BLOCK 1170 LOT 18 ADDRESS (SITE) 425 JACKMARTIN BLVD. PERMIT NO. 648-97

RECEIVED
MAR 06 1997

CONSTRUCTION PERMIT APPLICATION

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

AHBT FINAL APPROVAL

AHBT PRELIMINARY APPROVAL

I. IDENTIFICATION

1. Proposed Work-site at: 425 JACKMARTIN BLVD. BRICKTOWN NJ
2. Name of Owner in Fee: MEDICAL CENTER OCEAN CTY Tel. (908) 892-1100
   Address 2121 EDGEWATER PL. (street) MT. PLEASANT (municipality) NJ 08742 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: MEDICAL CENTER OF OCEAN CTY Tel. (908) 295-6572
   Address 2121 EDGEWATER PL. MT. PLEASANT NJ 08742
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer EWING COLE Tel. (215) 625-4424
   Address PHILADELPHIA, PA
6. Responsible Person in Charge of Work BILL TRANSUE Tel. (908) 295-6572

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	510		
2. Electrical				
3. Plumbing		90		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		40		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other ZPA		15		
13. TOTAL	$	655		

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

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☑ Alteration	15,000
6. ☐ Fire Protection	
7. ☑ Plumbing	30,000
8. ☑ Electrical	20,000
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☑ Demolition	5,000
TOTAL COSTS	70,000

Jet Allen

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
	MP	3/6/97			final	8/6/97		
				3-27-97	FM	5/28/97		
	50000			3-27-97		TCO - 5/29/97 OR 8/6/97		
	ENG	3/12/97		3/21/97				

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

INFORMATIONAL - FEE NOT REQUIRED - 1184

LDS BR 10505468

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 Fanone Date 3/5/97

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			X	X	X	X	X	X	
☐ 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. 648	5/30/97	7/15/97		
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☑ Certificate of Approval	No. 648	8-6-97			

CERTIFICATE

Date Issued 8-6-97
Control #
Permit # 648-97

IDENTIFICATION

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

Owner in Fee MCOC
Address 2121 Edgewater Pl.
Pt. Pleasant, NJ 08742
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

1. Out-patient chemotheraphy area
2. Renovation of patients rooms including bathrooms in pediatric section
3. Wound management (HBO unit)

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXX☒ **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:

J Cuccaro
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 3/27/97
Control #
Permit # 648-97

IDENTIFICATION Block 1170 Lot 18

Work Site Location 425 Jack Martin Blvd.

Owner in Fee Med. Center of Ocean Co.
Address 3121 Edgewater Pl.
Tele. (____) Pt. Pleasant, NJ

Contractor MCOC
Address
Tele. (____)
Lic. No. or Bldrs. Reg. No. _____ Exp. Date
Federal Emp. No. **0002**
or Social Security No. 040**

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Interior alterations

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 $ 50,000.

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)** CK

Building	510.- 1170 #	.00
Electrical	LOT	.00
Plumbing	90.- 18 #	
Fire Protection	BUILDING 51	.00
Elevator Devices	PLUMBING 9	.00
Other	D.C.A. 4	.00
DCA Training Fee	40.- SURCHARGE 1	.00
Cert. of Occ.	TOTAL 65	.00
Other 30. 15.	CHECK 65	.00
Total 650.	CHANGE	.00
Check No. 120354	0002A005 1	.05
Cash		
Collected By:		

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

PLUMBING SUBCODE TECHNICAL SECTION

Date, Received
Date Issued 3-27-97
Control #
Permit # 648-97

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 425 JACKMARTIN BLVD
BRICKTOWN NJ 08724
Owner in Fee MEDICAL CENTER OF OCEAN COUNTY
Address 2121 EDGEWATER PLACE
POINT PLEASANT NJ 08742
Tele. (908) 892-1100
Contractor J. A. CHRISTMAN INC.
Address PO BOX 2037
RED BANK N.J. 07701
Tele. (908) 842-1899
Lic. No. 5896
Federal Emp. No. 222204970 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group. Present I-2 Proposed SAME
Building Sewer Size 6" Public Sewer ✓ Private Septic
Water Service Size 6" 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: 3-27-97
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] DCA
Approved By:
Date: 8-6-97

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			5-13-97	
Water				
Sewer				
Fixtures *	5-22-97		8-1-97	
Gas Equipment				
Gas Piping				
Solar				
TCO			5-22-97	

4 west - Pedistal only

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.

