BLOCK 1170 LOT 18, 18.2 & 18.13 ADDRESS (SITE) _____ update PERMIT NO. 138-96

RECEIVED
FEB 13 1996
DIV. OF

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: BRICK HOSPITAL 425 Jack Martin Blvd
2. Name of Owner in Fee: MEDICAL CENTER OCEAN COUNTY Tel. (908) 840-2200
   Address 425 JACK MARTIN BLVD. (street) BRICK (municipality) NJ. (zip code) 08724
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: MCOC Tel. (908) 840-2200
   Address 425 JACK MARTIN BLVD BRICKTOWN NJ 08724
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer EWING COLE CHERRY Tel. (215) 625-4425
   Address PHILADELPHIA PA
6. Responsible Person in Charge of Work BILL TRANSUE 19106 Tel. (908) 295-6572

V. FEE SUMMARY (for office use only)

			Update
1. Building	$	30	1000
2. Electrical			
3. Plumbing			101
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		1101
7. Less 20% for State Plan Review			110
8. Subtotal	$		
9. DCA Training Fee		1	40
10. Subtotal	$		
11. Cert. of Occupancy		20	
12. Other 2PA		815.04	
13. TOTAL	$	51	1251

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 sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

Interim Cleanout

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	2/13 TL
6. ☐ Fire Protection	
7. ☒ Plumbing	
8. ☒ Electrical	Demo 1000
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	~~$0~~

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			3/19/96	WS	3/25/96		JK
					3/25/96		JK
					3-21-96		BK
Am	2/16/96		Fire	Sidell			

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: HOSPITAL
2. Use Group: HEALTH CARE
3. Change in Use Group, Indicate Former:

LDS BR 10505457

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 Bill Jansen Date 2/22/96

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 Bill Jansen

Address

Telephone ( )

Signature Bill Jansen Date 2/23/96

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Zoning Officer			X	X	X	X	X	X	IMPORTANT! PLEASE EXTEND AT B.T.
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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. 138	3/28/96			

CONSTRUCTION PERMIT

Date Issued 2/13/96
Control #
Permit # 138-96

IDENTIFICATION Block 1170 Lot 18 - 18.3

Work Site Location 425 Jack Martin Blvd

Owner in Fee Med. Center of O. County

Address Leona

Tele. ( )

Contractor MCOC

Address

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

Federal Emp. No.

or Social Security No.

0002
138**
BLOCK 1170 # 18.3 #

	0.00
BUILDING	30.00
ZONEPLOT	1.00
	20.00
	51.00
CASH	51.00
	0.00
	13:51

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Interior demo.

PAYMENTS (Office Use Only)

Building	30.-
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	1.-
Cert. of Occ.	20.-
Other	
Total	51.-
Check No.	
Cash	✓
Collected By:	

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 $ 1,000.-

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

PERMIT UPDATE

Date Update Issued 3/22/96
Control #
Permit #
Date Permit Issued 138-96

IDENTIFICATION Block 1172 Lot 18
Work Site Location 42 Park Place Contractor Allied Fire Safety
Owner in Fee Medical Center of O. C. Address
Address Tele. ( ) BLOCK 0.00
Lic. No. or Bldrs. Reg. No. 1172
Tele. ( ) Federal Emp. No. LOT 0.00
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] Other
[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

Sprinkler Sys

Estimated Cost of Work $ 2300

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	B.C.A.	26.00
Plumbing		2.00
Electrical	TOTAL	28.00
Fire Protection	CHECK	28.00
Other 03/22/96 NO 5	CASH	0.00
Other	00073005	12*26
DCA Training Fee	2	
Cert. of Occ.		
Other		
Total	4X	
Check No.		
Cash		
Collected By:		

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

[redacted]
DEPARTMENT OF ENGINEERING

FIRE SUBCODE TECHNICAL SECTION

Date Received 3/22/96
Date Issued
Control #
Permit # 135-96

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 Medical Center of Ocean County
BRICK HOSPITAL Jackmartin BLVD. Brick N.J.
Owner in Fee BRICK HOSPITAL
Address JACK Martin blvd.
Brick, NJ
Tele. (840) 3392
Contractor ALLIED FIRE & SAFETY Co.
Address PO BOX 607
Neptune NJ 07754
Tele. (908) 922-3399
Lic. No.
Federal Emp. No. 221-904-087 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Relocate & Add

