BLOCK 1170 LOT 18 ADDRESS (SITE) 425 Jack Martin Blvd. PERMIT NO. 1991-97

RECEIVED
JUN 27 1997

CONSTRUCTION PERMIT APPLICATION

DEPT OF INSPECTION

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

AHBT PRELIMINARY APPROVAL 7/9/97 but missing

I. IDENTIFICATION

1. Proposed Work-site at: ~~425 JACK MARTIN BLVD~~ BRICK HOSP
2. Name of Owner in Fee: MERIDIAN Health Sys Brick Div Tel. (908) 295-6572
   Address 425 JACK MARTIN BLVD (street) BRICK (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: MERIDIAN Health Sys Tel. (908) 295 65 72
   Address 425-JACK MARTIN BLVD BRICK
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No [redacted]
5. Architect or Engineer _____
   Address _____
6. Responsible Person in Charge of Work Bill TRANSUE Tel. 908 295 65 72

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	135-		
2. Electrical		10		
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	145-		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		4-		
10. Subtotal	$			
11. Cert. of Occupancy		$5		
12. Other ZBA				
13. TOTAL	$	154		

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

Conversion

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

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
OP			7-30-97	FH	8/5/97		OK
			7-9-97	DH	7/24/97		OK
GW	7/1/97		7/2/97				

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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
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:

...D.I. - INDUSTRIAL USE - COMMERCIAL

LDS BR 10505469

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 faot 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 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 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
☐ 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	
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☑ Certificate of Approval	No. 1991	8-6-97	
☐ None			

CERTIFICATE

Date Issued 8-6-97
Control #
Permit # 1991-97

IDENTIFICATION

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

Owner in Fee Meridian Helath System, Brick Div.
Address same

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:

Interior alteration for Endoscopy Room

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:

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 7-10-97
Control #
Permit # 1991-97

IDENTIFICATION Block 1170 Lot 18

Work Site Location 425 Jack Martin Blvd. Contractor Meridian Health Sys.

Owner in Fee Meridian Health Sys. Address

Address Same Tele. ( )

Tele. ( ) Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.

or Social Security No.

BLOCK 1170 # 0.00

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Converting existing space to endoscopy room

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 $ 5000.-

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building 135.-	18 #	0.00
Plumbing 10.-	BUILDING	135.00
Electrical	PLUMBING	10.00
Fire Protection	D.C.A.	4.00
Other	ZONE PLOT	15.00
Other	TOTAL	164.00
DCA Training Fee 4.-	CHECK	164.00
Cert. of Occ.	CHANGE	0.00
Other [illegible] 15.-	NO. 5 00026005	10:52
Total 164.-		
Check No. 42670		
Cash		
Collected By:		

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 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.

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-10-97
Control #
Permit # 1291-97

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 MERIDIAN HEALTH SYSTEMS - BRICK DIVISION
Address 425 JACKMARTIN BLVD BRICKTOWN, NJ 08724
Tele. (908) 295-6542
Contractor MERIDIAN HEALTH SYS.
Address 425 JACKMARTIN BLVD BRICKTOWN NJ 08724
Tele. (908) 295-1714
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 Fransue
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CONVERSION OF EXISTING ROOM TO A ENDOSCOPY ROOM. INSTALLATION OF FLOOR COVERING - CASEWORK & SINK 4 ELECTRICAL OUTLETS INCREASE SIZE OF DOOR

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	7-3-97	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-5-97
Approved By: FM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			6/9	FM

COMMERCIAL

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
$

B. BUILDING CHARACTERISTICS

Use Group Present I-2 Proposed I-2
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. $ 0
2. Alteration $ 5,000
3. Total (1+2) $ 5000

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

5883

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-10-97
Control #
Permit # 1991-97

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 MERIDIAN HEALTH SYSTEMS - BRICK DIVISION
Address 425 JACKMARTIN BLVD
BRICKTOWN NJ 08724
Tele. (908) 295-6572
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 I-2 Proposed SAME
Building Sewer Size 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
[X] Plumb. Plans Approved
Date: 7-9-97
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 7-24-97

INSPECTIONS *Type:*	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			7-14-97	
Water				
Sewer				
Fixtures			7-24-97	
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)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	10
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
1	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
1	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	

COMMERCIAL

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 10

U.C.C. Form F-130B

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: June 30, 1997 1997 - 1976

Block 1170 Lot 18 Zone H-S

Property Address: 425 Jack Martin Boulevard

Owner: Meridian Health Systems (Phone): (732) 295-6572

Applicant: Ted Pearce; Meridian Health Systems (Phone): Same

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

Existing Use: Brick Hospital

Proposed Use: Brick Hospital

Proposed Construction (if any): Interior alteration for endoscopy exam room.

Conditions: Interior work only.

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

CERTIFICATE OF COMPLIANCE

BLOCK [illegible] LOT 18 SITE ADDRESS [illegible]

TYPE OF SITE [illegible] TYPE OF BUSINESS [illegible]

Residential/Commercial

APPLICANT [illegible] PHONE NUMBER 295-6372

APPLICANT ADDRESS [illegible] CITY & STATE [illegible] N J.

CASE # ______ NAME OF BUSINESS [illegible]

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: 7000 (20?) Date 7-2-97

Required Deposit on Estimate $ 10.00 Date 7-2-97

Check # 1140 Receipt # 6357

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

WILLIAM E. PEARCE
CAROL LEE PEARCE
712 OAKWOOD RD.
PT. PLEASANT, NJ 08742

55-208/312 336 1140

DATE 2 Jul 97

PAY TO THE ORDER OF TOWNSHIP OF BRICK $ 10 00

DOLLARS

SUMMIT BANK
2701 Lakewood Road
Point Pleasant, NJ 08742

336

MEMO Permit

[redacted]

Mary Lou Powner

Housing
&
ninistrator
g

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 7-2-97

Business/Development: Brick Hosp.

Owner/Applicant: Meridian Health Sys. (William Pearce)

Property Address: 425 Jack Martin

Block: 1170 Lot: 18

DEPOSIT RECEIVED
Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number 1140
Estimated Fee 20.00

Deposit Amount $ 10 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:

Signature

7-2-97
Date