J A Christman
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	10
	Urinal/Bidet	
1	Bath Tub	10
1	Lavatory	10
2	Shower	20
	Floor Drain	
4	Sink	40
	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	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 90.00

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

5-22-97- third floor pediatric area -OK DN
2 sinks in other areas yet to be done.
5-27-97- Rough sink in 4 west OK DN
5-29-97 - final on sink in 4 west DN
- sink in Hypebolic chamber area still to do
7-15-97- Sinks roogh in hypebolic chamber OK
8-1-97 Final for 7-15-97 rough

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3-27-97
Control #
Permit # 648-97

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 425 JACKMARTIN BLVD
BRICKTOWN NJ 08724
Owner in Fee MEDICAL CENTER OF OCEAN COUNTY
Address 2121 EDGEWATER PLACE
POINT PLEASANT NJ 08742
Tele. (908) 892-1100
Contractor MCOC
Address SAME AS ABOVE
Tele. (908) 295-6572
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No [redacted]

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 Fransua
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1. REMOVAL AND RELOCATION OF WALL INSTALLATION OF (1) SINK
2. INSTALLATION OF WALL IN CONFERENCE ROOM
3. RENOVATION OF (2) PATIENT ROOMS INCLUDING BATHROOMS - RELOCATION OF SHOWER
4. RENOVATION OF CONFERENCE ROOM TO OFFICES AND EXAM ROOMS.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	3/24/97	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] TCO
Date: 5-28-97
Approved By: [signature] Final
Final 8-6-97 FM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			4/28/97 (over)	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			5/28/97	

B. BUILDING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
Constr. Class Present Proposed
No. of Stories
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. $ 0
2. Alteration $ 70,000
3. Total (1+2) $ 70,000

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] 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

4/28 - Frame OK for 3rd floor Red. Suite & also
4th floor Gyn. alter final -

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 7, 1997 1997 - 1197

Block 1170 Lot 18 Zone H-S

Property Address: 425 Jack Martin Boulevard

Owner: Medical Center of Ocean County (Phone): (908) 840-3392

Applicant: Bill Transue; Medical Center of O.C. (Phone): (908) 295-6572

Mailing Address: 425 Jack Martin Boulevard, Brick, N.J. 08724

Existing Use: Brick Hospital

Proposed Use: Brick Hospital

Proposed Construction (if any): Interior renovations; patient rooms, bathrooms, conference room, offices, exam rooms.

Conditions:

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of not 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.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 3/17/97

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1170 LOT 18 SITE ADDRESS 425 ~~East~~ Blvd. (Hartman)

TYPE OF SITE Commercial TYPE OF BUSINESS Medical
(Residential/Commercial)

APPLICANT Medical Center Ocean County CITY & STATE Pt. Pleasant NJ

☑ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

3/17/97
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

CERTIFICATE OF COMPLIANCE

BLOCK 1110 LOT 15 SITE ADDRESS [illegible]

TYPE OF SITE [illegible] TYPE OF BUSINESS [illegible]
Residential/Commercial

APPLICANT [illegible] PHONE NUMBER 296-6572

APPLICANT ADDRESS [illegible] CITY & STATE [illegible]

CASE # _____ NAME OF BUSINESS _____

INCLUSIONARY DEVELOPMENT

❒ Affordable

Fee Required _____ Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

❒ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

❒ Residential is .005%

☑ Commercial is .01%

Estimated Assessment: [illegible] Date 12/27

Required Deposit on Estimate $ [illegible] Date 12/27

Check # 12[illegible] Receipt # [illegible]

Actual Assessment: _____ Date _____

Actual Required Fee: $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____

Amount Paid in Full $ _____ Date _____

Check # _____ Receipt # _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe
Affordable Housing Administrator