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 $ 2300 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA 3/26/96
Date: _____
Approved by: _____

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test			3/26/96	JC
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

update

Description of Work

Water Supply Source	FIRE PUMP
Method of Valve Supervision	TAMPER SWITCH
Local Alarm Supervision	Flow Switch
Central Supervision	—
Proprietary Supervision	—

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	10	
Dry Sprinkler Heads	—	
TOTAL	10	46-
Smoke Detectors		
Heat Detectors	N/A	
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems	N/A	
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression	N/A	
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	N/A	
OTHER	N/A	

Administrative Surcharge $ 46-
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2/27/96
Date Issued
Control #
Permit # 138-96 update

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

Block 170 Lot 18
Work Site Location BRICK HOSPITAL

Owner in Fee MEDICAL CENTER OF OCEAN COUNTY
Address 425 JACK MARTIN BLVD.
BRICKTOWN NJ
Tele. (908) 840-2200
Contractor MCOC
Address SAME AS ABOVE

Tele. (908) 840-2200
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.

Bill Hanue
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONSTRUCT 6 DIALYSIS WORK STATIONS
CONSTRUCT 2 BARRIER FREE TOILET ROOMS
CONSTRUCT 1 DIALYSIS STORAGE ROOM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	2/27/96	
[✓] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date:	3-25-96	
Approved By:		

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame			2/29/96	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present 1-2 Proposed 1-2
Constr. Class Present FIRE RESIST Proposed SAME
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 $ ~~50,000~~
3. Total (1+2) $ ~~50,000~~ 50,000

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2-13-96
Control #
Permit # 138-96

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, 18.2 + 18.3
Work Site Location BRICK HOSPITAL

Owner in Fee MEDICAL CENTER OF OCEAN COUNTY
Address 425 JACK MARTIN BLVD
BRICKTOWN NJ 08724
Tele. (908) 840-2200
Contractor MCOC
Address SAME

Tele. (908) 840-2200
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.

Bill Hansen
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVAL OF INTERIOR WALLS (3)
REMOVAL OF WALLS FOR FOUR ~~FIVE~~ TOILETS

JOB SUMMARY (Office Use Only)

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:			3-19-96	
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present HOSPITAL Proposed SAME
Constr. Class Present ____ Proposed ____
No. of Stories 5
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 ____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ ~~50,000~~ 1,600
3. Total (1+2) $ ~~50,000~~ 1,600

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

Build

ELECTRICAL SUBCODE
TECHNICAL SECTION

305

Date Received
Date Issued
Control #
Permit # FEB 27 96 0 0 1 2 6 9

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, 18, 3

Work Site Location BACK HOSP. – 4TH FLOOR – DIALYSIS AREA
Jack Martin Blvd.

Owner in Fee MEDICAL CENTER OF OCEAN COUNTY

Address 2121 EDGEWATER PLACE
PT. PLEASANT, N.J.

Tele. (908) 295-6000

Contractor ELECTRIC CONSTRUCTION CORP.

Address P.O. BOX 3126
WEST END, N.J. 07740

Tele. (908) 222-4728

Lic. No. 5130

Federal Emp. No. 21-0689074 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present HOSPITAL Proposed _____

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

Building Occupied as HOSPITAL Utility Co. _____

Est. Cost of Elec. Work $ 10,650 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3/26/96
Approved By: [signature]

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Rough			3-4-96	
Temporary			3-18-96	
Constr. Serv.				
TCO				
Other			3-21-96	
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 3-21-96

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]
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
14		Fixtures (1)	
19		Receptacles (2)	
12		Switches (3)	
45		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	—
—		Smoke Detectors	—
—	— hp	Whirlpool/spa	—
—		Pool Bonding	—
—	— hp	Pool Filter Motor	—
—		Pool Lights	—
—	— Kw	Water Heater(s)	—
—	— Kw	Central heat:	
		oil, gas or elec.	—
—	— Kw	Baseboard Heat Units	—
—		Thermostats	—
7	300 KW	Heat ~~Pump~~ PANELS	—
—	— 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	—

	Administrative Surcharge	$ _____
Paid [✓] Check # 7120	Minimum Fee	$ 44.—
RF	DCA Training Fee	$ 8.—
Collected by: _____	TOTAL FEE	$ 52.—

