR BUFFER REACTIONS 12658
TRAVEL 12' 8¼"	LOAD ON CAR BUFFERS
STOPS 2	TYPE HOISTWAY ENTRANCES
OPENINGS 2	TYPE CAR DOOR(S) OR GATE(S) 2 Speed R+L
OPERATION Micro Processor OMC-1	FIREMAN'S SERVICE AT 1 FLOOR
POWER SUPPLY 460 3 60	ALT. FIREMEN'S SERVICE AT 2 FLOOR
MACH. ROOM HEAT EMISSION IN BTU'S	TRANSFORMER
CAR GUIDE RAILS LBS./FT	HOIST BEAM CAPACITY 8000 lbs
SPACING OF GUIDE RAIL SUPPORTS	SIZE & HEIGHT OF STILES
NET RAIL FORCES	CLASS OF LOADING (Rule 207 2b) PASS

F1 = 585 lbs F2 = 730 lb

HYDRAULIC ELEVATORS

PLUNGER OD 5.438"	PLUNGER WALL THK .3045
NUMBER OF PLUNGER SECTIONS	CYLINDER OD 8.625"
CYLINDER WALL THK .219"	REFUGE SPACE PIT " TOP of H/W 3'6" MIN.
WORKING PRESSURE 421	RELIEF PRESSURE
TYPE OF POWER UNIT	PUMP MOTOR HP 40 HP
OIL PIPE OD 2"	OIL PIPE WALL THK .154"
PLUNGER OVERTRAVEL UP 9" DOWN 10"	

TRACTION ELEVATORS

MACHINE ROOM REACTIONS	SIZE & WEIGHT OF MACHINE BEAMS
SIZE OF CROSSHEAD	HOIST ROPES
SIZE OF SAFETY PLANK	GOVERNOR ROPE(S)
TYPE OF SAFETY (CAR)	COMPENSATION TYPE No. SIZE
CAR GOVERNOR	CWT. BUFFER TYPE
MACHINE TYPE	CWT. BUFFER STROKE
MOTOR HP & TYPE	CWT. STILE SIZE
DRIVE SHEAVE DIA.	TYPE OF CWT. GUIDES
TYPE of GROOVE	TYPE OF CWT. SAFETY
DEFLECTOR/SECONDARY SHEAVE DIA.	CWT. GOVERNOR
CONTROL (VVVF) (VVSCR) (VVMG)	CWT. GUIDE RAILS LBS./FT.
ISOLATION	CWT. BUFFER REACTIONS

ALL WORK TO COMPLY WITH ANSI A17.1 ELEVATOR SAFETY CODE AND/OR STATE OF NEW JERSEY HANDICAP CODE NJAC 5:23-7

SECURITY ELEVATOR COMPANY
SINCE 1908
(610) 992-8180
FAX (610) 992-8182
201 S. GULPH ROAD, PO BOX 62010, KING OF PRUSSIA, PENNSYLVANIA 19406

SEPTEMBER 17 19 99

TWP. OF BRICK
401 CHAMBERS BRIDGE RD.
BRICK, N.J. 08723

Attention: TINA

Re: BRICK HOSPITAL
BRICK, N.J. 08724
Your Reference No. ELEV. #1 & #2
Our Purchase Order No. _____
Our No. 91578-9009

- [x] We Are Sending You
- [x] Enclosed
- [ ] Under Separate Cover
- [ ] We Are in Need of

Submission No. _____

- [x] Prints
- [ ] Sepias
- [ ] Brochures: _____
- [ ] Power Confirmation
- [x] Other SUBCODES

- [ ] Approved
- [x] For Approval
- [ ] Approved as Noted
- [ ] For Resubmission
- [ ] For Files and Distribution
- [ ] Revise and Resubmit

- [ ] Please Check These Drawings Over Carefully to Make Sure We Have Shown Conditions Correctly.
- [ ] Please Return One Set Marked Approved or Noted With Corrections.
- [ ] Please Sign and Return One (1) Copy of Power Confirmation.
- [ ] This is a Follow Up Per Your Letter, Phone Conversation Dated _____
- [ ] Please Return One Each of Enclosed _____ Brochure(s) With Selections Noted Thereon, or Incorporate Selections in Your Return Transmittal.

NOTE: Processing of this contract is subject to the prompt return of the enclosed.

NO. OF DRAWINGS	DRAWING NUMBER	DRAWING DATE	DESCRIPTION
(4)P	91578-P1	7-13-99	ELEVATOR LAYOUT #1 - (SIGNED & SEALED)
(4)P	" -P2	7-13-99	" " #2 - (" ")
(2)P	FORM-F150	9-17-99	ELEVATOR SUBCODE TECH. SECTION - ELEV. #1
(2)P	"	9-17-99	" " " " - ELEV. #2

Remarks PLEASE CALL ME W/ THE PERMIT FEE(S) BY THE # LISTED ABOVE AT EXTENTION: "267"

Copy to _____
Copy to _____
Copy to _____

SECURITY ELEVATOR CO.
By David Cuppuer
DAVE PIZZICO - EXT: 267

SECURITY ELEVATOR COMPANY
SINCE 1908
201 S. GULPH ROAD, PO BOX 62010, KING OF PRUSSIA, PENNSYLVANIA 19406
(610) 992-8180
FAX (610) 992-8182

OCTOBER 6 19 99

TWP. OF BRICK
401 CHAMBERS BRIDGE RD.
BRICK, N.J. 08723

Attention: TINA

Re: BRICK HOSPITAL
BRICK, N.J. 08724

Your Reference No. _____

Our Purchase Order No. _____

Our No. 21578-9004

- [x] We Are Sending You
- [x] Enclosed
- [ ] Under Separate Cover
- Submission No. _____
- [ ] We Are in Need of
- [x] Prints
- [ ] Sepias
- [ ] Brochures: _____
- [ ] Power Confirmation
- [x] Other CHECK
- [ ] Approved
- [x] For Approval
- [ ] Approved as Noted
- [ ] For Resubmission
- [ ] For Files and Distribution
- [ ] Revise and Resubmit

- [ ] Please Check These Drawings Over Carefully to Make Sure We Have Shown Conditions Correctly.
- [ ] Please Return One Set Marked Approved or Noted With Corrections.
- [ ] Please Sign and Return One (1) Copy of Power Confirmation.
- [ ] This is a Follow Up Per Your Letter, Phone Conversation Dated _____
- [ ] Please Return One Each of Enclosed _____ Brochure(s) With Selections Noted Thereon, or Incorporate Selections in Your Return Transmittal.

NOTE: Processing of this contract is subject to the prompt return of the enclosed.

NO. OF DRAWINGS	DRAWING NUMBER	DRAWING DATE	DESCRIPTION
(1)P	27831	10-6-99	CHECK. PERMIT FEE $638.00

Remarks THIS IS A CHECK FOR THE ELEVATOR PERMIT OF THE ABOVE MENTIONED JOB. IT IS MADE OUT IN THE AMOUNT IN WHICH YOU REQUESTED

Copy to _____
Copy to _____
Copy to _____

SECURITY ELEVATOR CO.
By David Cuppies