AUTOMATIC DRAW-OFF GREASE INTERCEPTORS

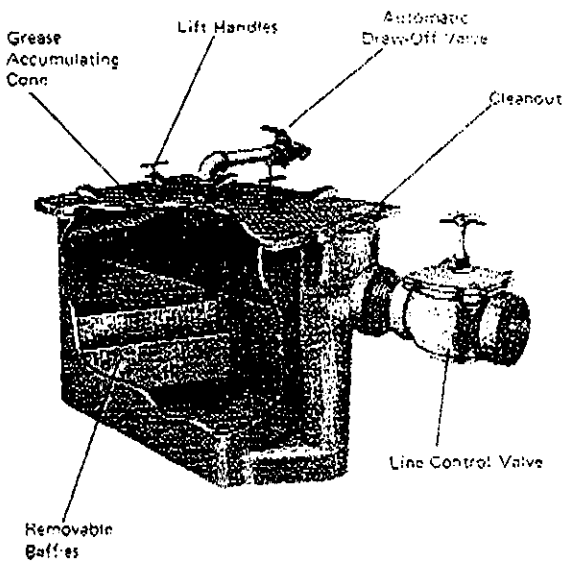
Smith "GT" Series design of Automatic Draw-off Grease Interceptors offers the same high intercepting efficiency as the conventional hand-cleaned models, but completely eliminates the unsanitary and undesirable job of cleaning the accumulated grease.

The automatic draw-off interceptor eliminates . . .

- time consuming cover removal
- manually removing accumulated grease
- offensive odors

Since cleaning a "GT" interceptor is simple, fast and clean, maintenance personnel will more likely follow the regular cleaning schedule. This is a distinct advantage over the conventional units which are frequently left unattended.

When to Clean - The ideal time to clean is immediately after the interceptor has been heavily used.



Cleaning Frequency - The frequency of the draw-off cycle is determined by the use load factor of the interceptor. An ideal cleaning cycle can be set after the unit is in operation for several weeks. By observing the amount of grease used and the frequency of use, the operator can determine when a logical cleaning cycle is required.

Cleaning Operation

1. Unit in normal use has the line control valve open and automatic draw-off valve closed. When cleaning is required, run a full stream of hot water through interceptor. It is preferable to have this water at 140° or higher, running for a period of at least two minutes.

2. Turn off hot water running into the interceptor and allow unit to cool for a period of three minutes.

3. Automatic draw-off cycle can now be started. Close the line control valve.

4. Open automatic draw-off valve at top of the interceptor and place a container underneath this valve. Run hot water through interceptor at a rate of between 1½ and 2½ G.P.M.

5. After water has run into interceptor at this rate for a short period, the unit will fill. Accumulated liquified grease will be raised into cone and draw-off piping.

6. Allow accumulated liquified grease to flow out of draw-off valve until clear water appears.

7. When clear water appears, shut off flow of hot water into interceptor, turn line control valve to open position. Close automatic draw-off valve at top of interceptor.

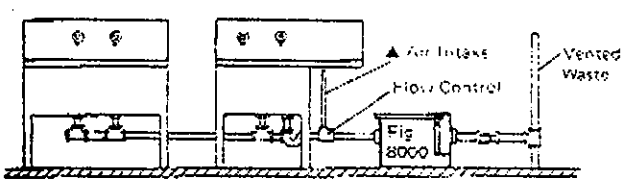
8. Interceptor at this stage is ready again for normal use.

INSTALLATION - GREASE INTERCEPTORS

MULTIPLE FIXTURE INSTALLATIONS

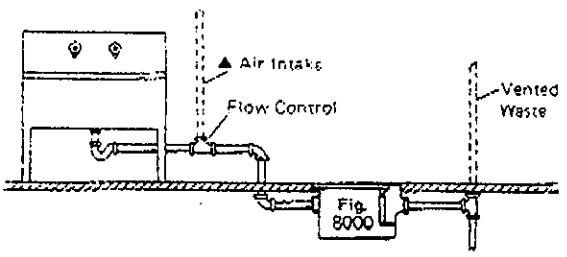
It is sometimes practical to discharge the waste from two or more sinks into a single Interceptor. This practice is only recommended when all fixtures are close together, avoiding installation of long piping runs to the Interceptor. For multiple installations, size as follows:

1. Determine total capacity of all sinks.
2. Establish the maximum simultaneous discharge of the sinks and fixtures.
3. Using the maximum simultaneous load capacity, determine the interceptor required using the sizing method shown on Page 8-01.

