C 1170-13

BLOCK 1170 LOT 18 QUALIFICATION CODE 425 Jack Martin Blvd ADDRESS (SITE) PERMIT NO. 99-4599

finaled 4/18/00

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: Meridian Health Tel. ( ) x267
   Address
   street municipality zip code
3. Ownership in Fee: Public Private X
4. Principal Contractor: Security Elev. Tel. 610 992 8180
   Address 201 S. Bulger Rd King of Prussia PA
   License No. OR, if new home, Builder Reg. No. Exp. Date 19406
   Federal Employee No. 23-1067130 FAX: ( )
5. Architect or Engineer Tel. ( )
   Address
6. Responsible Person in Charge of Work
   Tel. ( ) FAX ( )

Elev # 1

V. FEE SUMMARY (for office use only)

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

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

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical	600								
8. ☒ Elevator Devices	203000								
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

Elev fee was for #1 & #2 per S. Appront

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:

CERTIFICATE

Date Issued 4/18/00
Control #
Permit # 99-4599

IDENTIFICATION

Block 1170 Lot 18
Work Site Location 425 Jack Martin Blvd
Brick, N.J. 08724
Owner in Fee Meridian Health Group
Address 425 Jack Martin Blvd
Brick, N.J. 08724
Tele. (____)
Contractor Security Elevator Co
Address 201 South Gulph 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 #1

☐ **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.

☒ **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:

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. Form F-260B

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

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.

0004
4599*# 0.00
BLOCK 1170 # 0.00
LOT 18 # 476.00
MISCLLNS 476.00
TOTAL 476.00
CHECK 0.00
CHANGE
12/15/99 NO. S 00134085 11:58

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/15/99
Control #
Permit # 99-4599

Elevator

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
ELEVATOR #1
Owner in Fee MERIDIAN HEALTH
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3323

Contractor SECURITY ELEVATOR CO
Address 201 SO GULPH ROAD
KING OF PRUSSIA, PA 19406-
Telephone (610)992-8180
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-1067130

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL ONE HYDRAULIC ELEVATOR #1

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 $ 600

Construction Official

12/15/99
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	476
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	476
Check No.	28090
Cash	
Collected By	TL

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELEVATOR
SUBCODE
TECHNICAL SECTION

Date Received 12/13/99
Date Issued 12/15/99
Control # C1170-13
Permit # 99-4599

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 #1
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 U Building Registration No.
Manufacturer DOVER Device I.D.
Machine Room Location ADJ AT LEVEL "1"
Number of Stops 2 Number of Openings 2
Travel (ft.) 12 Speed (f.p.m.) 125
Type of Control DMC 1 Type of Operation SELL.COLL.
Passenger X Freight
Capacity (lbs.) 3500 lbs.
Year of Installation 1999 Year of Alteration 1999
Estimated Cost of Elevator Work: $ 600

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

Elevator #1

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: 1HYDRO,PLAN REV	422
	Other: EMERG POWER	54

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

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

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

RECEIVED
1999
ON

DECEMBER 10 19 99

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

Re: BRICK HOSPITAL
BRICK, N.J. 08724
Your Reference No. ELEV. #1
Our Purchase Order No.
Our No. 01578-9004

Attention: TINA

- [x] We Are Sending You
- [x] Enclosed
- [ ] Under Separate Cover
- [ ] We Are in Need of
- Submission No. _____
- [x] Prints
- [ ] Sepias
- [ ] Brochures: _____
- [ ] Power Confirmation
- [ ] Other _____
- [ ] Approved
- [ ] 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
(9)P	01578-P1	7-13-99	ELEVATOR LAYOUT #1 (SIGNED & SEALED)
(2)P	FORM. F.150	12-10-99	ELEVATOR SUBCODE TECH. SECTION-ELEV. #1

Remarks PLEASE CALL ME W/ FEE [redacted] FOR ELEV. #1 A.S.A.P., I ALREADY PAID FOR THE FULL D.C.A. FEE IN THE OTHER CHECK.

Copy to _____
Copy to _____
Copy to _____

SECURITY ELEVATOR CO.
By Dave Bingaman

Thyssen Security Elevator

DOVER ELEVATORS

December 14, 1999

Ms. Tina Lyons
Township of Brick
401 Chambers Bridge Rd.
Brick, NJ. 08723

RE: Brick Hospital
425 Jack Martin Blvd.
Brick, NJ. 08724

Dear Tina:

Enclosed please find check ($476.00) for the permit for Car #1 as requested. The drawings for the alterations are in the process of being signed and sealed. I will forward them to you as soon as I receive them.

Please let me know when the permits are finished for the alterations and the new installations.

Very truly yours,

THYSSEN SECURITY ELEVATOR

Dave Pizzico – Ext: 267
Engineering Department

201 S. Gulph Road
P.O. Box 62010
King of Prussia, Pennsylvania 19406
Phone: (610) 992-8180
Fax: (610) 992-8182