U.C.C. Form F-120B

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

3596(1) 2 Bathrooms & 1 Room Dialysis addition

2 1696 2 Rooms Northwest Side Dialysis OK

UPDATE

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 2/27/96
Date Issued
Control #
Permit # 138-96 HC

Replacement Relocate

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 M C O C
Address 425 JACK MARTIN BLVD
Tele. ( )
Contractor J A CHRISTMAN INC
Address P.O BOX 2037
RIO BRAVO U.S.
Tele. (908) 842-1899
Lic. No. 5896
Federal Emp. No. 222049920 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: 2/27/96
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 3-28-96

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	Partials		2-29-96	3-28-96
Water				OK
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)
2	Water Closet	14
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	14.
	Shower	
	Floor Drain	
3	Sink	21
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	~~Active Solar System~~	10.
6	Other DIA. DRAIN BOX	42

Administrative Surcharge $ 5.00
Paid [ ] Check # Minimum Fee $ 10.00
DCA Training Fee $
Collected by: TOTAL $ 46

U.C.C. Form F-130B

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

2-29-96 - partials - Bathrooms only DR

3-18-96 Rough OK DR

CERTIFICATE

Date Issued 3-28-96
Control #
Permit # 138-96

IDENTIFICATION

Block 1170 Lot 18
Work Site Location 425 Jack Martin Blvd.

Owner in Fee Medical Center of Ocean County
Address 425 Jack Martin Blvd.
Brick, NJ 08723
Tele. ( )
Contractor MCOC
Address same

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Addition to 4th floor Dialysis unit consisting of:

1. 6 Dialysis work stations
2. 2 barrier free toilet rooms
3. 1 Dialysis storage room.

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXXX☑ **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.

☐ **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:

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: February 14, 1996 — 1996 Z 0070

Block 1170 **Lot** 18 **Zone** H-S

Property Address: 425 Jack Martin Blvd.

Owner: Medical Center of Ocean County **(Phone):** 840-2200

Applicant: Medical Center of Ocean County **(Phone):** 840-2200

Use: Brick Hospital

Proposed Construction (if any): Interior alterations for:

Six dialysis work stations

Two barrier free toilet rooms

One dialysis storage room

Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

X 20
50
100

Sean Kinnevy

Sean Kinnevy **Land Use Officer**

INVOICE DATE	INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DISC.	NET AMOUNT
2/26/96		DIALYSIS PERMIT	1,251.00	0.00	1,251.00

CHECK DATE	CHECK #	VENDOR #			
FEBRUARY 27,1996	393529		1,251.00	0.00	1,251.00

MEDICAL CENTER OF OCEAN COUNTY • PT. PLEASANT • NEW JERSEY • 08742

ALLIED FIRE & SAFETY EQUIPMENT CO., INC.
517 Green Grove Road
P.O. Box 607
NEPTUNE, NEW JERSEY 07754-0607

(908) 922-3399
FAX (908) 918-8668

LETTER OF TRANSMITTAL

DATE 3/5/96 | JOB NO. 3267

ATTENTION Bruce Clayton

RE: BRICK HOSPITAL
4th Floor Revisions

TO BRICKTOWN FIRE INSP.
500 Herbertsville Road
Bricktown, N.J. 08723
262-1024

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
3	3/4/96	SP-1	4th Floor Revisions
1	—	—	Permit Application

RECEIVED
MAR - 8 1996

MAR 12 1996

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19_____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS Please call this office with the appropriate permit fee upon your approval.

Thank You

COPY TO _____

SIGNED: Dale Yates

If enclosures are not as noted, kindly notify us at once.

TO:DANIEL F. NEWMAN JR.
PLUMDING INSPECTOR
BRICK NJ

FROM: TED PEARCE
MAINTANCE SUPERVISOR
M.C.O.C. BRICK DIV.

SUBJECT: DISCHARGE RATE BAXTER 1550 DIALYSIS UNITS

DIALYSIS DRAINAGE REQUIREMENTS FOR THE ABOVE UNITS ARE AS FOLLOWS
500ML/HR ,16OZ/HR,.13GPM PER UNIT .

TED PEARCE

AS PER PHONE CON. W/ BAXTER