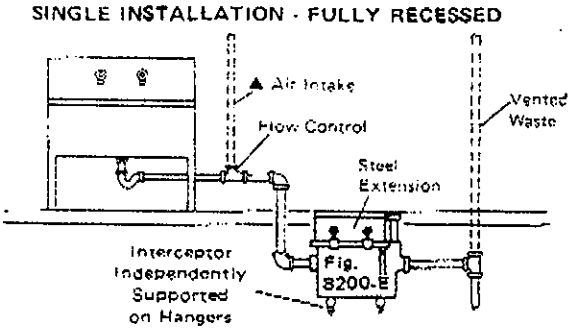


ON FLOOR INSTALLATION

▲ Connect Air Intake to outside above the rim of sink with elbow turned down, or connect to vent or vent stack as required by local code.



SINGLE INSTALLATION - FULLY RECESSED



RECESSED WITH EXTENSION TO FLOOR LEVEL

Interceptor cover may be brought to floor level by using an extension when Interceptor installation is below the floor.

INSTALLATION NOTE

The Steel Extension supplied with the 8200 Series interceptor is designed to increase the roughing dimension from the Inlet-Outlet Centerline to the finished floor. The Extension and Anchoring Flange should not be used to support the entire unit. When installed in ground floor locations, the Interceptor body must rest on solid ground or on a suitable concrete pad. If the 8200 Series unit is installed in an upper floor (suspended in the ceiling below), a suitable method of supporting the entire unit must be provided. The installation sketch shows a typical Interceptor with Extension and a recommended method of supporting the entire weight. Also shown are the "When Specified" options of Anchor Flange and Flashing Clamp.

Medical Center
OF OCEAN COUNTY

SUMMIT BANK
Payable Through: Summit Bank, Hazleton, PA at Summit Bank Cherry Hill, NJ

60-234
313

VOID 3 MONTHS AFTER ISSUE DATE

424206

THREE HUNDRED TWENTY FIVE DOLLARS & NO CENTS

CHECK DATE	CHECK NO.	CHECK AMOUNT
MAY 30,1997	424206	*325.00

PAY
TO THE ORDER OF TWSP OF BRICK

AUTHORIZED SIGNATURES

⑈424206⑈ ⑆031302340⑆ 900⑈203⑈528⑈

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 5/30/97

Business/Development: Medical Center of OC

Owner/Applicant: "

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 No.: 424206
Final Fee: 650
Less Deposit: 325

Final Payment $ 325 cu

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCT # 4880071456

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

5-30-97
Date

Medical Center
OF OCEAN COUNTY
POINT PLEASANT BORO

SUMMIT BANK
Payable Through: Summit Bank, Hazleton, PA at Summit Bank Cherry Hill, NJ
VOID 3 MONTHS AFTER ISSUE DATE

60-234
313

420350

THREE HUNDRED TWENTY FIVE DOLLARS & NO CENTS

CHECK DATE	CHECK NO.	CHECK AMOUNT
MAR 21,1997	420350	*325.00

PAY TO THE ORDER OF TOWNSHIP OF BRICK

AUTHORIZED SIGNATURES

[redacted]

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 3/21/97

Business/Development: Medical Center of OC

Owner/Applicant: "

Property Address: 425 Jack Martin Blvd.

Block: 1170 Lot: 18

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 420350
Estimated Fee 650.00

Deposit Amount $ 325.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check No.: _____
Final Fee: _____
Less Deposit: _____

Final Payment $_____

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCT # 4880071456

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:

H Mulane
Signature

3.21.97
Date